

Neurology



Case log explanations and instructions:

The case log for the **ESAVS Certificate / Neurology** shall contain at least 100 cases mostly compiled in the second half of the program.

All following case categories should be represented in a reasonable distribution:

In respect to localization: Brain, spinal cord and PNS cases

In respect to disease category: Vascular, Inflammatory, Trauma, Anomaly, Metabolic-Toxic, Idiopathic, Neoplastic, Degenerative (VITAMIN D)

In respect to surgical and non-surgical cases (At least 15 surgical cases should be represented)

These cases must be coded as follows:

Localization: B(Brain); S (spinal); P(Nerve/Muscle)

Classification: VITAMIN D

Surgical/non-Surgical: S; NS

Example: Cat with surgically treated cerebral meningioma: **B/N/S**

For each case, the following information is mandatory (information is provided as an example):

1. **Date:** 23.April 2017
2. **Name or file number:** 357/17
3. **Species, breed, age:** cat domestic shorthair 4 y, male
4. **Major complaint / problem:** lost and found with severe disturbance of equilibrium: head tilt to the left, repeatedly falling on the left side.
5. **General Examination, Neurological exam/ abnormal findings and localization:** vestibular ataxia, head tilt to the left, horizontal nystagmus (fast phase to the right), left-sided Horner's syndrome, left-sided ventral strabismus, normal proprioception. Localization: left sided peripheral vestibular system
6. **Special examination: (Blood work, CSF, Diagnostic imaging, Electrodiagnostics):** Otoscopy: normal. RX bulla series: bulla empyema. Laboratory: normal.
7. **Final diagnosis:** left-sided Otitis media/interna
8. **Treatment:** Cephaseptin 20 mg/kg P.O. BID for 4 weeks
9. **Neurosurgery:** Not applicable
10. **Follow-up:** improvement beginning after one week of treatment. After 4 weeks gait normal. After 2 months persisting slight head tilt.
11. **Special comment:** primary source not found, presumably naso/pharyngeal infection
12. **Code:** P/I/NS

The case log needs to be compiled as an Excel file using the template in the appendix.

Abbreviations may be used but must be explained at the beginning of the case log table.

List all abnormal findings, however also add normal findings if important for lesion localization!

List the cases in chronological order.

A case log may not be acceptable and may be rejected in its entirety if critical concerns regarding one or more categories result in a fail, regardless of whether all other required criteria are adequately met.