## **UPMC Neuropathology Division Veterinary Neuropathology Unknown Cases**

CLINICAL NEUROPATHOLOGY CASES FROM VIRGINIA TECH- SET #2 (Cases contributed by Dr. Bernard Jortner; Conference to be moderated by Bob Garman)

## Click on Case Number to View Virtual Microscopy Slide

- **09-556** This was a 13 year-old domestic shorthair cat, with a 5-day history of generalized seizures. On the day before euthanasia the seizures became worse, with clusters, and were uncontrolled with valium and propofol drips.
- **08-2065** This was a 9 year-old spayed female mongrel dog that had a two week history of progressive paraparesis. This was initially steroid-responsive. There was a subsequent progression to paraplegia.
- **07-2013** This was a 16 year-old Hackney horse with a one-week history of progressive ataxia prior to euthanasia. Laryngeal paralysis was also present. Other necropsy findings included a pituitary adenoma, thyroid adenomas and cholangiohepatitis with bile duct hyperplasia.
- **09-440** This was a seven month-old female mongrel dog, with pelvic limb ataxia progressing to generalized ataxia with cranial nerve deficits over the two-week period prior to euthanasia. The animal also showed aggressive behavior and chronic vomiting. There were extensive lesions in the brain and spinal cord.
- **08-1823** This was an 11 year-old draft X Palomino mare which had surgery for removal of an ocular squamous cell carcinoma and bone chips from a pastern joint. Post-surgically there was right femoral nerve paralysis, laminitis, and seizures developing over a six-day period. The seizures progressively worsened, and euthanasia was performed. At necropsy the major lesions were in the brain and spinal cord. (The latter had hemorrhagic infarcts of the gray matter in T1-2). The brain had an extensive region of hemorrhagic necrosis bilaterally in the dorsal convexity of the cerebral hemispheres. On seeing hemorrhagic lesions in the brain of a horse with neurologic signs, the pathology and clinical residents present at necropsy were concerned about equine herpesvirus encephalitis and sent the right side of the brain for testing for that agent. There was some concern about a hypotensive episode during or after surgery, but this was not well documented.
- **08-2390** This was an adult castrated male Golden Retriever with a two-month history of progressive vestibular signs. On examination he also showed a right head tilt, positional nystagmus, and a wide-based stance. (The dog was noted to be non-ambulatory). The brain had a 1.4 x 2.0 X 2.1 cm mass in the cerebellar vermis and left hemisphere, with compression of the underlying medulla oblongata.
- **09-401** This was a female stray cat that had been adopted for about one week. The animal was small and ataxic in the hind legs. She developed circling, cortical blindness, and head pressing which progressed to generalized seizures. The cat was serologically negative for toxoplasmosis, FIV, feline leukemia virus and feline coronavirus.