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SAG 1, 5, 6™, *Neospora*, C-reactive Protein, S. Fayeri, MPP/MP2, NfL

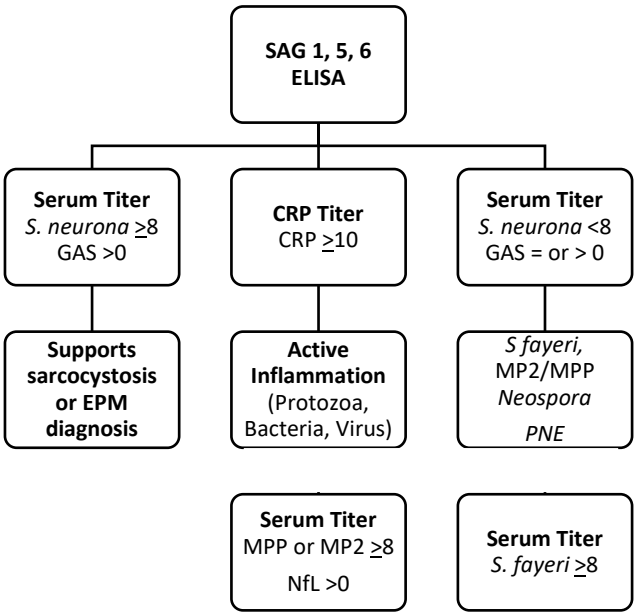
Instructions

Please evaluate the neurological deficits in a horse at a walk including any additional manipulative procedures. Place your score on the SUBMISSION FORM. The GAS is used to evaluate your case and is required for test interpretation. Treatment outcome can be useful when combined with testing.

Gait Assessment Score (GAS)

GAS	Gait Evaluation
0	Normal, neurologic deficits not detected.
1	Neurologic deficits may be detectable at normal gaits; exacerbated with manipulative procedures (e.g., backing, turning in tight circles, walking with head elevation, etc.).
2	Neurological deficit obvious at normal gaits or posture; signs exacerbated with manipulative procedures.
3	Neurological deficit obvious at normal gaits; horses give the impression that they may fall (but do not) and buckle or fall with manipulative procedures.
4	Neurologic deficit is profound at normal gaits; horse frequently stumbles or trips and may fall and normal gaits when manipulative procedures are utilized.
5	Recumbent, unable to rise.

EPM Decision Tree



*Both SAG 1, 5, 6 and CRP is recommended to be tested to rule out EPM

SAG 1, 5, 6™ or *Neospora* Interpretation (ELISA)

Serum titer		Due to *S. neurona* or *Neospora*
Negative	2	No current *S. neurona* or *Neospora* infection.
	4	
Positive	8	Antibody present. The time to seroconvert (turn negative) depends on the immune background of the animal. Recurrent infections result in titers that persist for up to 8 months.
	16	
	32	
	64	

Sarcocystis fayeri Interpretation (*Sarcocystis fayeri* ELISA)

Serum titer		Probability of *S. fayeri* infection
Negative	0	No current *S. fayeri* infection.
	4	
Positive	8	*S. fayeri* cysts are present in muscles. The toxins affect the neuromuscular system. Treatment includes long term protocidal drugs that prevent new cyst formation.
	16	
	32	
	64	

C-reactive Protein Interpretation (CRP ELISA)

CRP titer	Inflammation due to active infection
<16	Normal.
>16	Inflammation due to active infection.
20	Target value for assessing d/c polyneuritis therapy
>39	Consider polyneuritis in the diagnosis in relapse cases

MPP/MP2 Interpretation (*Equine Myelin Protein* ELISA)

Serum titer		Probability of MPP/MP2
Negative	0	No anti myelin antibody.
	4	
Positive	8	Antibody to myelin protein present. The disease process involves IL6 and antibody. Both should be addressed by specific treatment.
	16	
	32	
	64	

NfL	Axon damage
> 0	Any value > 0 is abnormal