

History and clinical signs

Obtain a description of episodes from owners and evaluate a video if any to confirm questions below.

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- Seizure type and pattern?
- Seizure frequency and duration?
- When was the first seizures?
- What medication is used?
- How many episodes has happened?

Partial Testing

If seizure is not confirmed:

- Electroencephalography: EEG
- Evaluate ictal or interictal paroxysmal discharges

- If EEG not available, an anti-seizure drug trial can be performed (such as

levetiracetam, phenobarbital)

-MRI and CSF tap is still recommended specifically neurological exam is not normal

- CBC, biochemistry, electrolyte, bile acids: Primarily check RBC, platelet, liver and renal panels, glucose, Na, Ca, ammonia
- MRI (or CT) + CSF tap
 - Evaluate a structural change of the brain
 - Evaluate total nucleated cell count (normal: <5 cells/uL) and protein level (normal: <25-30 mg/dL from cerebellomedullary cistern or <45mg/dL from lumbar cistern)

Diagnosis

- Reactive seizures: toxicity, hyper/hypoglycemia, electrolyte derangement, renal/uremic encephalopathy, hepatic encephalopathy, hypothyroidism, hypoxia etc.
- Structural epilepsy: degenerative, anomalous, neoplastic, inflammatory, infectious, traumatic, vascular
- Idiopathic epilepsy:
 - •Tier 1 confidence level (normal blood work and neurological exam between seizures, seizure onset: > 6 months old and < 6 years old)
 - •Tier 2 confidence level (normal MRI and CSF tap on top of Tier 1)
 - •Tier 3 confidence level (electroencephalography: EEG confirms episodes are seizures)
 - IF seizure onset is < 6 months old → Juvenile epilepsy
- IF seizure onset is > 6 years old → Late onset epilepsy, or cryptogenic epilepsy

📧 Treatment

- Medications for rescue protocol can be used for patients that tend to have cluster seizures or status epilepticus
 - -midazolam, diazepam, clorazepate, clonazepam, levetiracetam etc.
- ■Initiate an anti-seizure drug as a maintenance medication
 - -phenobarbital, bromide, levetiracetam, zonisamide, imepitoin etc.

Monitor

■ Regular check at least 6-12 months with CBC, biochemistry and blood level of antiseizure drugs



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