

To help you collect the most relevant neurological information on your patient for your submission, the table below lists the important neurological clues to gather depending on the primary complaint:

	<b>DIFFICULTY OR INABILITY TO WALK</b>	<b>SEIZURES OR COLLAPSE</b>	<b>POSSIBLE BRAIN DISORDER</b>	<b>CRANIAL NERVE DISORDER</b>
<b>Video and/or description</b>	<ul style="list-style-type: none"> <li>✓ Video of gait strongly recommended</li> </ul>	<ul style="list-style-type: none"> <li>✓ Video of event strongly recommended</li> <li>✓ Any obvious trigger?</li> <li>✓ Frequency</li> <li>✓ Time since onset?</li> <li>✓ Duration?</li> <li>✓ Awareness?</li> <li>Post-ictal phase?</li> <li>✓ Motor activity in hyper or hypo?</li> <li>✓ Urination/defecation or salivation?</li> </ul>	<ul style="list-style-type: none"> <li>✓ Video recommended of owners' concerns</li> <li>✓ Tendency to walk in circles or aimlessly wandering</li> <li>✓ History of seizures</li> <li>✓ History of visual disturbance</li> </ul>	<p><i>(Facial paralysis, dropped jaw, head tilt/loss of balance, swallowing issues, asymmetry muscle mastication, blindness, anisocoria)</i></p> <ul style="list-style-type: none"> <li>✓ Video or photo recommended</li> </ul>
<b>Mental status &amp; behaviour</b>	<ul style="list-style-type: none"> <li>✓ Normal or not?</li> </ul>	<ul style="list-style-type: none"> <li>✓ Normal or not?</li> </ul>	<ul style="list-style-type: none"> <li>✓ Normal or not?</li> </ul>	<ul style="list-style-type: none"> <li>✓ Normal or not?</li> </ul>
<b>Abnormal posture</b>	<ul style="list-style-type: none"> <li>✓ Head tilt?</li> <li>✓ Head sway?</li> <li>✓ Low neck carriage?</li> <li>✓ Arched back?</li> </ul>		<ul style="list-style-type: none"> <li>✓ Head tilt?</li> <li>✓ Head and neck turned to one side?</li> </ul>	<ul style="list-style-type: none"> <li>✓ Head tilt?</li> <li>✓ Head sway?</li> <li>✓ Head tremor?</li> </ul>
<b>Gait assessment</b>	<ul style="list-style-type: none"> <li>✓ Which limbs are abnormal at the gait?</li> <li>✓ Worse with exercise?</li> <li>✓ Frequency</li> <li>✓ Unable to walk?</li> <li>✓ Provide support if recumbent and move animal forward to assess each limb voluntary movement</li> </ul>		<ul style="list-style-type: none"> <li>✓ Normal or not? – if not describe</li> </ul>	<ul style="list-style-type: none"> <li>✓ Normal or not? – if not describe</li> </ul>

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	<b>DIFFICULTY OR INABILITY TO WALK</b>	<b>SEIZURES OR COLLAPSE</b>	<b>POSSIBLE BRAIN DISORDER</b>	<b>CRANIAL NERVE DISORDER</b>
<b>Postural reactions</b> (paw positioning & hopping)	✓	✓	✓	✓
<b>Segmental spinal reflexes</b>	<ul style="list-style-type: none"> <li>✓ Strength of withdrawal</li> <li>✓ Strength of extensor tone</li> <li>✓ Patellar reflex</li> <li>✓ Perineal reflex</li> <li>✓ Tail tone</li> </ul>			✓
<b>Deep pain sensation</b>	✓ Check if there is no voluntary movement			
<b>Positional nystagmus</b> (check by placing animal on its back & extending neck)	✓	✓	✓	✓
<b>Menace response &amp; direct PLR</b>		✓	✓	✓
<b>Response to nasal stimulation</b>		✓	✓	✓
<b>Spinal pain</b>	✓ Where?			

**Historical information**

- Main complaint
- Mode of onset as acute/subacute/chronic or episodic
- Duration
- Evolution as static/progressive/regressive/episodic/wax and wane