

Patient formulary

Please contact us as soon as you know you are going to remove a thyroid tumor in a dog (preferably 3 days before). Please let us know the date and the time, so we can organize the transport and sent you the culture medium in which the tumor should be stored.

Contact person:

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Preferably inform the owner of our project by letting them sign the informed consent. If this was not possible we can contact the owners ourselves directly.

Please fill the following fields:

Clinic stamp:

Email address for the results: _____

General information

Date: __/__/____

Dog <i>(You can put the patient label if you have one)</i>	Name :	Breed:
	Birth date :	Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female Castrated : <input type="checkbox"/> Yes <input type="checkbox"/> No
Owner	Surname :	Name :
	Address :	
Clinical signs, symptoms	<input type="checkbox"/> Mass ventral of the neck <input type="checkbox"/> Dysphonia <input type="checkbox"/> PU/PD <input type="checkbox"/> Weight gain	<input type="checkbox"/> Dyspnea <input type="checkbox"/> Cough <input type="checkbox"/> Polyphagia <input type="checkbox"/> Other: <input type="checkbox"/> Dysphagia <input type="checkbox"/> Weight loss <input type="checkbox"/> Lethargy
T4 level	<input type="checkbox"/> Not tested <input type="checkbox"/> High <input type="checkbox"/> Normal <input type="checkbox"/> Low <i>If tested please write the value here: _____</i> <i>Upper reference value: _____</i> <i>Lower reference value: _____</i>	

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When did the tumor appear?	_____
Diagnostic method previously to the surgery	<input type="checkbox"/> FNA <input type="checkbox"/> Biopsy <input type="checkbox"/> Radiography <input type="checkbox"/> Other: _____ <input type="checkbox"/> CT <input type="checkbox"/> Ultrasound <input type="checkbox"/> Scintigraphy
Other treatment before surgery	<input type="checkbox"/> Radiotherapy <input type="checkbox"/> Other: _____ <input type="checkbox"/> Chemotherapy
Other medication <i>(Last week)</i>	
Other notifications	

Please enclose the results of any test done (for example: biochemistry).

Surgery

Thyroid tumor	<input type="checkbox"/> Unilateral: <input type="checkbox"/> right <input type="checkbox"/> left <input type="checkbox"/> Bilateral <input type="checkbox"/> Ectopic: _____	<input type="checkbox"/> First excision <input type="checkbox"/> Recurrence <input type="checkbox"/> Complete excision <input type="checkbox"/> Biopsy
Stage of the tumor	Tumor size: _____ cm Palpation: freely movable <input type="checkbox"/> /fixed to surrounding structures <input type="checkbox"/> Regional lymph nodes: <input type="checkbox"/> not involved <input type="checkbox"/> ipsilateral involved <input type="checkbox"/> bilateral involved Lymph nodes <input type="checkbox"/> freely movable <input type="checkbox"/> fixed Metastasis: <input type="checkbox"/> No <input type="checkbox"/> Yes, in the: <input type="checkbox"/> lungs, <input type="checkbox"/> lymph nodes, <input type="checkbox"/> bones, <input type="checkbox"/> brain, <input type="checkbox"/> other: _____	