

## Neurology Case Log Examples

Case Log #		Date		Patient ID +/or #	
6		11-9-09		Holly	
Species		Breed	Sex	Age	Weight in Kg.
Canine		Golden Retriever	F/S	8 yrs.	31.8 kg

Diagnosis Seizures, Hypoglycemia Suspect Insulinoma.

**Advanced Skills & Procedures I Performed:** Complete history (1): patient having episodic exercise induced weakness, occurring in the evenings & patient's 1<sup>st</sup> generalized motor seizure occurred during the initial exam. Placed central intravenous catheter in left lateral saphenous., sample collection / interpretation: blood glucose, insulin levels, ACTH stim test. Recognizing subtle changes (3,7): patient became weaker in hind limbs as BG decreased. LRS with dextrose solution varied from 2.5% - 7.5% during hospitalization based on BG.

**Advanced Skills & Procedures I Assisted:** Neurologic exam (4) & frequent gaiting/movement assessments (22), client education regarding (3,32): diagnosis, medical therapy, frequent feeding schedule & BG monitoring. Medications: phenobarbital, potassium bromide, dextrose, diazoxide & prednisone.

**Outcome** Patient responded very well to medical therapy. Euthanized 10 months later for a different medical problem.

Case Log #		Date		Patient ID +/or #	
21		2-19-10		Annie	
Species		Breed	Sex	Age	Weight in Kg.
Feline		DLH/Maine Coon	F/S	13 yrs.	5.3 kg

Diagnosis Partial Complex Seizures.

**Advanced Skills & Procedures I Performed:** Complete history (1), neurologic exam (4). Placed 18ga central intravenous catheter in right femoral. (9,10,11,27): Diazepam CRI (0.6mg/kg/hr) diluted 54.5mg diazepam in 250ml 0.9% NaCl administered at maintenance fluid rate (30ml/#/24hr) 14.5ml/hr, clonazepam (0.01mg/kg) 0.0625mg PO BID & levetiracetam (12.5mg/kg) 62.5mg PO TID. Recognition of changes (3,7): seizure activity characterized by ptalism, mydriasis and tachycardia; no clonus noted. Administered gadolinium (24) (1ml/10#) 1.1ml IV during MRI. CSF sample submission (16): protein & Toxoplasmosis titer to outside lab.

**Advanced Skills & Procedures I Assisted:** MRI positioning & sequencing (17, 18), CSF procedure. Care of a minimally responsive, non-ambulatory patient for 9 day hospitalization; frequent rotations, cleaning, bladder management, PROM, massage & assistance eating/drinking (23,25). Client education regarding: care etc.

**Outcome:** Patient hospitalized for 12 days. Great recovery, 3 month recheck patient had been seizure free on triple anticonvulsant therapy.

Case Log #		Date		Patient ID +/or #
24		2-24-10		Kissy
Species	Breed	Sex	Age	Weight in Kg.
Canine	Std. Poodle	F/S	12 yrs.	20.3 kg

Diagnosis Compressive C5-C6 Type III IVDD, Ventral Slot C5-C6.

Advanced Skills & Procedures I performed: Lesion localization (5): cervical myelopathy. Anesthetic plan & implementation (13,14, 24). Administered gadolinium (1ml/10#) 4.5ml IV. Bradycardia treated with atropine (0.02mg/kg) 0.41mg IV. Analgesia: hydromorphone (0.05mg/kg) 1mg SQ TID, fentanyl patch (25mcg/10kg) 50mcg TID, fentanyl CRI 3-5mcg/kg/hr for 24 hours; patient was incredibly sedate on 5mcg/kg/hr with other narcotics, hydromorphone was discontinued & patient became more alert (31).

Advanced Skills & Procedures I assisted: ER neurological exam (4), gait/movement assessment (22), patient positioning in MRI and OR (15,17). Client education regarding: PROM, massage & support walks (20, 21).

Outcome Admission patient was tetraparetic, at discharge, 10 days after admission patient ambulatory with minimal support. At 8 week recheck patient was normal.

Case Log #		Date		Patient ID +/or #
45		5-14-10		Lucy
Species	Breed	Sex	Age	Weight in Kg.
Canine	Dachshund	F/S	6 yrs.	7.6 kg

Diagnosis T12-T13 IVDD. Right Hemilaminectomy T12-T13, Fenestration T11-T12 through L3-L4.

Advanced Skills & Procedures I performed: ER neurological exam & history (1, 4, 8), recognition of spinal hyperpathia; administered hydromorphone (0.05mg/kg) 0.38mg IM (6). Lesion localization (5): T3-L3 myelopathy. On presentation patient was ambulatory with hind limb ataxia & weakness. Recognition of change to patient status (7): 2 hours after presentation patient was non ambulatory, absent CP & hopping reaction and deep pain sensation present only in left hind limb. ER MRI and surgery occurred. Client education regarding: urgent need for ER MRI + SX,

Advanced Skills & Procedures I assisted: Gait/movement assessment each day (22). Client education regarding: home care, sling walks, care of toes and feet until CP's return, PROM, massage, hydrotherapy, etc (20, 21).

Outcome Regained deep pain sensation within 48 hours, motor function & bladder control within 5 days. Discharged with a sling and strict instructions for restricted activity.