Deer Worm Study - Neurologic Exam SCORE CARD Video made? Y N Owner _____ Person doing exam ______ Date ____ Animal ID ____ Species ____ Breed _____ Age ___ Sex ___ Production status _____ Treatment Assigned (A or B) _____ Dosages given ____ Keep out of the animal's mouth or wear gloves! Rabies is always possible. Although the deer worm can get into the brain, it is almost impossible to diagnose this condition with certainty before death. Other neurologic diseases such as polioencephalomalacia, listeriosis, or pregnancy toxemia could be present instead and require other treatment. Therefore, if clear cut brain-related signs are present (i.e. reasons 1-6 below), do not enroll the animal in the deer worm study but instead contact your regular veterinarian for diagnosis and treatment of its condition. Reasons for excluding an animal include: 1) severe mental depression 2) inability to eat or drink 3) blindness or failure to blink when a hand is waved in front of each eye 4) dropped jaw or drooling or tongue hanging out of the mouth 5) rapid up and down or sideways movement of an eyeball 6) circling in one direction 7) white conjunctiva (FAMACHA of 5) - severely anemic animals will be weak and wobbly 8) a problem such as toxic mastitis or metritis, pregnancy toxemia, or obvious pneumonia that would make the animal appear weak even though it did not have neurologic disease Did the problem seem to begin as a lameness? Which leg? Does the animal have a narrow skin lesion created by biting or scratching itself? If so, where is this lesion located? Describe the spinal cord signs seen in this patient today. 1. Gait and strength: (videotape while the animal is moving around if possible) Hindlimbs: 0 No purposeful movement - paraplegia Unable to stand to support; slight movement when supported from under the pelvis 1 - severe paraparesis Unable to stand to support; when assisted moves limbs readily but stumbles and 2 falls frequently - moderate paraparesis and ataxia Can stand to support but frequently stumbles and falls - mild paraparesis and ataxia 3 Can stand to support; minimal paraparesis and ataxia 4 Normal strength and coordination 5 No purposeful movement 0 Forelimbs: Unable to stand to support; slight movement when supported from under the chest 1 and abdomen Unable to stand to support; when assisted moves limbs readily but stumbles and 2 falls frequently Can stand to support but frequently stumbles on front limbs and falls 3 Can stand to support and dog sit; minimal weakness and ataxia in front

Normal strength and coordination of front limbs

4

5

2. Postural reactions:

Can the a ground?		ow on its front limb Yes but weak	s when the abdo	omen is supported with the hind limbs off the Too heavy
	-	ays when held so the LH F	•	<u> </u>
	and and walk or he ground?	nop sideways when h	neld so that only	the front and back limb on the same side
	_	Right sig	de	
				N Which foot?ne listed foot in a knuckled over position?
LF	RF	LH	_ RH	
3. S	pinal Reflexes:			
3=hypert LF Patellar i 0=absent	onic - high musc RF reflexes (the leg j	le tone/tense or rigio	I RH ne tendon on the 4=clonic or rep	
		ne top of a toe is pind LH H		stats? (Y/N)
	_	ns of awareness/pair LH F		s pinched? (Y/N)
animal is	lying on its side	_	nds itself when	mulated (pinched between the toes) while the the pinched foot pulls back)? (Y/N)
		N Describe N If so, to whice		
_	_	t? (Doe the anus cor	ntract when pinc	ched?) Y N

Additional spinal cord findings:	
Cranial nerve deficits found:	
4. Summary of neurologic exam, including changes since previous visit on the following	g date
Recovered Improved Unchanged Worse	
Extraneous interventions conducted by farmer (e.g. vitamin injections, slinging):	
Dates Descriptions	

A video showing an example of scoringan animals is at: http://www.youtube.com/watch?v=qNKqIMcjNfQ

Contacts:

Dr. Mary Smith mcs8@cornell.edu 607-253-3140 tatiana Stanton tls7@cornell.edu 607-254-6024(wk)

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