



Winter 2017

Specializing in Canine and Feline Neurology and Neurosurgery since 1986

VNC UPDATE

April VNC Seminar: Working Together to Identify and Treat Your Neurologic Patients



WHEN: Saturday, April 8, 2017 (8 a.m. to 4 p.m.)
WHERE: Desert Willow Conference Center
(near I-10 & 40th Street, Phoenix)
REGISTRATION: \$35
CE CREDIT: 6 credits

Join our staff doctors and guest speaker Jaime Sage, DVM, MS, DACVR, of MRVets for in-depth presentations and interactive Q&A sessions about the neurological

examination and general/advanced treatment for neurologic patients. **The topics discussed will provide you with the tools to help you be best prepared to care for the neurologic patients that come through your doors:**

- **The Neurological Examination:**
 - Overview of the Exam
 - Interpretation and Neurolocalization
 - “Trips” and Tricks
 - Identifying Disorders that Appear Neurological, but are not
- **Seizures and Epilepsy:** Current Approaches for Management
- **Vestibular Disease:** Identification, Diagnosis and Treatment
- **The Neurological Emergency:** Evaluation and Treatment
- **CT & MR Imaging:** Importance of Quality in Proper Diagnosis

Registration will open at 8 a.m., with interactive sessions from 9 a.m. to 4 p.m. Continental breakfast, a chef’s buffet lunch and various snacks will be provided. Time will be allotted after the seminar for guests to speak with the doctors and answer any further questions.

NEUROLOGY CORNER

Neurological Manifestations of Valley Fever

Scott Plummer, DVM, DACVIM (neurology)

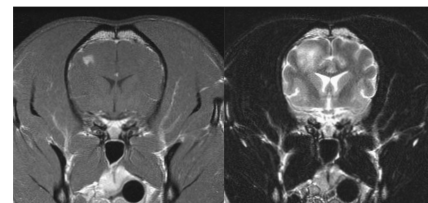
As veterinarians practicing in Arizona, it is common to make a diagnosis of Coccidioidomycosis. Respiratory infections are the most characteristic form of the disease and can be self-limiting or present with bronchopneumonia and tracheobronchial lymphadenopathy. Typical signs, but not necessarily pathognomonic, include fever, lethargy, anorexia, weight loss, and coughing or dyspnea.

Unfortunately, some patients develop disseminated Coccidioidomycosis following a respiratory infection, which might have even been subclinical.

Dissemination

A common site for Coccidioidomycosis dissemination is to the central nervous system. It can spread either directly to the CNS and cause neurological signs, or secondarily through osseous involvement of the vertebral column or skull. With direct CNS dissemination, the most common areas affected are the cerebral hemispheres, followed by the cerebellum and, rarely, the brainstem or spinal cord.

Clinical signs are related to the area involved, but typically those of the forebrain are most characteristic and can include seizures, altered mentation, circling and hemiparesis. If the cerebellum is involved, then truncal ataxia, tremors or head tilt might be noticed.



A relatively small, intensely contrast-enhancing Cocci mass with severe perilesional edema.

CASE STUDY

Dachshund with Cervical Spasms and Pain

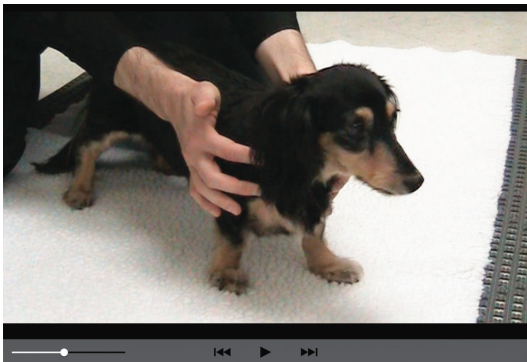
Can you determine the cause?

Patient History:

A 4 year old, f/s Dachshund was presented with a 6-week history of episodic neck muscle spasms and pain. Her signs temporarily improved with administration of prednisone and analgesics (tramadol, methocarbamol, gabapentin).

Question: Based on the patient's history and the accompanying video, what are reasonable differential diagnoses for this patient?

(NOTE: Other than subtle muscle spasms, this patient's neurological exam was normal.)



View this video at www.vetneuro.com to see this patient's subtle cervical spasms, the answer to the above question and continue on with additional questions about this case.

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and view our "For Veterinarians" section for referral information and forms, neurological resources and continuing education opportunities.



Veterinary Neurological Center

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