

ANIMAL BLASTOMYCOSIS CASE REPORT FORM

Please fax completed form to Dr. Ireland at 1-800-233-1817

A. DEMOGRAPHIC INFORMATION

Owner name: _____
Address: _____
City: _____ State: **MN** (no need to report non-MN)
Zip: _____ County: _____
Phone (1): _____ Phone (2): _____
Email: _____
Veterinary clinic: _____

Pet's name: _____ Pet's weight (lbs): _____
Species: _____ Breed: _____
DOB: ___/___/___ Age: _____
Sex: Male Female
Spayed/neutered: Yes No
Pet is primarily: Indoors Outdoors Both
Clinic phone: _____

B. CLINICAL ILLNESS HISTORY

Illness onset: ___/___/___

First appointment: ___/___/___

Symptoms:

Cough Yes No
Coughing up blood Yes No
Difficulty breathing Yes No
Non-healing skin sores Yes No
Poor appetite Yes No
Weight loss Yes No #lbs. _____
Lethargy Yes No
Fever Yes No temp. _____F
Seizures Yes No
Blindness Yes No
Lameness/limping Yes No

Other: _____

Has the pet been hospitalized for blasto? Yes No

Treatment: Itraconazole Fluconazole

Ketoconazole Amphotericin B

Other: _____ None

Outcome: Still being treated

Recovered date: ___/___/___

Euthanized date: ___/___/___

Died naturally date: ___/___/___

Had the pet been previously treated for blastomycosis?

Yes No If yes, date: ___/___/___

C. DIAGNOSTIC INFORMATION

Lab name (list all, if multiple): _____

	Collection date:	Specimen:	Value or findings:	Result:
Antigen (Miravista):	___/___/___	<input type="checkbox"/> Urine <input type="checkbox"/> Serum	_____	<input type="checkbox"/> Positive <input type="checkbox"/> Negative
Cytology/Smear:	___/___/___	_____	_____	<input type="checkbox"/> Positive <input type="checkbox"/> Negative
Culture:	___/___/___	_____	_____	<input type="checkbox"/> Positive <input type="checkbox"/> Negative
Serology/Antibody:	___/___/___	_____	_____	<input type="checkbox"/> Positive <input type="checkbox"/> Negative
Histopathology:	___/___/___	_____	_____	<input type="checkbox"/> Positive <input type="checkbox"/> Negative
Radiology:	___/___/___	_____	_____	_____

D. CASE SUMMARY

Type of blastomycosis:

- Pulmonary, disease present only in the lungs
 Non-pulmonary, no disease in lungs
 Disseminated, both pulmonary and non-pulmonary disease

If non-pulmonary or disseminated, please mark all locations affected:

Bone Skin Eye CNS

Other location: _____

Minnesota Department of Health
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St. Paul, MN 55164-0975
Phone: 651-201-5414 | Fax: 1-800-233-1817

Minnesota Board of Animal Health
625 N. Robert Street
St. Paul, MN 55155-2538
Phone: 651-296-2942

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