



# INLAND EMPIRE VETERINARY IMAGING CLINICAL PATHOLOGY SERVICE

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Hospital/Clinic \_\_\_\_\_ Veterinarian \_\_\_\_\_

Hosp./Clinic Phone \_\_\_\_\_ Hosp./Vet Email \_\_\_\_\_ Collection Date \_\_\_\_\_

Owner Name \_\_\_\_\_ Animal Name \_\_\_\_\_

|                                   |                                 |  |  |   |                            |                             |
|-----------------------------------|---------------------------------|--|--|---|----------------------------|-----------------------------|
| <b>SPECIES</b>                    | <input type="checkbox"/> Canine | <input type="checkbox"/> Equine  | Breed _____  | <b>SEX</b>                                  | <input type="checkbox"/> M | <input type="checkbox"/> MN |
|                                   | <input type="checkbox"/> Feline | <input type="checkbox"/> Other _____   | Animal Age _____   |   | <input type="checkbox"/> F | <input type="checkbox"/> FS |
| <input type="checkbox"/> Cytology |                                 | <input type="checkbox"/> Fluid Analysis  | <input type="checkbox"/> Synovial Fluid Analysis               | <input type="checkbox"/> CBC w/ Path Review |                            |                             |
| <input type="checkbox"/> CSF      |                                 | <input type="checkbox"/> Bone Marrow*<br><small>*Rec'd CBC within 24 hours</small> | <input type="checkbox"/> Urine Sediment/<br>Blood Smear Review | <input type="checkbox"/> Urinalysis         |                            |                             |

## HISTORY/LESION DESCRIPTION (ATTACH ADDITIONAL PAGES AS NECESSARY)

Duration of Lesion/Clinical Signs \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

|                   |                   |                    |             |
|-------------------|-------------------|--------------------|-------------|
| <b>FOR MASSES</b> | Size _____        | Shape _____        | Color _____ |
|                   | Consistency _____ | Distribution _____ |             |

Working Diagnosis \_\_\_\_\_

## SAMPLE SITE/LOCATION

## # OF SPECIMENS/SLIDES

- |                        |       |
|------------------------|-------|
| 1. _____               | _____ |
| 2. _____               | _____ |
| 3. _____               | _____ |
| Additional Sites _____ | _____ |

|                 |  |
|-----------------|--|
| <b>LOCATION</b> |  |
|                 |  |
|                 |  |
|                 |  |