

EQUINE SUBMISSION FORM

Office Use Only



NEW ZEALAND VETERINARY PATHOLOGY LTD

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Veterinarian:		Date: / /
Practice:		Animal Name/ID:
Owner:		Age: year(s) month(s)
Address:		Sex:
Reference:		Cumulative Report Required <input type="checkbox"/>
(Please circle) T B S B Shire/Draught Pony Other		
BREED:		
No. at risk	No. affected	No. dead

Clinical History

- Normal Animal Check 101.....
- Unexpected Death 201.....
- Ill Thrift 203.....
- Anorexia / Depression 208.....
- Congenital Abnormalities 215.....
- Alimentary System Signs 300.....
- Diarrhoea / Dysentery 301.....
- Respiratory 400.....
- Nervous Signs 450.....
- Urinary 500.....
- Abnormalities of reproductive system 600.....
- Abortion 605.....
- Perinatal Losses 610.....
- Metabolic/Recumbent 700.....
- Skin Lesions/Photosensitivity 800.....
- Lymphoreticular/Lymph Node Diseases 850.....
- Circulatory/Anaemia/Oedema 851.....
- Musculoskeletal Signs 900.....
- Mastitis 920.....

Clinical Particulars

Previous Case No:



PROFILES

Equine Sick Animal Panel

- CK, AST, TBil, TP, Alb, Glob, Urea, Creat, Ca, PO4, Na, K, Cl, GDH, GGT, Mg + **CBC + FIB**.....
- Biochem only.....

Equine Inflammatory Panel

- Alb, Glob, SAA, TP.....

Liver Panel

- TBil, TP, Alb, Glob, GDH, GGT, A:G Ratio.....

FITNESS PROFILES

- 1:** AST, CK, Cl, Na, K, TP, Alb, Glob, GGT, Bicarb + **ABC + ESR**.....
- 2:** AST, CK, Cl, Na, K, TP, Alb, Glob, GGT, Bicarb + **ABC + FIB**.....
- 3:** AST, CK, Cl, Na, K, TP, Alb, Glob, GGT, Bicarb + **ABC + FIB + ESR**.....

HAEMATOLOGY

- CBC (Inc. Fib).....
- ABC (Automated Blood Count).....
- ESR Only.....
- FIB Only.....
- Coombs.....
- NI Screen.....
- Cross Match.....

SEROLOGY / VIROLOGY

- Leptospirosis.....
- EHV - Type I & IV ELISA.....
- EHV - Serum neutralization titre.....
- EVA - Export Date / /.....
- EIA.....

BIOCHEMISTRY (serum)

- Albumin.....
- ALP.....
- AST.....
- Bicarbonate.....
- Bile Acids.....
- Blood Selenium (EDTA).....
- BOH butyrate.....
- Calcium.....
- Chloride.....
- CK.....
- Creatinine.....
- Electrophoresis.....
- Ferroxidase.....
- Fractional Excretion.....
- Na + K.....
- Single.....
- GDH.....
- GGT.....
- Glucose.....
- GPx (Bovine Only).....
- IgG TIA.....
- Iron screen.....
- Magnesium (Serum).....
- Magnesium (Urine).....
- NEFA.....
- Pepsinogen.....
- Phosphate.....
- Plasma Iodine (Heparin).....
- Potassium.....
- SAA (Serum Amyloid A).....
- Serum Copper/Plasma.....
- Copper.....
- Serum Selenium.....
- Sodium.....
- T4 (Total Thyroxine).....
- Total Bilirubin.....
- Total Protein.....
- Triglycerides.....
- Urea.....
- Vitamin B12.....
- Vitamin E.....
- Zinc.....

THERIOGENOLOGY

- MIP (PMSG) (40-110 Days).....
- Progesterone.....
- Oestrone Sulphate (>100 Days).....
- Testosterone.....
- Inhibin.....

MICROBIOLOGY

- Aerobic Culture & Sensitivity.....
- Aerobic Culture Only.....
- Anaerobic Culture.....
- Uterine Swab - Cult/Sens/Smear.....
- Cult/Smear.....
- Mycology.....
- Dermaphytes (inc KOH).....
- Non Dermatophytes.....
- Salmonella.....
- Campylobacter.....
- Yersinia.....
- Rhodococcus.....
- Faecal Occult Blood.....

FOAL DIARRHOEA

- Salmonella.....
- Campylobacter.....
- Rhodococcus.....
- Rotavirus.....
- Cryptosporidia.....

PARASITOLOGY

- FEC.....
- Cyathostome larvae.....
- Cryptosporidia.....

URINALYSIS

- Full (Includes Sediment).....
- Sediment Only.....
- Culture & Sensitivity.....

ANATOMIC PATHOLOGY

HISTOLOGY (See Over*)

- Single Tissue.....
- Multiple Tissue.....
- Histo/Cyto.....
- Vas Deferens.....

NECROPSY (See Over*)

- (See price list for weight ranges)
- Foetal Examination.....

*See Over - Please tick

CYTOLOGY

- Smear Cytology.....
- Fluid Analysis.....
- Site:.....

OTHER TESTS/ INSTRUCTIONS

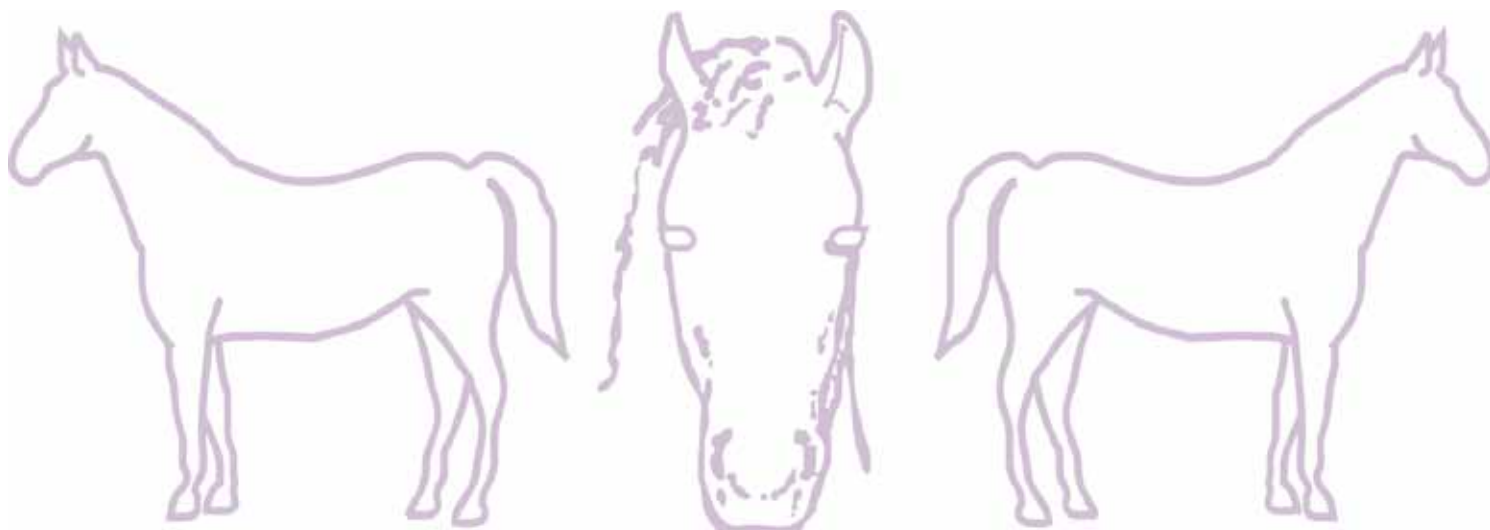
SAMPLES SUBMITTED

- | | Sent | R'cd |
|---------------------------|--------------------------|--------------------------|
| Heparin..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Fl. ox (Grey)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Serum..... | <input type="checkbox"/> | <input type="checkbox"/> |
| EDTA..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Slide..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Citrate..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Fluid (Red)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Fluid (Purple)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Swab..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Urine..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Faeces..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Fresh Tissue..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Fixed Tissue..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Blood Culture Bottle..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Hair..... | <input type="checkbox"/> | <input type="checkbox"/> |

SKIN BIOPSY CASES

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Please indicate distribution of lesions by shading affected areas. Indicate biopsy sites with an "X".



TYPE OF LESIONS *(Circle)*

PRIMARY LESIONS

Tumour
Papule
Plaque
Patch
Wheal
Bulla
Pustule
Nodule

SECONDARY LESIONS

Scale
Erosion
Crust
Ulcer
Abscess
Erythema
Hypopigmentation
Hyperpigmentation
Alopecia

How long has the skin disease been present?

Days

Weeks

Months

Years

Recent treatment? _____

Response? _____