MOVEMENT DISORDERS IN DOGS AND CATS

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Final degree project

UAB

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OBJECTIVES

- 1. Classification of movement disorders in dogs and cats.
- 2. Correct terminology.
- 3. Diagnostic approach.
- 4. Therapeutic options.

CLINICALAPPROACH

1. FIRST THINGS FIRST

- → Motive of consultation.
- → Signalment and clinical history: breed, age of onset...
- → Physical examination.

2. CHARACTERIZATION OF THE MOVEMENT

- ☐ Is it hyperkinetic or hypokinetic?
- ☐ Is it paroxysmal or persistent?
- ☐ Is it exercise induced or not?
- ☐ Is it bilateral or unilateral?
- ☐ Is it rhythmic or irregular?
- \square Is it purposeful or not? If it is \rightarrow Which purpose?
- ☐ Can any triggers be identified? → Which ones?
- Autonomic signs and/or neurological examination deficits?

3. SECONDARY OR HEREDITARY DISORDER

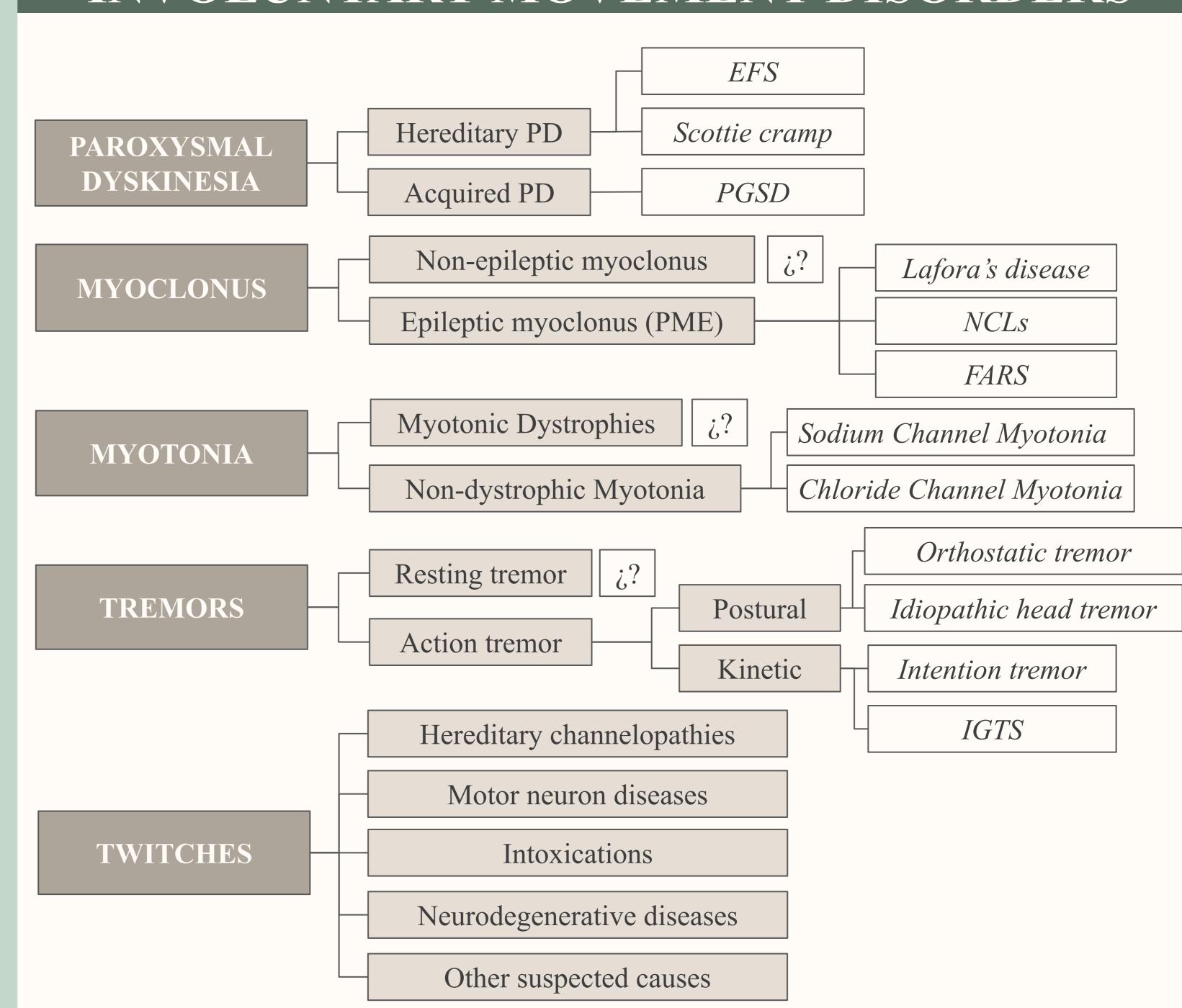
- ☐ Any drug, medication or toxic mentioned in the medical history?
- ☐ Any other neurological signs?
- ☐ Intracranial or extracranial? \rightarrow Imaging (MRI).
- \square Breed predisposition to a familial disorder? \rightarrow Genetic tests.
- \Box Other test \rightarrow Blood work, EMG, CSF analysis, antiepileptic drug trial.

TDICCEDS

CONCLUSIONS

- 1. Great variety of etiologies and triggers / Diversity of causes.
- 2. Advanced diagnostic tools: MRI, serology, genetic tests.
- 3. Multidisciplinary and personalized treatment.
- 4. Importance of research and collaboration.
- 5. Role of caregivers in the pet's quality of life.

INVOLUNTARY MOVEMENT DISORDERS



	TRIGGERS	AT REST	MUSCLE AFFECTION	RESULTING MOVEMENT/POSTURE
DYSTONIA	Voluntary movement, standing, adopting particular postures	No	Sustained or intermittent, slow, involuntary muscle contraction.	Abnormal movement and/or twisted posture of limbs/trunk/neck.
MYOCLONUS	Precipitated or worsened by movement and stress.	Yes	Sudden and brief muscle contraction and relaxation.	Shock-like, fast appendicular movement.
MYOTONIA	Voluntary movement, physiological or external stimulus. Exacerbated after a period of rest.	No	Rapid sustained muscle contraction and altered muscle relaxation.	Stiffness (bunny-hopping) and rigid gait +/- falling sideways. Improvement with continuous activity.
TREMOR	Kinetic - during active movement. Postural - maintaining posture.	No	Muscle contractions at regular frequencies and variable amplitude.	Involuntary, oscillatory and rhythmic movement of a body part.
FASCICULATIONS	Stress, exercise, hypocalcemia, toxics	Yes	Brief spontaneous contraction of a few muscle fibers.	Does not induce appendicular movement. Vermicular movement under the skin.
MYOKYMIA	Stress, exercise, excitement	Yes	Focal or generalised continuous muscle contractions.	Vermicular or rippling muscle contractions of the skin above the affected muscle.
NEUROMYOTONIA	Spontaneous and voluntary muscle contractions, nerve percussion, stress or excitement.	Yes	Persistent muscle contraction and delayed relaxation.	Evolution from myokymia to generalised muscle stiffness.
TETANUS and	Aggravated or provoked by auditory or	No	Sustained extensor muscles	Persistent extensor rigidity in the affected body sogments without obvious movement

contraction without relaxation.

ABBREVIATIONS

light stimulus.

CSF - Cephalo spinal fluid

TETANIA

EFS - Episodic falling syndrome

EMG - Electromyography

FARS - Feline audiogenic reflex seizures

IGTS - Idiopathic generalised tremor syndrome

MRI - Magnetic resonance imaging

NCL - Neuronal ceroid lipofuscinosis

PD - Paroxysmal dyskinesia

PGSD - Paroxysmal gluten-sensitive dyskinesia

PME - Progressive myoclonic epilepsy

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body segments without obvious movement.

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