

LESION LOCATION ORGANIZED BY NEUROLOGIC ASSESSMENT & FINDINGS

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FINDINGS	LOCATION OF NEUROLOGIC DISEASE
MENTATION ASSESSMENT	
Mental Status	<ul style="list-style-type: none"> • Brainstem (see also decerebrate posture) • Central vestibular system • Prosencephalon
POSTURE ASSESSMENT	
Decerebellate Posture	<ul style="list-style-type: none"> • Cerebellum (normal mental status, opisthotonus, increased extensor tone in thoracic limbs, flexed pelvic limbs with reduced muscle tone)
Decerebrate Posture	<ul style="list-style-type: none"> • Midbrain or pons (severely affected mentation, increased extensor tone in all limbs, opisthotonus if cerebellar lesion present)
Schiff-Sherrington Posture	<ul style="list-style-type: none"> • T3–L4 spinal cord segments (increased tone in thoracic limbs; normal to reduced tone and paralysis of pelvic limbs)
GAIT ASSESSMENT	
Ataxia	<ul style="list-style-type: none"> • Cerebellum: Symmetric, truncal (bouncy gait/good muscle tone) • Proprioceptive pathways: Mild, usually bilateral • Vestibular system: Asymmetric, moderate
Circling	<ul style="list-style-type: none"> • Prosencephalon: Circles larger • Vestibular system: Circles smaller • Direction of circling is usually toward side with lesion
Paresis	<ul style="list-style-type: none"> • Brainstem: Paresis and ataxia ipsilateral to lesion • Cauda equina: Paraparesis • Cerebrum: Mild, almost unnoticeable paresis • Cervical myelopathy (C1–C5 or C6–T2): Tetraparesis • Neuromuscular system: Various grade of para- or tetraparesis (also muscular weakness, exercise intolerance) • Thoracolumbar myelopathy (T3–L3 or L4–S3): Paraparesis
CRANIAL NERVE ASSESSMENT	
Cranial Nerve Abnormalities	<ul style="list-style-type: none"> • Brainstem: Localized to part of brainstem where nucleus is located • Central vestibular system • Peripheral nervous system: May affect one nerve or be part of a polyneuropathy
POSTURAL REACTION ASSESSMENT	
Postural Reaction Deficits	<ul style="list-style-type: none"> • Brainstem: Ipsilateral to lesion • Cauda equina: Pelvic limbs • Central vestibular system: Ipsilateral to lesion • Cerebrum/thalamus: Contralateral to lesion • C1–C5 or C6–T2 spinal cord segments: All limbs (pelvic limbs may be more affected than thoracic limbs) • T3–L3 or L4–S3 spinal cord segments: Pelvic limbs • Neuromuscular disease: Postural reaction deficits may be present
SPINAL NERVE ASSESSMENT	
Spinal Reflexes	<ul style="list-style-type: none"> • Cauda equina: Reduced reflexes to pelvic limbs, anus, and urinary sphincter may be present • C1–C5 or T3–L3 spinal cord segment: Normal to increased reflexes (upper motor neuron signs) • C6–T2 or L4–S3 spinal cord segment: Reduced reflexes (lower motor neuron signs); reduced muscle tone • Neuromuscular system: Reduced reflexes may be present in either thoracic or pelvic limbs
PAIN ASSESSMENT	
Pain on Spinal Palpation	<ul style="list-style-type: none"> • Brain: Pain on cervical flexion may sometimes be found • Cauda equina: Pain on palpation of the lumbosacral area • Neuromuscular: Muscle pain in some myopathies • Spinal cord: Pain on palpation of affected area may or may not be present
OTHER ASSESSMENTS	
Hemineglect	<ul style="list-style-type: none"> • Cerebrum: Reduced reaction to stimulus contralateral side to lesion
Seizures	<ul style="list-style-type: none"> • Prosencephalon: Neurologic examination may be normal
Vestibular Signs	<ul style="list-style-type: none"> • Central vestibular system: Brainstem or cerebellar lesion • Peripheral vestibular system: Inner ear lesion