

INLAND EMPIRE VETERINARY IMAGING

CLINICAL PATHOLOGY SERVICE

www.ievetimaging.com			
Hospital/Clinic		Veterinarian	
			Collection Date
Owner Name Animal Name			
ທ □ Canine	Equine	Breed	× MM MN
Canine Feline	Other	Animal Age	M □MN □MN □F □FS
_	Fluid Analysis	Synovial Fluid Analysis	CBC w/ Path Review
			_
	*Rec'd CBC within 24 hours	Blood Smear Review	
HISTORY/LESION DESCRIPTION (ATTACH ADDITIONAL PAGES AS NECESSARY)			
Duration of Lesion/Clinical Signs			
S Size		Shana	Color
V Size Σ Consistency			
HO4			
Working Diagnosis			
SAMPLE SITE/LOCATION # OF SPECIMENS/SLIDES			# OF SPECIMENS/SLIDES
1			
2			
3			
Additional Site	es		
	Λ	M	
Z			
OIT			
OCA			
	nd Sand		
Cytology CSF HISTORY/I Duration of Lesion Size Consistency Working Diagnosis SAMPLE S 1. 2. 3.	Fluid Analysis Bone Marrow* *Rec'd CBC within 24 hours LESION DESCRIPTION (ATT /Clinical Signs S ITE/LOCATION	Synovial Fluid Analysis Urine Sediment/ Blood Smear Review TACH ADDITIONAL PAGES AS NECESSARY Shape Distribution	CBC w/ Path Review Urinalysis Color