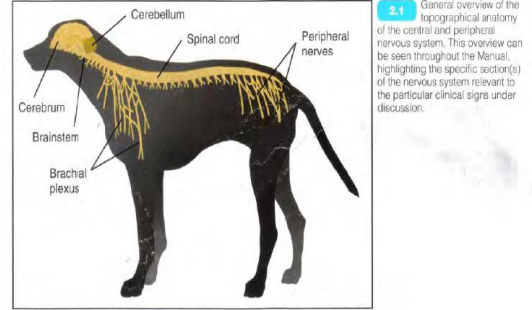
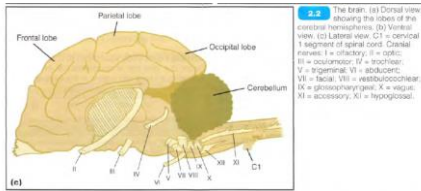


Nörolojik muayene

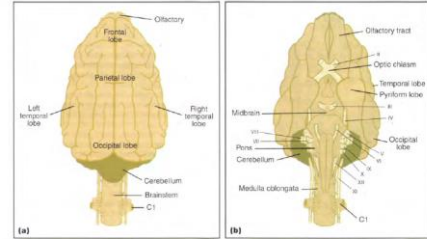
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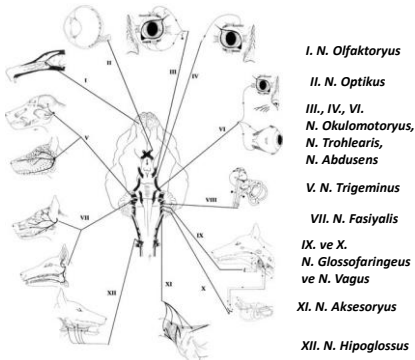
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Tanımlar

- **Ataksi** koordinasyon bozukluğu
- **Dizmetri** isteğe bağlı hareket gücü ve değişkenliğinde uygunsuzluk
- **Parezis** nörolojik fonksiyon bozukluğuna bağlı güçsüzlük, zayıflık
- **Paraliz** nörolojik fonksiyon bozukluğuna bağlı total kayıp
- **Hemiparezis** vücudun bir tarafındaki bacak veya bacaklarda isteğe bağlı hareketlerde kısmi kayıp
- **Tetraparezis** ön ve arka bacaklarda isteğe bağlı hareketlerde kısmen kayıp; 4 bacakta zayıflama
- **Hemipleji** vücudun bir tarafındaki bacak veya bacaklarda isteğe bağlı hareketlerde total kayıp
- Tetrapleji ön ve arka bacaklarda isteğe bağlı hareketlerde tam kayıp; hayvan klinik olarak yatar

6

- **Hipoestezi** zararlı bir etkiye cevabın azalması
- **Hiperestesi** zararlı bir etkiye abartılı cevap
- **Hipotoni** kas tonusunun azalması
- **Miosis** pupillanın normalden daha küçülmesi;
- **Narkolepsi** aşırı uyuma
- **Nöbet , Konvülsiyonlar, epilepsi**

beyin hücrelerinde geçici anormal elektrik yayılması sonucu ortaya çıkan bir klinik tablodur

nüksetme eğiliminde aralıklı motor olaylar Jeneralize bir nöbetle hayvan bir yanına düşer, baş ve bacakları baş ve bacakların ritmik silkinmesini yürüme ve koşma devinimleri takibeder.

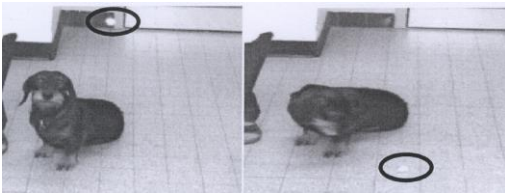
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Nörolojik muayene

- Davranış, genel durumun gözlenmesi
- Kraniyal sinirlerin muayenesi
- Perider sinirlerin muayenesi

9

II. Kraniyal Sinir: N. Optikus



11

- **Opistotonus** Yıldız bakma uzamış baş ve boyun duruşu;
- **Strabismus** (şaşılık) anormal göz pozisyonu; istirahatte veya başın **pozisyonu** degistiğinde meydana gelebilir
- Tortikollis baş ve boyunun bükülmesine neden olan boyun kaslarının kasılı durumu

8

I. Kraniyal Sinir: N. Olfactoryus



10

Şekil 3. Tehdit cevabı (17)



12

Şekil 4. Vizüel pozisyonlandırma



13

Pupillar ışık refleksi



14

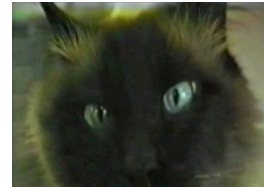
III., IV., VI. Kranial Sinirler: N. Okulomotoryus, N. Trohlearis, N. Abdusens



Şekil 6. Ventrolateral strabismus (17)

15

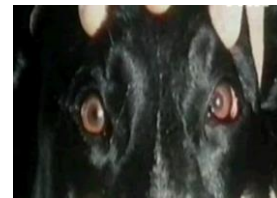
Laterale deviye pupilla



16



1.28 Ventrolateral positional strabismus in a Rottweiler with a syndrome. The strabismus was visible in a head in a position, indicating a sensory dysfunction CN III - oculomotor disorder).



Mediyal strabismus

17

18

V. Kraniyal Sinir: N. Trigeminus



1.25 Placing an animal in dorsal recumbency can help in detecting a positional nystagmus or strabismus by 'challenging' the vestibular system.

19



1.21 Unilateral temporalis and masseter muscle atrophy in a 9-year-old male Labrador with a trigeminal nerve sheath tumor. The ipsilateral enophthalmia is caused by the loss of the temporalis muscle bulk and therefore passive retraction of the eyeball.

Şekil 9. Temporal kas simetrisi (17)

20



1.18 Touching the medial or lateral canthus of the eye and observing for a blink test the palpebral reflex. The afferent arm of this reflex is mediated by the trigeminal nerve (CN V) (facial sensation) while the efferent arm is mediated by the facial nerve (CN VII) (closure of the eyelids).

Şekil 12. Palpebral refleksi

21



Yüz duyusu kontrolü



1.19 The response to stimulation of the nasal mucosa is a cortically-mediated withdrawal of the head. The afferent arm is mediated by the trigeminal nerve (CN V). The integration of this response occurs in

22



Şekil 11. Korneal refleksi (17)

23



1.22 Dropped jaw and inability to close the mouth in a 5-year-old neutered female Cocker Spaniel with idiopathic trigeminal neuritis.

24

VII. Kraniyal Sinir: N. Fasiyalis



4.16m Observing a curl of the lip as it protrudes indicates that the afferent limb (CN V... trigeminal nerve) and efferent limb (CN VII... facial nerve)

Sol fasiyal paraliz

25



4.16m Facial asymmetry with drooping of the ear, drooping of the lip and deviation of the nostril to the unaffected side in a 7-year-old male Labrador with acute idiopathic facial nerve paralysis (CN VII).

26

VIII. Kraniyal Sinir: N. Vestibulokohlearis



Şekil 14. Baş eğikliği (17)

27

IX. ve X. Kraniyal Sinirler: N. Glossofaringeus ve N. Vagus



Yutkunma refleksi (17)

28

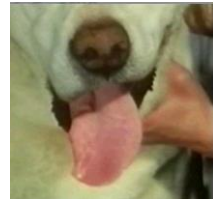
XI. Kraniyal Sinir: N. Aksesoryus



Boynun sola deviyasyonu

29

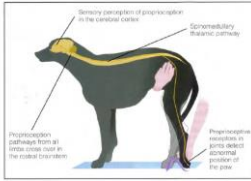
XII. Kraniyal Sinir: N. Hipoglossus



Unilateral (sağ) paraliz (17)

30

Periferal sinirler



1.30 Changing paw position evaluates the conscious (voluntary or cognitive function). This cortically mediated response is elicited by gently placing the dorsal surface of the animal's foot on the floor. Care should be taken to support the animal's weight. The animal should immediately replace its foot in a normal position.



31

32



1.31 The hopping response is tested in the left thoracic limb of this dog. The right thoracic limb is held off the ground and the hind end is supported to put the majority of weight on the left thoracic limb. The dog is then pushed to the left.



1.34 Extensor carpi radialis reflex is tested by hitting the proximal region of the antebrachium and observing a slight extension of the carpus.

33

34

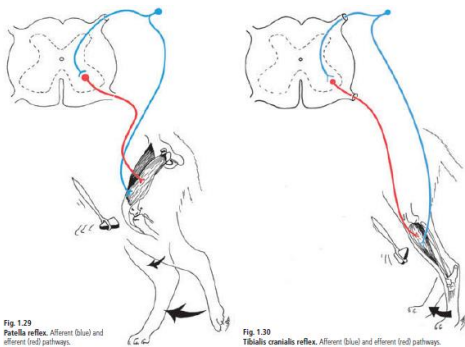


Fig 1.29 Patella reflex. Afferent (blue) and efferent (red) pathways.

Fig 1.30 Tibialis cranialis reflex. Afferent (blue) and efferent (red) pathways.



1.36 The patellar reflex is elicited by hitting the patellar ligament and observing a reflex extension of the stifle joint.



1.39 The cranial tibial reflex is elicited by hitting the proximal part of the cranial tibial muscle and observing a reflex flexion of the tarsus.

35

36

Pannikulus reflaks



1.40 The panniculus reflex consists of clamping the tail and contraction of the anal sphincter as a result of stimulation of the plexus.



1.42 The cutaneous trunk (panniculus) reflex is activated by pinching the skin over the lumbar spine with forceps. It should be tested from caudal to cranial on each side of the spine, starting at the level of the wings of the ilium. Bilateral contraction of the cutaneous trunk muscle indicates a normal reflex. In the absence of such muscle contraction, the point of skin stimulation should be moved cranially until a normal reflex is observed.



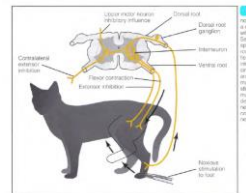
Fig. 3.23 The spinal cord and descending pathways. (1) The motor reflex centre. (2) The motor white (fibrous) matter. (3) Afferent from this centre and onward to the brain.

37

38



1.44 The spine can be palpated while the animal is standing or recumbent. Spinal hyperaesthesia is detected by applying gentle pressure on the dorsal spinous processes and transverse processes of the spine. Simultaneous palpation of the abdomen can help to detect the focus of hyperpathia.



1.36 A normal withdrawal (flexor) reflex in the pelvis leads to flexion of the hips, abdu and flex. When the withdrawal is provoked, the contralateral limb should be observed for reflex extension (crossed extensor reflex).

39

40



1.43 Deep pain perception is tested by pinching the digits with the fingers or with haemostats. Only a behavioural response to this noxious stimulus (turning of the head, vocalization, attempt to bite) indicates conscious pain perception. If no response is elicited when using fingers, the test should be repeated with haemostats to ensure that the response is absent.



1.45 Gently manipulating the neck in dorsal, lateral and ventral flexion can help to detect pain and a reduced range of movement.

41

42