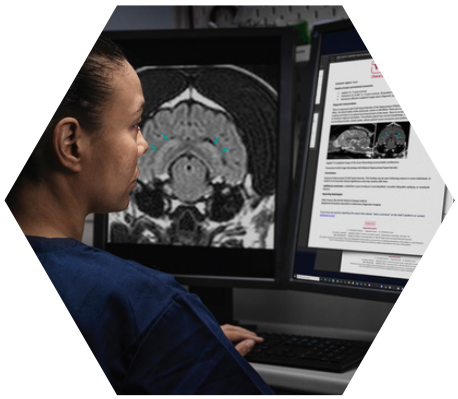
Clinical History

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 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 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 abnormal results of any diagnostic tests, including, but not limited to: blood results, 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 changes to normal are mild, moderate or severe.	Please state medications that may result in an alteration in imaging findings, including sedation, chronic medications (steroids, phenobarbital, bismuth, 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 improvements)		For follow up radiographs, please include the therapeutic intervention(s) and duration (i.e., surgery 5 days ago, antibiotics for 2 weeks, etc.)

Questions? Contact us at sales@vet-ct.com

VET·CT Clinical Support Services

Clinical History

Examples of good Clinical History

Clinical question to be answered

In addition to the clinical history, it is sometimes 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. For example, "Is there evidence of mechanical obstruction?" or "Are the findings consistent with congestive heart failure?"

Abdomen

Is there an obstruction?

- 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.
- 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.
- Owner has given Pepto Bismol 2 hours ago.

Thorax

Is this left-sided congestive heart failure?

- Acute onset of dyspnea 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.
- Lasix (3 mg/kg) administered 1 hour prior to radiographic study.

Musculoskeletal

Is this consistent with cranial cruciate ligament injury/rupture?

- 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.

Follow up abdominal study

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

- Patient began vomiting last night, patient has been hospitalised 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.