Clinical History

Writing a Clinical History for Case Submission

Writing a clinical history is an important part of case submission. Our radiologists will evaluate the images and describe any abnormal findings. The interpretation on of those findings is informed by the clinical history. Some findings may be more pertinent than others based on the information provided by the referring clinician. A detailed and concise clinical history will allow for more accurate synthesis and prioritization of differentials.

COMPONENTS OF A GOOD CLINICAL HISTORY

Chief/presenting complaint/ clinical signs

This should include the main reason the patient is being seen by the clinician and the duration and frequency of the problem. Has the patient been seen for this complaint before?

For follow up examinations, please list if the clinicals signs are progressive (worsening) or improved

Physical exam findings

Any abnormal physical exam findings, especially (but not limited to) those that are related to the clinical signs

For follow up examinations, please list any changes in physical exam findings (additional findings, progression or improvements)

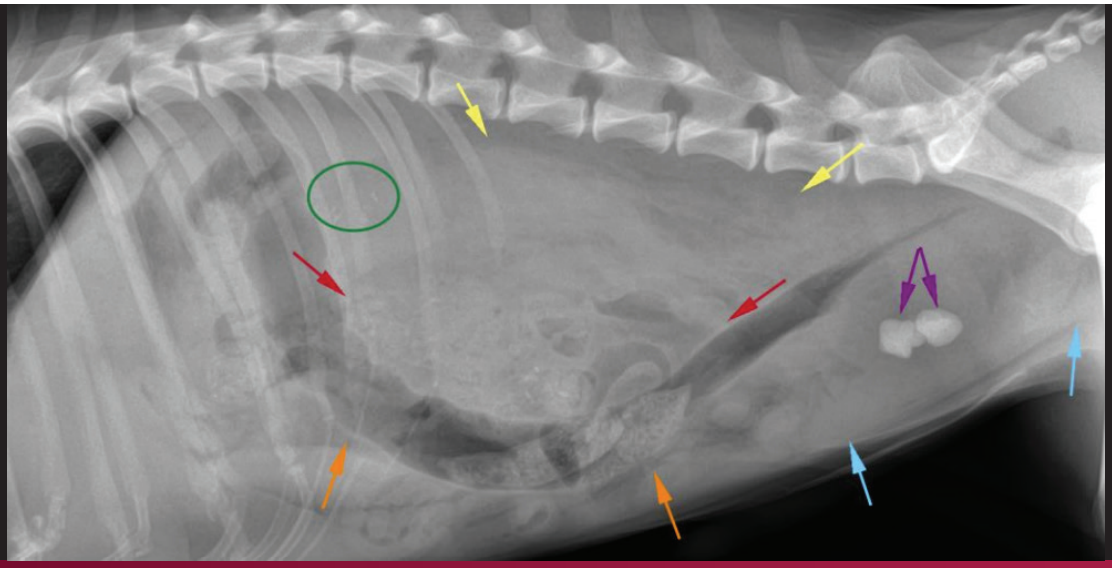
Results of any pertinent diagnostic tests

Please provide the abnormal results of any diagnosti c tests, including, but not limited to: CBC, serum biochemistry, urinalysis, aspirates or biopsies, etc. As reference ranges vary by lab, and by country please do not state the values themselves, but tell us if increases are mild, moderate or severe.

Pertinent medications

Please list any pertinent medications that may result in an alteration in imaging findings, including sedation, chronic medications (steroids, phenobarbital, bismuth, etc.)

For follow up radiographs, please include the therapeutic intervention(s) and duration (i.e., surgery 5 days ago, antibiotics for 2 weeks, etc.)



VETCT

Clinical question to be answered

In addition to the clinical history, it is sometimes helpful to list a specific question that you may need answered. This may be about a finding on the imaging study or may simply relate to the clinical history. For example, "Is there evidence of mechanical obstruction?" or "Are the findings consistent with congestive heart failure?".

Example of a good clinical history

Abdomen

> The patient has been vomiting 4-5 times per hour for the last 24 hours. The vomitus initially contained food and some plastic but now consists of small amounts of bile/mucus. Inappetant for 24 hours, last meal was 48 hours ago. Has a history of eating garbage

> Painful on palpation of the cranial abdomen. Depressed and lethargic. Afebrile

> CBC shows mild increase in HCT. Serum chemistry is within normal limits.

> Owner has given Pepto Bismol 2 hours ago

CINICAL QUESTION
Is there an obstruction?

Thorax

> Acute onset of dyspnea with a cough.

> Grade IV/VI murmur, PMI on the left in the 5th intercostal space. Crackles evident on respiration. Dyspneic at rest with increased respiratory rate. No history of vomiting

> CBC and chemistry are within normal limits. Moderately elevated proBNP

> Lasix (3 mg/kg) administered 1 hour prior to radiographic study

CINICAL QUESTION
Is this left sided congestive heart failure?

Musculoskeletal

> Left pelvic limb lameness for 4 weeks, progressive and now barely weight-bearing. Started after playing frisbee 2 weeks ago

> No cranial drawer or tibial thrust elicited, but the dog was awake and rigid. Painful on palpation of the left stifle with a palpable thickening medially. Mild evidence of left thigh muscle atrophy. Normal range of motion for the hips, with no pain on hip extension

> (In this scenario, no additional tests have been performed, and no medications delivered)

CINICAL QUESTION
Is this consistent with cranial cruciate ligament injury/rupture?

Follow up abdominal study

> Patient began vomiting last night, patient has been hospitalized since last set of images, which were suspicious for mechanical obstruction

> The patient is no longer vomiting and resting comfortably in the cage

> The patient has received IV fluids at twice maintenance, 1 injection of Cerenia, and injection of pantoprazole. The patient has been NPO since last set of images

> Temp, HR, RR, MM colour and CRT are normal

CINICAL QUESTION
Any further evidence for or against mechanical obstruction or foreign body?