# *CEREBROSPINAL FLUID FINDINGS IN A TETRAPARETIC DOG.*

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## *Signalment and history*

A 5-year-old, female, mixed-breed dog presented with a history of ataxia and neck pain of one-week duration.

## *Clinical findings*

Abnormalities were limited to the nervous system. The dog showed a depressed mental status and non ambulatory tetraparesis. Hopping and proprioceptive positioning were abnormal in both thoracic and pelvic limbs. Right head turn, ventrolateral strabismus, and neck pain on palpation and extension were also present. A diffuse, intracranial lesion was suspected. Differential diagnoses included CNS inflammatory/infectious disease (cryptococcosis, neosporosis, toxoplasmosis, bacterial meningoencephalomyelitis, granulomatous-meningoencephalitis-GME, necrotizing meningoencephalitis-NME, necrotizing leukoencephalitis-NLE, meningoencephalitis of unknown origin-MUO) or neoplastic condition (primary or secondary neoplasm). Complete blood cell count, biochemical profile and urinalysis were within normal limits.

In T2-weighted magnetic resonance (MRI) images, a diffuse lesion extended bilaterally from brainstem to cranial medulla. At level of the pons, a right lateralization was evident After administration of a paramagnetic contrast medium the lesion showed marked enhancement.

## *Cerebrospinal fluid (CSF) examination*

Cerebrospinal fluid was collected at the L4-L5 intervertebral space. CSF was colourless with increased turbidity. Albumin detection with protein reagents strip was more than 30 mg/dL and Pandy test revealed high globulin concentration. WBC count, performed using a haemocytometer, was 2389 cells/$mm^3$ and RBC count was 22 cell/$mm^3$.

A cytology sample obtained by sedimentation was air dried and stained with Romanowsky stain (May-Grunwald Giemsa).

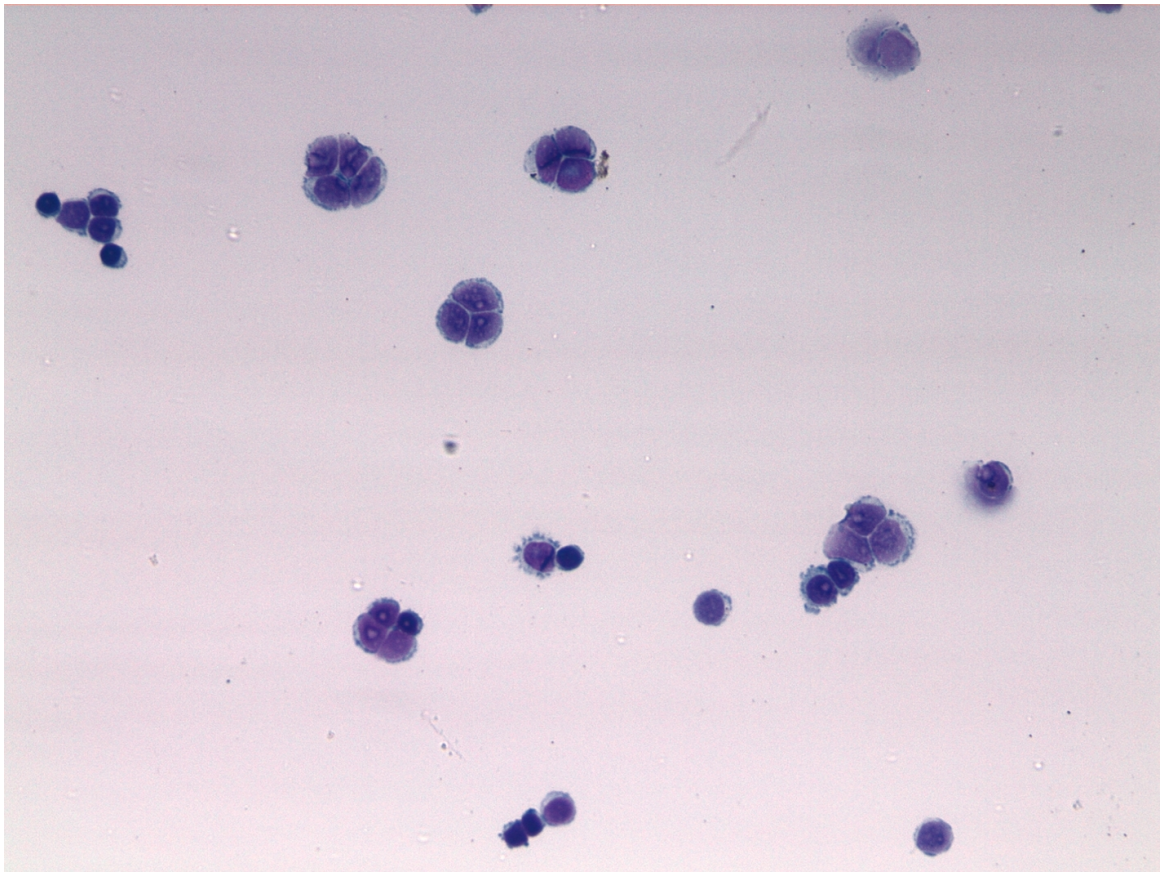

**Fig. 1**: CSF sedimentation, 20X, MGG

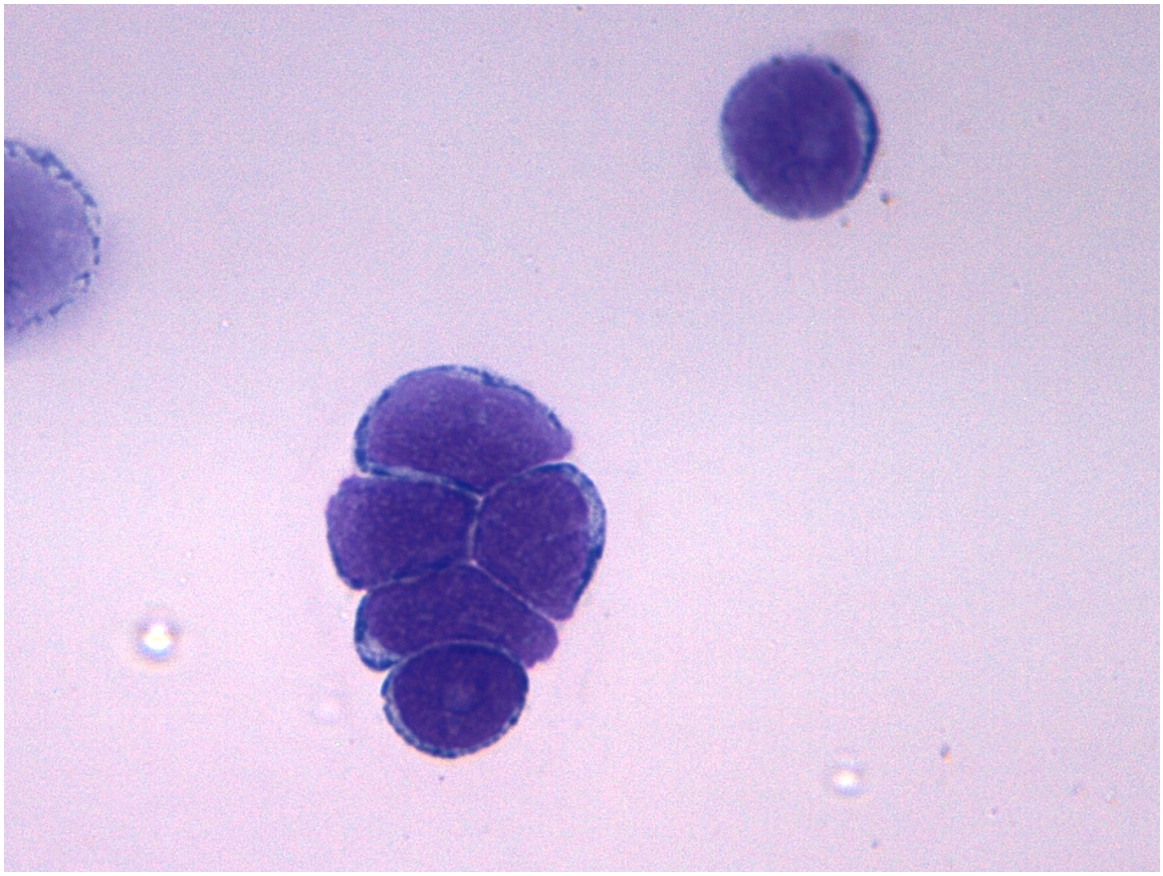

**Fig. 2, fig. 3**: CSF sedimentation, 100X, MGG