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THE UNIVERSITY of EDINBURGH The Royal (Dick) School of Veterinary Studies

### Cerebral Microbleeds in Cats Undergoing Brain MRI: A Retrospective Study of Epidemiology and Clinical Associations

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### Introduction

al., 2009). In humans, CMBs are increasingly recognised as subclinical year-old, neutered male, domestic short-haired cat. markers for haemorrhagic stroke and dementia and there is accumulating evidence that the spatial distribution of CMBs might be reflective of specific underlying vascular pathologies and may also have direct effects on neurological function. This study was conducted to determine the epidemiology of CMBs in cats undergoing brain MRI and if there is a correlation between the presence of CMBs and systemic disease.

### Materials and Method

In this retrospective case-control study, magnetic resonance images/findings from all client-owned cats presented to the R(D)SVS Hospital for Small Animals that underwent brain MRI including a T2\*weighted transverse series, regardless of the indication for MRI, from January 2010 to August 2020 were used to identify the number and distribution of cerebral microbleeds. The MR images were acquired using either a Philips Gyroscan Intera or a Siemens Magnetom Avanto 1.5 Tesla. Signalment, diagnostic and clinicopathological data (subject to availability/inclusion in records) were collected and assessed with the group of cats with cerebral microbleeds compared to age and sex/neuter status-matched controls. A Fisher exact test was used to examine the effects of neurological, systemic, and clinicopathological abnormalities on the presence of CMBs in matched case-control sets. A P-value of <.05 was considered statistically significant.

#### Results

Among the 107 cats that underwent brain MRI within the study period, 67 cats had a T2\*-weighted transverse series. Out of the 67 cats, 14 cats (20.9%) had CMBs and all had more than 1 CMB identified, with a median of 4.5 (range 2-11). The majority of the cats (10/14; 71.4%) had CMBs in the cerebral cortex, 6/14 (42.9%) cats had CMBs limited to the cerebral cortex and cerebellum, 2/14 (14.3%) cats had CMBs in both the cerebral cortex, deep forebrain structures and brainstem and 9/14 (64.2%) cats had CMBs in deep forebrain structures, brainstem and cerebellum.



Figure 1 - Distribution of CMBs in the feline brain. Each black dot represents 1 CMB. White - Cerebral cortex, Yellow - Thalamus, Grey -Basal nuclei, Green - Cerebellum, Pink - Brainstem, Blue - Pituitary gland

Cerebral microbleeds were more common in cats older than 12 years and interpretation', *The Lancet Neurology*. NIH Public Access, pp. 165–174. (P < 0.05) and a diagnosis of renal disease was significantly associated Kerwin, S.C., Levine, J.M., et al., (2017) Putative cerebral microbleeds in dogs undergoing (P < 0.05) and a diagnosis of renal disease was significantly associated (P = 0.01) with CMBs.

There was a lack of association between systolic blood pressure and the 31(4), pp. 1140-1148. presence of CMBs.

Table 1 - Association of neurologic abnormalities/systemic diseases with presence of cerebral microbleeds (CMBs) in age- and sex/neuter status-matched cats undergoing 1.0-Cerebral microbleeds (CMBs) are well-defined, round or ovoid, black or very hypointense signals on T2\*-weighted MRI of the brain (Greenberg et acts without CMBs were evaluated. No suitable match was found for case number 11, a 24-

Neurologic dysfunction	With CMBs	Without CMB	P-value
Seizures	2/14	5/13	0.21
Other intracranial signs	9/14	9/13	1.0
Vestibular dysfunction	7/14	2/13	0.10
Spinal cord/ neuromuscular disease	5/14	1/13	0.17
Systemic diseases	With CMBs	Without CMB	<i>P</i> -value
Renal disease	7/14	0/13	0.01
Systemic hypertension	4/14	1/13	0.32
Hyperthyroidism	1/14	5/13	0.08
Diabetes mellitus	0/14	0/13	NA
Other	8/14	5/13	0.45
No disease	1/14	4/13	0.32



Figure 2 - Magnetic resonance images showing cerebral microbleeds (CMBs). (A) T2\*weighted transverse image at the level of cerebellum and medulla oblongata showing multiple areas of T2\* signal loss (see yellow arrowhead) associated with the choroid plexus of the 4th ventricle of a 24-year-old, neutered male cat with systemic hypertension and chronic kidney disease. (B) T2\*-weighted transverse image of the forebrain at the level of the caudal nuclei showing multiple areas of T2\* signal loss (see yellow arrows) each about 1.25mm in diameter, in the caudate nucleus of a 14-year-old, neutered female cat with hyperadrenocorticism and renal disease.

### Limitations

Due to the retrospective nature of this study, the limitations are the small sample size, lack of data regarding many variables of interest, and different MR systems used during the period of time analysed.

#### Conclusion

The prevalence of CMBs in cats in this study was 20.9%, 2.2 times more than that reported in a recent similar study in dogs 9.3% (Kerwin et al., 2017), which may be due to the higher prevalence of chronic kidney disease in cats compared to dogs (Bartlett et al., 2010). Systemic hypertension may also be a major cause of CMBs in cats, as reflected by the distribution of CMBs in the deep forebrain structures, brainstem and cerebellum of cats, indeed, a similar distribution of CMBs in humans hypertensive or has been associated with atherosclerotic microangiopathy (Vernooij et al., 2008). References

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