

American Ferret Association, Inc. (1-888-FERRET-1; www.ferret.org)
CASE REPORT FORM: DISSEMINATED IDIOPATHIC MYOSITIS

[Please fax completed form(s) to AFA: FAX: 516-908-5215; 1 ferret per CFR]

Report Date (day/mo/yr): _____ Reporter: _____

Veterinarian: _____

Veterinary Hospital: _____

Address: _____

Tel: _____ Fax: _____ E-mail: _____

Ferret ID (Name): _____

Age at Diagnosis (yr & mo): _____ Color (e.g., Sable) _____

Birth (Breeder/Store): _____ Unknown: []

Housed: [] Alone [] With other ferrets [] Shelter/Rescue [] Unknown

Last known exposure to ferrets other than living group (in Mo/wk/day): _____

Food (brand/type/source): _____

Immunizations [Dates mo/yr]:

FervacD _____ Purevax _____ Imrab3 _____

Physical/Laboratory Signs (Provide highest or lowest values):

[] Fever _____ (° F)

[] Lethargy [] Anorexia [] Weight Change (oz) _____

[] Weakness _____

[] Pain _____

[] Elevated WBC _____ Differential %: P ___ B ___ L ___ M ___ E ___ Bas ___ Other ___

[] Anemia Hgb _____ Hct _____ RBC _____ MCV _____ MCHC _____

[] CPK _____ [] AST _____ [] ALT _____ [] Bili _____

[] Cultures: _____

Other Testing: _____

First sign: _____

Muscles Affected:

[] Limbs _____

[] Esophagus [] GI [] Bladder [] Heart [] Other

Pathology [list tissues; attach reports]

[] Biopsy _____

[] Necropsy _____

Sent to (Path Lab.): _____ Tel _____

Treatment:

[] Supportive: _____

[] Antiviral: _____

[] Antimicrobial: _____

[] Other (drug names, dose/route/schedule): _____

[] None _____

Clinical Response: N Y Duration (days/wks/months): _____

Laboratory Response: N Y Duration (days/wks/months): _____

Describe changes: _____

Outcome: _____

Comments/Insights [Attach additional pages/information as needed]: