

Neuro Exam Part 1

micro drip study guide

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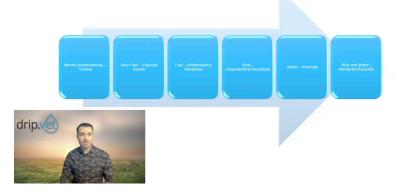
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And so when we're talking about our history, going back to that times sign, we always think about time and the disease process getting worse over time.

History - Doomed To Repeat It



And as we go, what we'll notice is that almost instantaneous changes in a patient, usually as a result is a results from trauma. Very fast changes, this is usually in the course of minutes to hours. We're usually looking at vascular events or strokes. And those can occur both in the spinal cord or in the brain.

When we're dealing with what we call fast changes, usually, days to weeks, we're typically in the ballpark of inflammatory diseases but we have to consider neoplasia in these cases, mainly because neoplastic disease or cancer can just do whatever it wants. And I have seen countless cases where they are doing very, very well and then that mass just hits its critical point and everything just falls off the proverbial wagon. Then we think about the slow process. This is usually in the course of weeks to months, and these typically are degenerative or our neoplastic or cancerous processes.

Then most patients that have static neurologic deficits are usually due to an anomaly like a vertebral anomaly, hydrocephalus, cysts in the brain, something that just didn't form appropriately and most of the time, those clinical signs are there fairly early in the pet's life. The last thing we need to consider are waxing and waning episodes. Waxing and waning episodes in my mind tend to be from a neurologic standpoint, more seizure-type activity is what I'll usually put in this category, but the rest of neurologic disease tends to not have a waxing and waning presentation to it, and so we would want to consider a metabolic possibility for a lot of these patients.