

Thyroid Tumor Mass History and Examination Sheet

Patient name: _____

Breed: _____ Age: _____yrs Sex: M F NM FS

Pet Owner's Name: _____

Date: _____

Patient history (client's report): please check or fill out the following questions:

1. Which side of the neck is the primary mass of concern located?
2. When was the mass first discovered?
3. Is there bruising on the body or on the tumor? No Yes
4. What is the time period in which the mass has doubled its size (if known)?

5. Is the mass painful? No Yes
6. Has the mass ever ruptured open? No Yes
7. Does the size of the mass fluctuate (i.e. get larger then shrinks)? No Yes
8. Are other masses present on the body? No Yes - location:
9. Does your pet cry out in pain? No Yes
10. Does your pet have increased thirst? No Yes
11. Does your pet have increased urination? No Yes
12. Does your pet have seem to be hyperactive as compared to previously? No Yes
13. Does your pet have increased respiratory rate? No Yes
14. Has your pet's bark character changed? No Yes
15. Does your pet's respirations seem harsh when panting? No Yes
16. Does your pet have a rash? No Yes-location:
17. How is your pet's appetite? Normal Decreased Increased
18. Has your pet's weight changed in the last 2 months? No Increased Decreased
Amount of weight change: _____ lbs
19. Has your pet received aspirin with the past week? No Yes
20. Has your pet anesthetized previously? No Yes
21. Were there any problems during anesthesia previously? No Yes Not applicable Describe:
22. Were vaccinations given within the past 12 months? No Yes (check applicable) - Rabies Distemper/parvo Leptospirosis Upper respiratory virus Leukemia virus
23. Is your pet current on Heartworm testing and preventive medication? No Yes
24. Does your pet receive any flea and/or tick preventative medication? No Yes
25. Has your pet ever been outside of Michigan in his/her life-time? No Yes
Location of travel:
26. Other notes:

To be completed by veterinary staff:

Temperature: _____ Pulse: _____ Mucous membrane color: _____

Body weight: _____ pounds

Resp: _____ Capillary refill time: _____ seconds

Body score: _____/9

