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