

# Psychomotor Episode of a Poodle

by  
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Diagnosis and treatment of convulsive disorders in the dog and cat can often lead to a certain degree of confusion and a feeling of futility. To demonstrate one of the broad spectrum of signs that may be observed in seizures, the following case of psychomotor epilepsy is presented.

A three and one-half year old, spayed, standard-bred poodle was admitted to Stange Memorial Veterinary Clinic with no history of previous illness. The chief complaint was a transient mental behavioral change of two to three seconds duration. The animal showed no abnormal signs until the next episode.

These episodes were manifested as biting the owner. The dog had never bitten anyone else. The bite was of a severe, traumatizing nature. A laceration requiring five sutures in the owner's hand prompted them to seek help. The episodes began two years previously and were infrequent in occurrence. They were becoming more and more frequent. During a 10 day camping trip, just prior to admission, the dog bit the owner once a day for seven of those ten days.

A complete physical and neurological examination revealed no abnormal signs. Hematology and blood chemistries were within normal limits. Electroencephalographic patterns revealed an asymmetry in electrical activity that shifted from one locus to another. Otherwise the recording was within normal limits. Diphenylhydantoin (100mg) with phenobarbital (¼

grain) capsules were dispensed to be administered twice a day. The animal has been on this medication for six months and has not shown any further aggressive tendencies.

Foci that may serve as origins for a seizural discharge may occur anywhere in the cortex, subcortical areas, thalamus, hypothalamus and even as far back as the pretectile area. If the discharge becomes generalized, a grand mal seizure will occur. If the discharge doesn't become generalized but remains confined to a small portion of the brain, only the part of the body subserved by that portion of the brain is involved. Certain parts of the brain are more sensitive to seizural discharge than other parts. The temporal lobe is by far the most vulnerable location for seizural foci. The parietal and motor cortical areas are the next most sensitive. Much more resistant to spread of discharge are the remainder of the frontal lobe and the occipital cortex. When a structure associated with the limbic system harbors a focus, the ability for the focus to spread is even more difficult. The caudate, lenticular, and hypothalamic nuclei are often involved. Seizures originating in these deeply located structures consequently are focal in nature and may be manifested as "snapping at flies," yipping fits or a transient behavior change.<sup>1,2</sup>

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