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Monday, 01 September 2003

Dear Stephanie,

Re: 202940 "Xena" Seamens 3½-year old Female Dachshund

Thank you for referring this case to the Neurology service at University of Glasgow Veterinary School.

Xena was presented on the 11th of June 2003 for investigation with a 24-hour history of progressive paraplegia, urinary and faecal incontinence.

On physical examination, she resented palpation of the ventral abdomen. Capillary refill time and rectal temperature were within normal limits. Thoracic auscultation was unremarkable.

Neurological examination revealed a bright and responsive patient. She was recumbent and unable to move either pelvic limb. Deep pain perception was absent on when bone forceps were applied to the tibias. Anal tone and perineal sensation were absent bilaterally. Superficial pain sensation was absent below the stifles on both sides. Patellar reflexes were present. Cranial nerve examination detected no abnormalities.

Neurological localisation at this stage was caudal lumbar intumescence (grade V myelopathy).

Diagnostic tests: Survey radiographs of the thoracolumbar spine were unremarkable. Lumbar myelogram revealed no evidence of spinal cord compression. No CSF flowed through the spinal needle; therefore its analysis could not be performed. After telephone conversation with Mr Seamens, he decided to have ^{XENA} Megan euthanased given the very poor prognosis and likelihood of complications, namely, urine scalding, pressure sores, etc and the long recovery time for this sort of severe myelopathies.

Based on the lack of findings, we considered Fibrocartilaginous embolism the most likely reason for Xena's neurological dysfunction.

Mr Seamens has given permission for post-mortem examination. Arrangements have been made for private cremation and return of ashes. We will keep you updated with our findings. Post-mortem examination revealed focal necrosis of the spinal cord and myelomalacia. In several segments of the cord, the blood vessels contained eosinophilic material consistent with fibrocartilaginous embolism.

I am sorry we were not able to help in this unfortunate case. Do not hesitate to contact me if you want to discuss this case further.

Yours sincerely,

Alejandro Lujan

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