

EPILEPSY



Epilepsy

What is this disease?

Seizures can be categorized based on their length, intensity and frequency. Some pets may have mild activity and be able to live a normal life without the use of anti-epileptic drugs (AEDs). Seizures can be a result of some underlying disease process such as low blood sugar, systemic infection, or liver disease. Often the underlying cause is related to an issue in the brain. This doesn't necessarily mean your pet has a brain tumor. Epilepsy caused by brain issues and brain tumors is a diagnosis of exclusion for our practice; This means that we look for all the causes we can in-house. If there is no evidence of other problems on x-rays and/or blood testing we must assume the seizures are caused by some type of brain issue.

Please visit

<https://cvm.ncsu.edu/research/labs/clinical->

SEIZURES
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CONVULSIONS



QUESTIONS?

Please contact your veterinarian via email or phone.

Dr. Greg Lowe

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Dr. Rhod Lowe

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[sciences/companion-animal-epilepsy/](#) to learn more about seizures.

Also check out this helpful link from our website <https://www.rowananimalclinic.com/drugs--diseases--surgical-procedures.html>

What comes next?

We advise that newly diagnosed pets undergo blood testing to find the best dose of medication for your pet. We want to tailor the treatment to your pets' specific needs. The specific tests to be performed are dependent on the medication that is prescribed by your veterinarian.

PHENOBARBITOL

ZONISAMIDE

POTASSIUM BROMIDE (KBr)

AND OTHERS

What comes later?

We will use additional testing to monitor your pets' response to therapy. These tests will be repeated for the following reasons:

1. Follow up after starting medication (see chart attached for specifics)
2. Any time your pet is acting abnormal and/or having worse or more frequent seizures
3. Annual preventative care bloodwork and drug blood level bloodwork with annual examination.

What should you plan for?

Be sure to budget for annual testing, physical examination, and the purchase of medication(s). Some pets may benefit from a grain-free/gluten free diet.

What should you watch out for?

SCHEDULE AN APPOINTMENT

Please contact our reception team today!

CALL

704-636-3408

EMAIL

rowananimalreception@gmail.com

CLICK

www.rowananimalclinic.com

Management of this disease includes close monitoring for signs of seizures. Evidence of a seizure event can include things like: finding a puddle of urine/feces or of drool/vomit. Your pet may unknowingly have an "accident" during a seizure.

The first sign that your pet may be about to have a seizure could be facial twitching, chattering teeth, and/or shaking. Avoiding stressful situations can be helpful in preventing seizure activity. If your pet seems stressed they may need additional medication to take during stressful situations to aid in preventing seizures.

If a seizure last longer than a few minutes it is important to seek veterinary assistance immediately. If you are unable to find help quickly following these steps:

1. Stay calm. Loud noises and panic can make things worse for your pet
2. Be careful. Your pet may cry out or even harm you on accident. If you are injured, you cannot help your pet.
3. Use calm, low, soft tones. Be gentle!
4. Prolonged seizures can increase body temperature which can be very dangerous. If the seizure is persistent use a rubbing alcohol bath (then place in front of fan) to help lower your pets' temperature. You want your pets' body temperature to be between 99-102.5 degrees Fahrenheit.
5. If your pet seems dazed or slow to recover give honey or corn syrup. Your pet may have low blood sugar.

NOTE

IF YOU ARE INTERESTED IN A MORE IN-DEPTH EVALUATION PLEASE ASK YOU VETERINARIAN FOR MORE DETAILS. **VETERINARY NEUROLOGISTS ARE AVAILABLE BY REFERRAL**; THEY HAVE ACCESS TO EQUIPMENT THAT ALLOWS THEM TO BETTER EVALUATE YOUR PET. THIS EQUIPMENT INLCUDES THINGS LIKE **CT** (COMPUTED TOMOGRAPHY) AND **MRI** (MAGNETIC RESONANCE IMAGING).

EPILEPSY TESTING CHART

<u>DISEASE</u>	<u>WHEN TO TEST</u>	<u>SAMPLE COLLECTION</u>	<u>TURN AROUND</u>
Phenobarbital (Follow-Up)	4 weeks after initial dosing; recommended 2 weeks after every dose change	Immediately before the next dose of Phenobarbital is given	1-2 working days
Phenobarbital (Annual Screening) Q6M at most	Annually OR Every 6 months at most	Immediately before the next dose of Phenobarbital is given	1-2 working days
Potassium Bromide (KBr) (Follow-Up)	4-6 weeks after initial dosing; Recommended 2 weeks after every dose change	Can be collected at any time	2-5 working days
Potassium Bromide (KBr) (Annual Screening)	Annually	Can be collected at any time	2-5 working days
Phenobarbital AND KBr (Follow-Up)	4 weeks after initial dosing; Recommended 2 weeks after every dose change	Immediately before next dose of Phenobarbital is given	3-5 working days
Phenobarbital AND KBr (Annual Screening)	Annually	Immediately before next dose of Phenobarbital is given	3-5 working days
Zonisamide (Follow-Up)	2 weeks after initial dosing; recommended 2 weeks after every dose change Schedule a drop-off appointment for the morning. Owner is NOT to give morning dose but does need to bring meds to the office.	PEAK -sample: 2 hours after administration of pill TROUGH -sample: just prior to administration of next dose	5-7 working days
Zonisamide (Annual Screening)	Annually	Just prior to next administration of next dose	5-7 working days