

Case #4

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A male 2-year-old Springer Spaniel dog (Splash) was presented with a 3-month history of progressive lethargy, not responding to calls and bumping into objects in his path. Two weeks prior to presentation, the owner described the onset of a wobbling prancing gait.

Physical examination was essentially normal except for the dull, lethargic attitude. Neurologic examination revealed an ataxic gait with prancing (hyperflexion) of the forelimbs and a stiff extended movement of the hind limbs. Reflexes were essentially normal with the exception of exaggerated spinal reflexes in all limbs, and subtle nystagmus with lateral neck flexion (tonic eye reflexes). The pupils and fundus appeared normal. The ophthalmic examination suggested a bilateral central visual defect. The animal would respond to menacing movements of the stick held at a level of 3 feet but not a level directly in front or below his eyes.

The animal was hospitalized for 2 weeks for observations and further studies. These included skull radiographs, cerebrospinal fluid cells and protein, hematology, blood chemistry and urinalysis. While hospitalized, he was observed to have two convulsive seizures. He would pace, head pressed down with growling, in his cage. Outside, had paced in a prancing gait with the head held high. The eyelids appeared half-closed. The animal was released but returned for euthanasia and necroscopy one week later. He was anesthetized, heparinized and perfused intracardially with saline and 10% buffered formalin. Transverse sections of the brain revealed a discrete grayish-white oval tumor mass in the tegmentum of the rostral midbrain. The tumor extended and involved the median structures of the caudal diencephalon.

Section of tumor is stained with hematoxylin and eosin and one unstained section is submitted.