



Spinifex Veterinary Pathology Pty Ltd

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LAB USE ONLY

Accession No./ Date

Hepatopathology Form

PLEASE COMPLETE ALL FIELDS, PRINT LEGIBLY, AND TYPE OR USE BLACK INK ONLY

Account #:	Clinic Internal Reference #:
Submitting Veterinarian* _____ Clinic Name _____ Address _____ Phone No. () _____ Email _____ Submitting Vet's Signature: _____	Client details

HISTOPATHOLOGY SUBMISSION TYPE	Hepatopathology service with liver histochemical stains: Reticulin, Trichrome, Copper, Prussian Blue Routine histopathology (General Submission Form available) Second opinion (General Submission Form available)
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ANIMAL IDENTIFICATION	DATE SPECIMEN TAKEN
SEX CODES: M=Male, MR=Mare (equine only), MC=Castrated Male, F=Female, SF=Spayed Female AGE CODES: Y=Years, M=Months, W=Weeks, D=Days; DOB=Date of Birth	TISSUE SPECIMENS: LIVER
ANIMAL NAME / IDENTIFIER NO.	SPECIES BREED SEX AGE/DOB

HISTORY: Clinical history required. Failure to provide adequate history could result in inadequate diagnosis.

Biochemistry Results (with normal reference ranges or fold changes):
 Alkaline phosphatase (ALP)
 Alanine aminotransferase (ALT)
 Aspartate aminotransferase (AST)
 Total bilirubin
 Bile acids
 Protein C
 Cholesterol

Gross Description of Liver (images may be emailed to hello@spinifexvetpath.com):

Lesion location and biopsy location and technique:

Clinical / Differential Diagnosis:

Clinical Summary (clinical presentation, physical exam findings, imaging studies):

Receiving notes Date/Time: Courier:	Packaging notes
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