

EXAMPLE CASE BOOK

Case #	Signalment	Primary Complaint	Major findings	Diagnosis	Treatment	Outcome
1	5m F Cavalier King Charles Spaniel dog	Swollen masseter muscles (Rt more severe), difficulty in opening mouth for 5 wk	LMN (myopathy) localisation - swollen masseter muscles, trismus generalised lymphadenopathy -. Blood- eosinophilia ($1.47 \times 10^9/l$), elevated CK (2562 U/l); EMG – fibrillation (masticatory muscles); Type 2M antibody titre – positive; masseter muscle biopsy – diffuse severe subacute myositis with marked fibrosis	Masticatory muscle myositis	Prednisolone	Improved within 2 wk – 2 m follow-up – recovered; another dog in the same litter similar clinical signs (not investigated)
2	5y7m MN Staffordshire Bull Terrier	1 m Rt temporal muscle atrophy, rubbing Rt face, weight loss	Reduced jaw tone, Rt temporal muscle atrophy, reduced Rt corneal reflex – Focal LMN (CN V neuropathy) localisation. Blood, thoracic/abdominal radiography, CSF – unremarkable; MRI – enlargement of Rt CNV (isointense on T1WI and T2WI), homogeneously enhanced mass (3mm) following gadolinium impinging on Rt mesencephalon.	Trigeminal nerve sheath tumour (unilateral, Rt-sided)	Nil	Deteriorated, no PME
3	6y2m MN Boxer	Progressive ataxia, Lt head tilt, knuckling Lt FL for several m	Depressed, ataxia, Lt FL CPD, intermittent CPD HL, Lt head tilt, bilateral absence of menace response, reduced sensation Lt face, anisocoria – Multifocal CNS (forebrain/ Lt brainstem) localisation. Blood, T4, thoracic/abdominal radiography – unremarkable; MRI – large intracranial enhancing mass in the Lt brainstem.	Intracranial neoplasm (astrocytoma)	Euthanasia	PME – astrocytoma - poorly demarcated, un-encapsulated well-vascularized mass in ventral brainstem