

The Importance of Providing a History

While in veterinary school, students are trained in the art of taking a patient history: asking open- versus closed-ended questions to encourage further discussion; determining the onset, duration, and progression of the presenting complaint; inquiring about relevant medical history; and so on. This information is crucial to guiding veterinarians as to how to approach a physical examination and the diagnostic work-up. While a general assessment of all systems is still important, a patient with lameness warrants a more thorough orthopedic and neurologic examination, whereas a patient who is stranguric may not; the latter patient would likely benefit from a complete diagnostic baseline (CBC, chemistry, urinalysis) and urine cultures, whereas this may not be an immediate requirement in the former.

Yet, as pathologists, we often are not provided any history when we receive a sample. However, knowing the clinical picture of the patient is often crucial to providing a more specific and helpful diagnosis, or even a diagnosis at all. The most common arguments for lack of history we hear are:

1. *"I don't have the time."*

We realize that practitioners are busy; many of us have worked in private practice before returning to do residencies, so we know firsthand what it's like. But a history does not need be a regurgitation of the entire patient's medical history. A concise written history takes only a minute or two to do, even if written by hand. In return for your efforts, we can more often than not provide a more clinically relevant diagnosis and suggest specific tests that you may not have considered to help diagnose your patient's condition. As well, we can help rule OUT some conditions that may have been on your differential list based on our findings.

2. *"I don't want to bias your diagnosis."*

This is an old wives' tale that still floats through some veterinarians' minds. My response is that yes, it does bias us, but in the same way that taking a clinical history during a physical exam "biases" where you focus your exam and what steps you take in your diagnostic work up.

So what should be included in a concise history? There are no rules, and each case is unique as to what information is important. As a general guideline, as well as providing signalment information, a history should include: 1) what the patient presented for and how long has this

been going on; 2) significant findings on clinical examination; and 3) what additional tests you have performed and their results, along with any treatments (including dose and duration of therapy) the patient has received. If any of the additional tests include blood work performed in-house, including a copy of the blood work is not only quicker than writing the significant abnormalities, but helps us accurately gauge the severity of the changes. It is typically preferable that the veterinarian, rather than a technologist or assistant, write the history, as veterinarians are often better able to describe the important facts.

For cytology and biopsy samples, relevant information varies with the type of lesion and site.

- **For cutaneous mass lesions**, it is crucial to include the size of the mass (this can have a big effect on our diagnosis), as well as how long it has been present, any changes during the time it has been noted, and the appearance of the mass (e.g. ulcerated surface, feel of the mass, cutaneous versus subcutaneous, etc.). Don't forget to include where the sample originated from, either in words or by indicating on the diagrams on the submission form.
- **For skin biopsies submitted for dermatohistopathology**, location of the biopsies is very important, as the normal histological features of the skin can vary greatly with site and therefore could be misinterpreted as pathology. Please indicate site of biopsy on the diagram and ensure that each site is in its own container and clearly labeled as to origin. Distribution and appearance of lesions, treatment history, and duration of treatment is especially important, as this can significant effect on the morphology and architecture of the skin. For more information regarding skin biopsies, please see the Did You Know on our website, written by Dr. Danielle Desjardins (<http://pclv.net/wp-content/uploads/2016/09/didyouknowskinbiopsyfeb2016.pdf>).
- For samples of any **internal organs**, please include relevant imaging findings and if a mass lesion was sampled.
- **For bone**, again, radiographic findings are very important.

Finally, remember to include any specific questions or differential diagnoses; we can address these in the comments and again provide more detailed information to help you help your patient.

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