ANIMAL BLASTOMYCOSIS CASE REPORT FORM

Please fax completed form to Dr. Ireland at 1-800-233-1817

A. DEMOGRAPHIC INFORMATION

Owner name: _____

Address: _____

City: _____ State: MN (no need to report non-MN)

Zip: _____ County: _____

Phone (1): _____ Phone (2): _____

Email: _____

Veterinary clinic: _____

Pet's name: _____ Pet's weight (lbs): _____

Species: _____ Breed: _____

DOB: ___/____/_____ Age: _____

Sex: ☐ Male ☐ Female

Spayed/neutered: ☐ Yes ☐ No

Pet is primarily: ☐ Indoors ☐ Outdoors ☐ Both

Clinic phone: _____

B. CLINICAL ILLNESS HISTORY

Illness onset: ___/____/_____

First appointment: ___/____/_____

Symptoms:

Cough	☐ Yes	☐ No	
Coughing up blood	☐ Yes	☐ No	
Difficulty breathing	☐ Yes	☐ No	
Non-healing skin sores	☐ Yes	☐ No	
Poor appetite	☐ Yes	☐ No	
Weight loss	☐ Yes	☐ No	#lbs. ____
Lethargy	☐ Yes	☐ No	
Fever	☐ Yes	☐ No	temp. ____F
Seizures	☐ Yes	☐ No	
Blindness	☐ Yes	☐ No	
Lameness/limping	☐ Yes	☐ No	

Other: _____

Has the pet been hospitalized for blasto? ☐ Yes ☐ No

Treatment: ☐ Itraconazole ☐ Fluconazole ☐ Ketoconazole ☐ Amphotericin B ☐ Other: _____ ☐ None

Outcome: ☐ Still being treated

☐ Recovered date: ___/____/_____

☐ Euthanized date: ___/____/_____

☐ Died naturally date: ___/____/_____

Had the pet been previously treated for blastomycosis?

☐ Yes ☐ No If yes, date: ___/____/_____

C. DIAGNOSTIC INFORMATION

Lab name (list all, if multiple): _____

	Collection date:	Specimen:	Value or findings:	Result:
Antigen (Miravista):	___/____/_____	☐ Urine ☐ Serum	_____	☐ Positive ☐ Negative
Cytology/Smear:	___/____/_____	_____	_____	☐ Positive ☐ Negative
Culture:	___/____/_____	_____	_____	☐ Positive ☐ Negative
Serology/Antibody:	___/____/_____	_____	_____	☐ Positive ☐ Negative
Histopathology:	___/____/_____	_____	_____	☐ Positive ☐ Negative
Radiology:	___/____/_____	_____	_____	

D. CASE SUMMARY

Type of blastomycosis:

☐ Pulmonary, disease present only in the lungs

☐ Non-pulmonary, no disease in lungs

☐ Disseminated, both pulmonary and non-pulmonary disease

If non-pulmonary or disseminated, please mark all locations affected:

☐ Bone ☐ Skin ☐ Eye ☐ CNS

☐ Other location: _____

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MINNESOTA

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