

Submission for neuropathology

Intern

PID: _____ Neuro-Nr: _____ Date of entry: _____ Formalin -20°C -80°C

Owner

First name: _____ Surname: _____
 Street: _____ Town: _____
 Tel: _____
 E-Mail: _____

Referring Veterinarian

First name: _____ Surname: _____
 Street: _____ Town: _____
 Tel: _____
 E-Mail: _____

Billing: Veterinarian Other: _____

Information on the submitted material and animal

Species: dog cat cattle sheep goat cavallo pig others: _____
 Name: _____ **Sex:** w m neutered Date of birth: _____ Age: y ___ m ___ d ___
 Breed: _____ ID (Ear tag, chip): _____
Use: Pet Breeding Sport Fattening Dairy Others: _____
Husbandry: Home Kennel Pen Pasture Alp Others: _____
 Biopsy Necropsy
Death: Date _____ Time _____ Euthanasia Exitus
Submitted tissue: Brain Spinal cord Nerves Muscle Others: _____

Anamnesis

Duration (in days): _____ Single animal Herd problem No. of affected animals: _____
Neurological signs: Seizures Ataxia Tetraparesis/Tetraplegia Paraparesis/Paraplegia
 Monoparesis/Monoplegia Hypermetria Circling Salivation Opisthotonus Head tilt
 Recumbency Blindness Cranial nerve deficits Others: _____
 Spinal reflexes: _____ Behaviour: _____
Neuroanatomical localisation: Forebrain Cerebellum Brainstem Vestibular Spinal cord: C1-C5
 C6-T2 T3-L3 L4-cauda equina Peripheral Multifocal
Course: Peracute Acute Chronic Progressive Undulating
Non CNS signs: Fever Diarrhea Vomiting Anorexia Weakness/low performance Cough
 Mastitis Conjunctivitis Lameness Pain Others: _____
Further information about course and clinical signs: _____

Treatment: no yes Antibiotics Glucocorticoids Others: _____ Treatment response: yes no

Differential diagnoses: _____

Question: _____

Comments: _____

Date: _____ Signature: _____