

# First sample tree

## HISTOVET

Servicio de Diagnostico Histopatológico Veterinario

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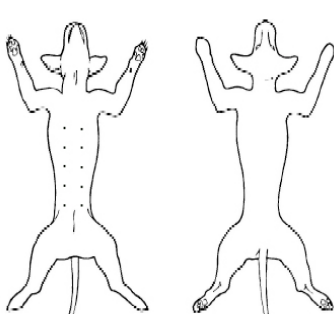
Reference Nr	(Lab use only)	Date received
MACROSCOPY		

<b>CLINIC NAME</b>	Owner ..... Animal ID/Name..... Species ..... Breed ..... Age ..... Sex ♀ ♂ C
Veterinarian/contact:	Submitted tissue..... No. of samples: ____ No. of containers: ____ No. of cytologies: ____

Have we received previous submissions from this animal? (Reference Nr: H- \_\_\_\_\_ )

**ADDITIONAL PREFERENCES OF THE REPORT**

<input type="checkbox"/> Telephone communication of the results	<input type="checkbox"/> Do not include general information
<input type="checkbox"/> I wish the report by regular mail	<input type="checkbox"/> Language preferences .....
<input type="checkbox"/> Other .....	

CLINICAL HISTORY	SITE/LOCATION	DERMATOLOGY														
(continue overleaf if necessary)	 <p style="margin: 0;">ventral                  dorsal</p>	<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Macule</td> <td><input type="checkbox"/> Papule</td> </tr> <tr> <td><input type="checkbox"/> Pustule</td> <td><input type="checkbox"/> Vesicle</td> </tr> <tr> <td><input type="checkbox"/> Erythema</td> <td><input type="checkbox"/> Wheal</td> </tr> <tr> <td><input type="checkbox"/> Alopecia</td> <td><input type="checkbox"/> Scales</td> </tr> <tr> <td><input type="checkbox"/> Plaque</td> <td><input type="checkbox"/> Nodule</td> </tr> <tr> <td><input type="checkbox"/> Ulcer</td> <td><input type="checkbox"/> Pruritus</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other.....</td> </tr> </table>	<input type="checkbox"/> Macule	<input type="checkbox"/> Papule	<input type="checkbox"/> Pustule	<input type="checkbox"/> Vesicle	<input type="checkbox"/> Erythema	<input type="checkbox"/> Wheal	<input type="checkbox"/> Alopecia	<input type="checkbox"/> Scales	<input type="checkbox"/> Plaque	<input type="checkbox"/> Nodule	<input type="checkbox"/> Ulcer	<input type="checkbox"/> Pruritus	<input type="checkbox"/> Other.....	
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<input type="checkbox"/> Other.....																

### NEOPLASTIC LESIONS

<table style="width: 100%; border: none;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 15%; text-align: center;">YES</th> <th style="width: 15%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>- Sample corresponds to entire lesion?</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> </tr> <tr> <td>- Are margins submitted?</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> </tr> <tr> <td>- Adherence to peripheral tissues?</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> </tr> <tr> <td>- Regional lymphadenopathy?</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> </tr> <tr> <td>- Time since last heat? (mammary tumors)</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> </tr> </tbody> </table>		YES	NO	- Sample corresponds to entire lesion?	—	—	- Are margins submitted?	—	—	- Adherence to peripheral tissues?	—	—	- Regional lymphadenopathy?	—	—	- Time since last heat? (mammary tumors)	—	—	<b>Type of tissue submitted:</b> <input type="checkbox"/> Excisional <input type="checkbox"/> Wedge <input type="checkbox"/> Tru-cut <input type="checkbox"/> Punch <input type="checkbox"/> Post-mortem <input type="checkbox"/> Elipse <input type="checkbox"/> Endoscopic <input type="checkbox"/> Aspirate <input type="checkbox"/> .....
	YES	NO																	
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- Time since last heat? (mammary tumors)	—	—																	

<b>RECENT THERAPY</b>  Steroid therapy within the last 15 days? ____  Other treatments:	<b>TENTATIVE DIAGNOSIS</b>  What exactly do you want to know about the submitted specimen(s)?
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