scoliosis, weakness and postural deficits were only seen in the SM $\geq$ 4 mm group.

STATEMENT (CONCLUSIONS)

This study has limitations due to its retrospective nature but provides data for planning future clinical trials.

Results suggest CM with or without SM may present with behavioural signs of pain particularly associated with changes in head position. Dogs may scratch or rub their head/ears and examination may suggest spinal hyperaesthesia. SM specific signs tend to be associated with larger syringes and likely damage of the spinal cord.

Iatrogenic Pourfour du Petit syndrome – common but transient

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OBJECTIVES

Pourfour du Petit syndrome, signs of sympathetic stimulation of the eye and adnexa associated with irritation of the nerves of the sympathetic pathway to the eye, has been reported in cats following flushing of the middle ear. A prospective study was performed in an attempt to ascertain an approximate incidence of this iatrogenic condition.

METHODS

Cats presented with signs suggestive of unilateral middle ear disease with no evidence of associated peripheral

neuropathies underwent myringotomy and gentle irrigation of the affected middle ear under general anaesthesia. Following the procedure they were maintained in sternal recumbency and the eyes were examined by distant direct ophthalmoscopy at 5 minute intervals for at least 30 minutes and any signs of sympathetic innervation abnormality were recorded. Follow up examination was performed 1 week later.

RESULTS

50 cats were included in the study, 18 showed signs of stimulation of the oculosympathetic supply (relative mydriasis and exophthalmos). In 15 of these the signs resolved within 30 to 60 minutes. 2 later showed signs of Horner's syndrome that resolved within 4 weeks and in 1 cat the Pourfour du Petit signs persisted for 5 days.

STATEMENT (CONCLUSIONS)

Though of minimal clinical significance Pourfour du Petit syndrome appears to be common following flushing of the cat middle ear. However the changes are usually of short duration and, in this study, led to no permanent abnormality. One would expect the signs to be reported, occasionally, by those monitoring recovery from anaesthesia of such patients.

Clinical characteristics, imaging findings and outcome after medical and/or surgical management of 23 cats with intracranial empyema

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OBJECTIVES

Feline intracranial empyema is infrequently reported in veterinary literature, to date the largest study is based on

a population of 11 cats with otogenic infection. The aim of this study is to review a larger population of cats with intracranial empyema from multiple aetiologies and document their signalment, imaging findings, treatment protocols including medical and/or surgical management and compare outcomes.

METHODS

Cases presenting to a single referral centre over a ten-year period with compatible history, neurological signs and imaging findings consistent with intracranial empyema were reviewed retrospectively.

RESULTS

Twenty-three cats met the inclusion criteria. Advanced imaging (CT and/or MRI) was performed in 22/23 cats, one case was diagnosed via ultrasound. Ten cases underwent medical and surgical management combined, ten underwent solely medical management and three were euthanised at the time of diagnosis. Short-term outcome showed that 90% of surgically managed and 80% of medically managed cats were alive at 48 hours

Oral presentations

post-operatively. Long term survival showed that surgically managed cases and medically managed cases had a median survival time of 730 days (range 1–3802 days) and 137 days (range 1–1216 days) respectively. Two-tailed Fisher's Exact Test demonstrated no statistical significance in short or long-term survival ($P>0.05$) between medically and surgically managed groups.

STATEMENT (CONCLUSIONS)

Feline intracranial empyema is a rare condition that has historically been treated with combined surgical and medical management. This study documents that intracranial empyema can also be successfully treated with medical management alone.

Aetiological diagnosis of feline epilepsy from signalment and clinical history

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OBJECTIVES

To determine the influence of clinical factors on the likelihood of aetiological classification in cats with seizures.

METHODS

Four referral institutional databases were searched, data extracted for each case included; patient signalment, pre-existing disease, concurrent anti-epileptic drugs and therapeutic monitoring, seizure history, results from; neurological examinations, bloodwork, CSF collection, PME and MRI. Clinical factors were first assessed

at a univariate level, via logistic regression, to the three outcome categories based on MRI result; epilepsy of unknown origin (EUC), structural symmetrical lesions (SSL) and asymmetrical structural lesions (ASL). Any statistically significant variables were then assessed via multivariable logistic regression models with Odds Ratios (and 95% confidence intervals) generated.

RESULTS

67/91 cats were diagnosed with EUC, 11/91 with an ASL and 13/91 with an SSL; 11 of which were diagnosed with hippocampal necrosis (HN). The odds of HN was 12 (OR 95% CI: 1.2–122.0) times more likely with cluster seizures, 22 (2.47–199.7) times more likely with facial twitching and 25 (5.2–117.2) times more likely with an asymmetrical seizure pattern. Cats experiencing single seizures rather than cluster seizures were 32 (2.81–364.78) times more likely to have an ASL than a SSL and 42 (5–333.3) times more likely to have EUC over a SSL.

STATEMENT (CONCLUSIONS)

Results from this study suggests a very specific presentation of hippocampal necrosis. Thus, prompting the importance of performing a neurological exam, as well as establishing a detailed seizure history for each patient when giving informed guidance to owners and formulating further diagnostic and treatment plans.

Elective, multiple deep digital flexor tenotomy in a Labrador Retriever to treat contracture secondary to ischaemic myelopathy

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OBJECTIVES

The aim of this case is to present a treatment for a complication of ischaemic myelopathy.

METHODS

A six-year-old, female, entire Labrador Retriever presented with collapse and right-sided Horner's syndrome. Neurological examination localised the lesion to the right Ce5–T3 segments of the spinal cord. MR-scans revealed a diffuse area of malacia within the right side of the spinal cord and a degenerate Ce6–7 intervertebral disc with no evidence of a compressive lesion. CSF, haematology, biochemistry, clotting times, serology for toxoplasma/neospora and thyroid function testing were normal; consistent with a diagnosis of ischaemic myelopathy secondary to fibrocartilagenous embolism.

RESULTS

The following 6 months, the patient made a good recovery, but after 3 months remained paretic on the right thoracic limb and knuckled over at the carpus. Attempts were made to support the carpus, but she was still unable to use the limb without traumatising