

## Neurological examination sheet

chihuahua  
(Breed ....., Age .....) 3.5 years

wi200

- History of the clinical signs
- (Traumatic) Non traumatic (UN)
- acute • (Acute-chronic) X
- (Progressive-Non progressive)
- Vocalization "pain" (Yes/No)
- Convulsions/ epilepsies (Yes/No)

- Mental status (Alert, depressed, stupor, coma)
- Posture (Normal, paraparesis, paraplegia, hemiparesis left side, tetraparesis, head tilting tremor)
- Gait (ataxia, circling)
- excessive saliva from
- ✓ reluctant to move

**Neurological examination (0, 1, 2, 3, 4) or (NE)**

0 indicates "absent reflex", +1 "weak", +2 "Normal", +3 "Increased", +4 "Exaggerated", NE "not evaluated"

Postural reactions		Spinal reflexes	
Knuckling Reflex "Paw position"	Normal	<b>Hind limb (HL) reflexes</b>	
Hopping Reflex	left TL 0 left 0 Right TL +2 Right +1	• Patellar reflex (Femoral N, L4-L6)	RHL +2 LHL +2
(Front or rear)		• Withdrawal (flexor) reflex (Sciatic N, L6-S1)	RHL +2 LHL +2
(Left/Right Hemi-walking)	left (Impaired) R. side (Normal)	• Nociception (deep pain)	RHL +2 LHL +2
Wheelbarrowing Reflex		• Gastrocnemius reflex (Tibial, sciatic N, L6-S1)	RHL .... LHL ....
• Left Leg	0 (TL)	<b>Thoracic Limb (TL) reflexes</b>	
• Right Leg	+2 (TL)	• Withdrawal Reflex (C6-T2)	RTL +2 LTL +2
Extensor postural thrust		• Triceps Reflex (Radial Nerve C7-T1)	RTL .... LTL ....
<b>Spinal Palpation</b>		Nociception +2	
• Site of spinal hyperesthesia + vocalization		• Biceps Reflex (Musculocutaneous C6-C8)	RTL .... LTL ....
• Ischial tuberosity knocking (HL)	RHL .... LHL ....		

❖ Urinary function A) Voluntary urination B) Bladder distension C) Urinary incontinence

❖ Tail deep pain sensation (0, +1, +2, +3, +4, NE)

❖ Panniculus reflex (cutaneous trunci reflex) / Level of cut-off (dermatome) ... +2 ... normal ... dermatomes

Cranial nerves			
Menace eye reflex (II & VII) (0, +1, +2, +3, NE)	R. eye weak L. eye absent	Pupil size (Normal, increased decreased)	R. eye Normal L. eye Normal
Vision (II) (0, +1, +2, +3, NE)	R. eye ..... L. eye .....	Papillary Reflex (PR) (0, +1, +2, +3, NE)	R. eye +2 L. eye +2 ... Normal
Strabismus (Yes, No)	(Yes, No)	Nystagmus (Yes, No)	
Facial symmetry yes	(Yes, No)	* Hearing (Hand clap)	R. ear +1.. (weak)
elevated right hemi-sphere > left		* Ear sensation reflex	L. ear .....

❖ Muscle atrophy (Yes/No) / which muscles .....

❖ Localization of lesion (Brain / cord lesion) ... Brain lesion (primary brain injury)

❖ X-ray/MRI/C.T findings ... cyst-like structure - midline shift - cerebellar herniation - atrophy and volume (Hemi-sphere)

❖ Decision / recommendations ... surgical intervention

❖ Conservative treatment (preparations) diuretic

→ Neck (cervical region) Normal reflexes.

العصب الحركي  
العصب الحسي

\* previous Medications:

- Lasix
- d. chymotrypsin
- ✓ dexamethazone injection

→ May 2019  
(trauma)

→ June; MRI

→ examination.

↓

- Alphintern
- thiofacid

→ MRI reveals:

① Cyst-like (accumulation of fluids) measures  $3.5 \times 3$  cm  
with a bone (hyperechoic fragment) lies  
at the ventral surface (floor) of the  
Cyst.

(ultrasonography)

→ MRI

→ Line of surgical treatment:

- ① Removal of the bone piece (stability)
- ② reducing the size of cyst (evacuation of the cyst)  
during surgery &  
diuretics &  
(conservative treatment)