Common consults

dog but is rare in the cat. Hyperadrenocorticism, telogen and anagen defluxion are the most common causes of this type of FA.

KEY LEARNING OBJECTIVES

- Appreciate the differential diagnoses for alopecia in the cat
- Learn to differentiate alopecia induced through pruritus from other causes of alopecia
- Learn the most important diagnostic tests in the investigation of the bald cat

MULTIPLE CHOICE QUESTIONS

1. Which of these statements about FA is true?
(A) Pruritic skin disease is the most common cause of FA

- (B) *Demodex cati* is commonly identified as a cause of FA
 - (C) Hypothyroidism is the most common cause of hair cycle arrest alopecia in the cat
 - (D) Dermatophytosis rarely presents as FA
2. What should your first diagnostic test to investigate FA be?
(A) Superficial skin scrape
(B) Wet paper test
(C) Trichography
(D) Dermatophyte culture
 3. What is the most common cause of congenital alopecia in the cat?
(A) Toxic damage to the hair follicle whilst *in utero*
(B) The formation of an abnormal hair or hair shaft
(C) Hair cycle arrest immediately postpartum
(D) Premature gestation

My dog is lame

Kevin Parsons

Diagnosing the cause of lameness can be challenging and requires a systematic approach to the case. Reaching for diagnostic tests before having knowledge of the history and performing a full orthopaedic examination may result in failure to reach a diagnosis or the incorrect diagnosis.

Consideration of patient signalment is important, as many orthopaedic diseases are common in certain breeds and age groups. Knowledge of this can be very helpful in forming a differential list. Some conditions are, however, less breed and age specific (e.g. fractures).

A thorough orthopaedic examination is essential and should be performed after a general physical examination. Allowing enough time to perform the orthopaedic examination is important. When the examination is rushed important findings may be missed.

Initially the patient should be observed standing, sitting, walking and trotting. Observing an animal locomoting also can indicate if neurological disease is present. The aim of this process is to confirm which leg is affected and the severity of the lameness (grading). It is not uncommon to be presented with a case where investigations have been performed on the non-lame leg! It is important to remember that animals with bilateral lameness may not limp. The head or pelvis movement is useful in determining which leg is most lame for forelimb and hindlimb lamenesses respectively.

The next stage of the orthopaedic consultation involves localization to a particular region, bone or joint. This stage is important not only to ensure that the correct diagnostic tests are chosen, but also to allow interpretation of the findings of any diagnostic tests. It is not uncommon for diagnostic imaging to be obtained from

multiple joints and bones within a lame leg. Without knowledge of where the pain or discomfort is originating, unnecessary or inappropriate treatments may be instigated. Localization requires a combination of palpation (assessing for pain within muscles, bones and joints, assessment of muscle mass) and manipulation (assessing joint range of motion and stability).

Fortunately, in most cases, one limb is affected. Therefore, during the orthopaedic examination comparisons of findings can be made between limbs. In cases where lameness is bilateral an understanding of what is normal (e.g. joint range of motion) is important.

Performing a full orthopaedic assessment can take some time. In cases where localization has not been possible it is worthwhile admitting the patient to allow more time for a complete assessment. This is worthwhile as without localization from physical examination interpretation of test results is challenging.

KEY LEARNING OBJECTIVES

- Understand the importance of localization of the problem prior to performing diagnostic tests
- To list the stages involved in performing a full orthopaedic examination
- Understand the significance of knowing normal joint range of motion

MULTIPLE CHOICE QUESTIONS

1. What is the normal joint range of motion of the canine carpal joint?
(A) Extension 20–30 degrees, flexion 155–160 degrees
(B) Extension 0 degrees, flexion 90 degrees

- (C) Extension 0 degrees flexion 155–160 degrees
(D) Extension 20–30 degrees, flexion 90 degrees
2. Which of the following statements is incorrect?
- (A) Dogs with hip dysplasia always have a positive Ortolani sign
(B) The Ortolani procedure assesses the angle of reduction and the angle of subluxation

- (C) A normal hip joint should have little or no subluxation
(D) The Barden test is different from the Ortolani test
3. What percentage of dogs referred for hip dysplasia have cruciate ligament disease?
- (A) 0–10%
(B) 15–24%
(C) 25–35%
(D) 55–65%

My dog is wobbly

Raquel Trevail

The aim of gait evaluation as part of the neurological examination is to identify which limbs are affected and to classify those changes as incoordination, lameness, inability to initiate gait or support weight. The initial complaint may in some cases be obviously neurological, but some neurological conditions may present with lameness. Nevertheless, some non-neurological conditions may present with gait changes that can be described as ataxia. It is therefore important to remember that ataxia refers to lack of coordination and in some animals with systemic disease this can be seen at all times or intermittently (e.g. hypoglycaemia).

Gait evaluation should be performed in a place where the animal can walk freely and is best achieved on a non-slippery surface. In some cases, support is required which can be provided by the owner or veterinary surgeon's support or with the aid of slings or harnesses depending on the case. While observing the gait, mental status and other abnormalities such as involuntary movements (e.g. tremors), position of head and body, tendency to circle, lean or fall or scuffing/knuckling can also be observed.

Ataxia is defined as a lack of coordination. This can arise from an afferent peripheral nerve or spinal cord lesion (proprioceptive or sensory ataxia), a vestibular disorder (vestibular ataxia) or a cerebellar disorder (cerebellar ataxia). Each usually presents with typical clinical signs related to the system affected.

- Proprioceptive ataxia represents a loss of awareness of the position and movement of the head, body and limbs. The receptors are located in the joints, tendons and muscles as well as within the inner ear
- Vestibular ataxia is associated with the balance centres and can be accompanied by a head tilt, and a tendency to lean, drift, fall or roll to one side as well as positional strabismus and nystagmus
- Cerebellar ataxia reflects the inability to modulate the gait-generating systems in the brainstem resulting in abnormal 'uncontrolled' limb

movements. These excessive movements are usually referred to as hypermetria. Other clinical signs such as tremors, wide-based stance, head tilt and nystagmus can also be present.

The combination of observation and the complete neurological examination will allow you to identify the type of ataxia and what the differential diagnoses are in order to decide further investigations or referral.

KEY LEARNING OBJECTIVES

- Ataxia can be classified as proprioceptive, vestibular or cerebellar
- Each type of ataxia is generally associated with specific neurological findings
- Identification of the type of ataxia will help with the neuroanatomical localization and formulation of a list of differential diagnoses

MULTIPLE CHOICE QUESTIONS

1. Which statement is correct?

(A) Ataxia is always associated with paresis
(B) Regardless of the neuroanatomical localization, ataxia implies a problem involving the spinal cord
(C) Ataxia refers to lack of coordination
(D) Ataxia is commonly seen with neuromuscular disease
2. Vestibular ataxia can be seen in conjunction with which of the following?

(A) Head tilt
(B) Horizontal nystagmus
(C) Proprioceptive deficits
(D) All of the above
3. A patient presents with generalized ataxia. When performing the neurological examination you are able to identify hypermetria, generalized tremors and lack of menace response. What type of ataxia is this?

(A) Proprioceptive
(B) Cerebellar
(C) Vestibular
(D) Combination as it is a multifocal localization

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