



# Clinical History

## Writing a Clinical History for Case Submission

Writing a clinical history is an important part of case submission. Our specialists will evaluate the history, any diagnostic tests performed and summarise the problems identified.

Some findings may be more pertinent than others based on the information provided by the clinician. A detailed and concise clinical history, physical examination findings plus relevant diagnostic results will allow for more accurate synthesis and prioritisation of differentials.



### Components of a good clinical history

| Presentation and clinical signs  | Physical exam findings  | Results of any pertinent diagnostic tests   | Pertinent medications   |
|--|---|---|---|
| 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? | Any abnormal physical exam findings, especially (but not limited to) those that are related to the clinical signs.              | Please provide the results of any diagnostic tests, including, but not limited to: blood results, urinalysis, aspirates or biopsies etc.                              | Please state medications that the patient is currently receiving ideally with generic name, dose and frequency of medication, including sedation and/or chronic meds (steroids, phenobarbital etc.) |
| For follow up examinations, please state if the clinical signs are progressive (worsening) or improved.  | For follow up examinations, please list any changes in physical exam findings (additional findings, progression or improvement) | As reference intervals vary by lab, machine and by country please share copies of the results, where possible, by adding them via the paperclip icon on the platform. | For follow ups, please include any changes to therapeutic intervention(s) and duration (e.g. surgery 5 days ago, antibiotics for 2 weeks, etc.)   |



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### Clinical question to be answered

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

## Internal Medicine

What is causing the vomiting - is there an obstruction?

- The patient, a 1.5yr old MN mixed breed dog, 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.
- Inappetent 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.

## Orthopaedic

Is this consistent with cranial cruciate ligament injury/rupture?

- 8yr MN Labrador has had left pelvic limb lameness for 4 weeks, progressive and now barely weight-bearing.
- Started after playing fetch 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.
- Video of the dog's gait included.

## Cardiology

Is the dyspnoea cardiac or respiratory?

- 2.5yr MN Maine Coon cat with an acute onset of dyspnoea with a cough.
- Grade IV/VI murmur, PMI on the left in the 5th intercostal space.
- Crackles evident on respiration. Dyspnoeic at rest with increased respiratory rate.
- No history of vomiting.
- CBC and chemistry are within normal limits. Moderately elevated proBNP.
- Frusemide (3 mg/kg) administered 1 hour prior to radiographic study.

## Neurology

Is this a seizure?

- 4yr FN cross bred dog with 2 recent episodes of abnormal behaviour.
- Acute onset shaking reported as shown by the attached video from the owner.
- They happened in the evening and lasted 30 minutes each time.
- Afterwards she hid and slept.
- Bloods were normal during the latest blood test taken one month ago (results attached).