

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]: