**Supplementary file 2: Neurological examination – Ormilo**

**Date of examination Examiner ID Recorder ID** **Blood sample** ○ Yes ○ No

… … / … … / … … … … … … … … … … **PM** ○ Yes ○ No

**District Ward Village Sub-village**

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**Household name Household number Animal number**

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1. **History and signalment**

**Species** ○ Sheep ○ Goat **Sex** ○ Male ○ Female **Breed ………………………………………………..**

**Age** (reported) …………………… **Dentition** ○ Temporary ○ two ○ four ○ six ○ full ○ full + worn

**Duration of clinical signs Speed of onset of clinical signs**

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**Are clinical signs**:

○ Progressing ○ Improving ○ Staying the same ○ Intermittent ○ continuous

**Since the start of clinical signs has the animal had:**

○ Seizures ○ Scour ○ Anorexia ○ Weight loss ○ Cough

**Other**

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1. **Physical examination**

**Body condition score** ○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Rectal temperature ………………………… Respiratory rate…………………… Heart rate ……………

Other notes

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1. **Behavioural/subjective observations** (e.g. standing aware from group, reaction to noise/stimulation, willingness to move)
2. **Objective observations**

**Mentation**

○ normal/alert ○ Excited ○ Depressed ○ Disorientated ○ Obtund ○ Stupor ○ Coma

**Posture - Head**

○ Normal ○ Opisthotonus ○ Head pressing Head tilt ○ Left ○ Right

Lateral neck flexion ○ Left ○ Right Tremor ○ Head ○ Intention ○ Other

Notes

**Posture – body/limbs**

○ Normal ○ Collapsing ○ Recumbent Wide-based stance ○ Thoracic ○ Pelvic

Spastic extension ○ LF ○ RF ○ LH ○ RH Scoliosis ○ Left ○ Right

○ Lordosis (ventral deviation) ○ Kyphosis (dorsal deviation)

Notes

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**Gait**

○ Normal ○ Ataxia ○ Stumbling ○ Crossing legs ○ Stiffness ○ Hypermetria

Circling ○ Left ○ Right ○ Small (1-2m) ○ Large (>2m)

Limbs affected

○ All four ○ Thoracic ○ Pelvic ○ Left hemi ○ Right hemi Single limb ○ LF ○ RF ○ LH ○ RH

Notes

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**Proprioception**

○ No deficits Abnormal hoof position response ○ LF ○ RF ○ LH ○ RH

Abnormal hip sway ○ Left ○ Right Abnormal crossed-feet placement ○ Thoracic ○ Pelvic

Notes

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**Weakness**

○ None ○ Abnormal wither press ○ Abnormal pelvis press

Abnormal hopping ○ LF ○ RF ○ ○ RH Abnormal hemiwalking/standing ○ Left ○ Right

Notes

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**Panniculus and sacral segments**

○ Normal Abnormal/absent anal reflex ○ Left ○ Right Voluntary tail movement ○ Yes ○ No

Panniculus deficits ○ Yes ○ No ○ Left - Level…………………………. ○ Right - Level……………………………..

Notes

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**Pain responses**

○ Normal Spinal hyperaesthesia ○ Cervical ○ Thoracic ○ Lumbar ○ Lumbo-sacral

Absent deep pain ○ LF ○ RF ○ LH ○ RH

Notes

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**Spinal reflexes**

○ Normal Withdrawal (also superficial pain) ○ Hyper- ○ Hypo- ○ Absent

Patellar (L4-L6) Performed ○ Yes ○ No ○ Hyper- ○ Hypo- ○ Absent

Muscle wasting ………………………………………………………………………………………………………………………………

1. **Cranial Nerves**

**Indication of blindness** ○ Present ○ Absent Notes……………………………………………………………………

**Menace**  Left ○ Normal ○ Reduced ○ Absent Right ○ Normal ○ Reduced ○ Absent

**Pupil size** Left ○ Dilated ○ Constricted ○ Normal Right ○ Dilated ○ Constricted ○ Normal Symmetrical ○ Yes ○ No

**Pupillary light reflex – Left stim** Left constricts ○ Yes ○ No Right constricts ○ Yes ○ No

**Pupillary light reflex – right stim** Left constricts ○ Yes ○ No Right constricts ○ Yes ○ No

**Palpebral** Left ○ Normal ○ Abnormal Right ○ Normal ○ Abnormal

**Corneal** Left ○ Normal ○ Abnormal Right ○ Normal ○ Abnormal

**Strabismus** ○ Yes ○ No Symmetrical ○ Yes ○ No

Right Left (mark pupil position if abnormal)

**Nystagmus** ○ Yes ○ No Symmetrical ○ Yes ○ No

Left ○ Horizontal ○ Vertical ○ Rotational ○ Intermittent ○ Continuous

Right ○ Horizontal ○ Vertical ○ Rotational  ○ Intermittent ○ Continuous

**Facial sensation** Left ○ Yes ○ No Right ○ Yes ○ No

Notes…………………………………………………………………………………………………………………………………………………

**Nasal sensation** Left ○ Yes ○ No Right ○ Yes ○ No

**Ear canal sensation** Left ○ Yes ○ No Right ○ Yes ○ No

**Masseter muscle mass** ○ Normal ○ Wasted

**Normal facial symmetry** ○ Yes ○ No

Notes………………………………………………………………………………………………………………………………………………..

**Gag reflex** ○ Normal ○ Abnormal

**Jaw tone**  ○ Normal ○ Increased ○ Reduced

**Tongue** ○ Normal ○ Abnormal Notes …………………………………………………………………………………..