

## MURPHY'S DIARY

This is Murphy's diary. I began keeping this record on the day of his first seizure, November 21, 1997. The final entry was made on October 29, 2004, the day after he died. I kept this record of Murphy's life with epilepsy in a 100 sheet, college ruled ring binder. When he died, there were only 7 empty pages. This is a very raw document, often written in the middle of the night or after many sleepless hours. No attempt was made to correct grammar or spelling. It was weeks before I realized acupuncture was spelled with only one "c". Of course, Spell Check will correct this transcription. Otherwise, there are no changes. It appears as it was and as it happened. It seems only yesterday.

As the years passed I invented some of my own abbreviations for often-used words. Others are common shortcuts used in the world of epilepsy. A few follow:

GM – refers to a grand mal seizure.

PI – post ictal. The period after a seizure, often characterized by semi consciousness, lack of coordination, sometimes temporary blindness. Often the dog will be unable to get up until this phase passes.

Pb – Phenobarbital.

KBr – Potassium Bromide.

RR – Rescue Remedy. A flower essence that can have calming properties for some dogs. This can help in the hours after a seizure, when the pup is often very agitated.

Murphy lived for seven of his almost nine years with epilepsy. It wasn't an easy road to travel. Still, he was a very happy boy and life was good as long as there were tennis balls. We always promised him we'd never let the bad days outnumber the good. In the end, they did. He died peacefully, at home, his head resting on my arm. Murphy was the kindest, sweetest Aussie. I still miss him terribly.

Tonya Berger

### 1997

**November 21** – 12:15pm: Grand mal seizure. Duration – less than 2 min. Confusion stage (on feet) about one min. A little agitated for about 30 min then normal by all appearances.

Checked out by vet same afternoon. All blood work, etc. normal.

Note: Nothing different in morning routine. Normal walk & exercise. Around 10:00am given a little "left over" scrambled eggs and one vegetarian sausage link. Seizure occurred while outside with other dogs. No warning behavior that I observed.

**December 12** – 4:00pm: Murphy alone in yard. Arrived home to find him in garage at end of seizure. Already starting to relax, but still not aware. He returns to normal quickly. This time I think he had some residual loss of coordination in his right hind leg; a slight foot drag. Was not noticeable an hour later.

Called vet. Will wait and see how soon a 3<sup>rd</sup> seizure occurs before starting medication. Decided to go for neurological evaluation.

Note: Both seizures occurred day after very strenuous work on stock. Murphy's "tremors"\* have become more severe. He startles more easily than before.

\*added note not in original diary: Murphy had hind leg tremors upon exertion. This began when he was around six months old.

**December 17** – 7:00pm: Witnessed beginning of seizure. Murphy went with me to get firewood in garage. I dropped a log, he startled and went into violent head shaking and circled to the left several times before collapse. Violent head jerking/choking sounds. Then rigid/trembling/eyes fully dilated/mouth open/urination.

Lasted less than one minute. For first time I witnessed circling (to left) when he got back on his feet. Only minor, short period of confusion. Lots of head rubbing on ground. Did not notice foot drag this time, but he was very quiet and shaky for about 30 min, then normal and active.

Called vet. Will start him on medication tomorrow. Phenobarbital – 60mg/twice daily.

Note: He had worked sheep earlier in the day (around noon).

**December 18** – Started Phenobarbital (60mg) twice daily. First dose around 1pm. Reaction – very hyper! Did not show any sedation (very slight) until the 21<sup>st</sup>.

**December 30** – Doing well. No seizures as yet. Still somewhat "rubber legged", but not very sedated. Increased appetite, thirst and urination.

Note: Exam with Dr. Kortz on December 20<sup>th</sup> showed no signs of neurological concerns, that were obvious. He does want to look further into possible causes of Murphy's muscle tremors. Agreed to do video of his sheep and Frisbee workouts.

## 1998

**June 19** – 7:30am: Mild Grand Mal seizure. Walking out door with other dogs. Froze, sat back, shaking. Helped him down on his side. Rigid, eyes dilated. Made several "screaming" sounds. Very little salivation. Did not urinate or defecate. A little paddling before he relaxed. This all lasted about 45 sec. Stayed down, quietly, just blinking his

eyes, for another 15 sec. Back on his feet quickly with little confusion. Did not appear to lose his vision. Lots of head rubbing (as usual). Some trembling of hind legs when he walked outside to potty. Quiet for an hour or two after seizure.

Note: I was late in giving medication the night before. Usually around 8:00pm. This time it was 11:00pm. Murphy has been seizure free for six months. The day before, he was sedated in order to scope his airway for a foreign body. Given steroids and 500mg cephalexin twice daily.

Note: 10:00am – Still very quiet and shaky. Has an appointment with Dr. Kortz on 7-11-98. Will bring video of his “tremors”.

Murphy has stayed depressed and somewhat uncoordinated for entire day. His “airway problem” ended completely after his seizure.

**June 19** – (same day) 9:00pm: Around half hour after his evening meds he had his second seizure. Less than a minute in duration. Fast recovery. Returned to normal behavior and full activity after this one. This is the first time he’s had two seizures in one day. Both were in his “trough period”. Called Erin (Dr. True). She increased his Phenobarbital to 90mg twice daily. Gave him another ½ tablet that night. We also took him off all his other meds. (pred and cephalexin).

**June 20 thru 22** – Continued on 90mg twice daily. No seizures. Active and happy.

**June 23 thru 25** – Decreased dose to 60mg in am/90mg in pm. No seizures.

**June 26** – Back to lower dose of 60mg twice daily.

Note: Murphy was in a herding trial on the 27<sup>th</sup> and 28<sup>th</sup>. Very severe tremors and weakness after his run on the 27<sup>th</sup>, but fine on 28<sup>th</sup>. (normal trembling – “normal” for Murphy).

**June 29** – 8:00pm: Grand Mal seizure 2 minutes after his evening meds (60mg). Once again, this is happening during his trough period. This was an unusual, two stage episode. First stage – sat down with mild convulsing, mixed with periods of relaxation. Lasted about 30 sec. Stood back up as if it was over. Second stage – immediately went rigid and down on side with full seizure. Lots of chomping and salivation and paddling. Lasted another 30 sec. Back on feet, a little shaky. Went outside to potty, rubbed head a bit. Was running around, chasing other dogs with a squeak toy within 15 minutes. No obvious after effects. Called Cindy (Dr. Norman). Increased his dose to 90mg twice daily. Gave him another ½ tab at 8:15pm. Will keep him at this level and check his blood levels in one month.

**June 30** – 6:30am: Grand Mal seizure. (Warned this could happen until blood levels up). Lasted about 45 sec. Lots of chomping, salivation and paddling, no urination. Fast recovery. Seemed fine and playing with other dogs by 7:00am. This occurred about 10 ½ hrs. after his last night's meds. Gave him his morning meds at 7:45am.

**July 8** – So far, Murphy has been seizure free on higher dosage. He seems a tiny bit “medicated” to observers such as Cindy or Erin. Sleeps more and has “quieter” personality, but is willing to play and be active when asked.

Note: For quite some time now, Murphy has become “shakier” during normal activity, such as walking, obedience training and even when sitting around quietly. This was noticed even before his seizures resumed. He was even observed to have tremors while under anesthesia. He also seems to tire too easily for a two yr. old Aussie and has some weakness in his hind legs. (Falls over when he lifts his leg to pee).

Note: July 11<sup>th</sup> appointment cancelled (by Dr. Kortz's office). He's no longer available. Erin is referring Murphy to UCD.

**July 14** – 7:40am: Grand Mal seizure of about 1 min. duration. Heavy salivation, rigid, then paddling. About another 30 sec. of relaxation but not fully conscious. Very shaky for another hour or so, but otherwise happy and alert. Again, this occurred during his trough period, 20 min. before his am meds were due.

Note: He has appointment tomorrow at UCD. My concerns are – from 6 mo. of age his tremors were only seen with extreme exertion or excitement (even “looking” at sheep). Had first seizure at 22 mo. of age. Seizures were controlled for 6 mo. on low dose. In meantime, tremors increased and occurred even in more benign situations. Weakness and lack of hind end coordination has been observed. Extreme exhaustion after exercise observed, but not constant. Intolerance to heat also noted. It was after these changes that his seizures resumed and have not controlled well at higher doses.

**July 15** – Admitted to UCD for neurological work-up. Discharged on 19<sup>th</sup>. See discharge orders.

Note: This is not part of original diary, but it should be noted that Murphy's initial neuro work-up did not show anything remarkable. He was in good health with normal findings. In other words, idiopathic epilepsy.

**July 23** – 7:45am: Grand Mal seizure. Very violent, lasting about 1 ½ min. No urination. Some disorientation for another 4 – 5 min. post seizure, then good recovery. Unsteady in rear for part of day and more sedate than normal. Again, this occurred about 1 hr. before a.m. meds due. Meds increased to 120mg in evening. Left at 90mg in a.m.

**July 24** – Blood draw for Phenobarbital level (27).

**August 4** – 6:15am: Short Grand Mal seizure (less than one min.). Fairly mild, no urination. Very sedate afterwards. Poor coordination and “foot dragging”. More disoriented than normal. A.m. meds not due until 8:00. Increased to 120mg twice daily.

**August 10** – Admitted to UCD for continued neuro work-up. (MRI, muscle enzymes, etc.) Discharged Aug. 12<sup>th</sup>. See discharge orders.

**August 15** – 7:15am: Grand Mal seizure. Less than one min. duration. Very mild. No urination. Again, happened during his trough period.

**August 23** – Phenobarbital increased to 150mg twice daily. Will do blood level in 3 to 4 weeks.

**September 9** – 9:15pm: Mild Grand Mal seizure of less than one min. duration. No urination. Post seizure, he was very restless. Walked clockwise in big circles for several minutes. Some personality change (agitated and anxious) for an hour or two. This was unusual in that it occurred more than an hour after his evening meds. (Given at 7:45pm).

**September 10** – Dr. Dickenson called. Tests reveal very abnormal values in Murphy’s muscle metabolites. This is consistent with metabolic disease. Must repeat his blood and urine levels and another spinal tap.

**September 18** – Sac. Animal Hospital for blood draw/standard profile/Phenobarbital level/bile acids. Everything checks out fine.

Note: Appointment scheduled at UCD for Sept. 23<sup>rd</sup>.

**September 23** – UCD Vet School. Blood/urine and spinal tap. Home in evening. Very unhappy and cried most of night. Seemed to be in pain. Probably a headache from spinal tap. Fine next day.

Note: This entry not in original diary. Second set of tests did not support finding of metabolic disease. So we are still dealing with idiopathic epilepsy, even though Dr. Dickenson feels there may be something else as yet to be diagnosed.

**September 27** – 8:00pm: Actually had a seizure while receiving his evening meds. Mild, lasted about 45 sec. Very hyperactive for 3 plus hour afterwards. Finally calmed down around mid-night.

**October 2** – 8:45pm: Second seizure in 5 days. Again, a couple of hours after his evening meds. Lasted a little longer than usual; about a minute and a half, with another minute of recovery. Still no urination. Very shaky in both front and hind legs for 15 minutes or so. Several hours of extreme hyperactivity and restlessness, then totally normal and happy. Talked to Erin. Still feels this could be result of stress from anesthesia and spinal tap. Will not increase meds at this time.

**October 20** – 2:45am: Very mild seizure. Less than one minute. Relaxed phase approximately another minute. Restless and agitated for a half hour post seizure, then normal. This is first time he's had a seizure that is not right before or after his "trough" period.

**October 28** – 1:05am: Very mild seizure, while sleeping, lasted less than one minute. Approximately another 30+ sec. in "relaxed" phase. Restless for another 30 minutes, then back to sleep. Fine in morning. Called Erin and increased his Phenobarbital to 180mg twice daily. Will call Dr. Dickenson and inform him of Murphy's status.

Note: approximately 4 wks. After last increase – 12 hour trough is 42 (Phenobarbital).

Note: This is last entry for 1998. Murphy remained seizure free for almost 4 ½ months. Diary to resume with first entry for 1999.