

1. Inclusion / Exclusion Criteria

Welcome to the Canine IMHA Case Registry

Just as a reminder, here are the inclusion/exclusion criteria:

* * * * *

Patient inclusion criteria: Any dog with a clinicopathologic diagnosis of primary IMHA based on:

Anaemia (PCV or HCT <37%) WITH

A positive in-saline agglutination test OR

A positive Coombs' test OR

Moderate to marked spherocytosis identified by a board certified clinical pathologist

* * * * *

Specific exclusions: Evidence of an underlying disease process such as neoplasia predisposing to IMHA

2. Organisation

1. Please select your institution

2. Please enter your unique patient identifying number (case number)

3. What date was this patient admitted to your hospital? (DD/MM/YYYY)

3. Signalment

4. Patient age in years at initial hospital admission

5. Breed:

Please select from the list below

Other (please specify)

6. Sex

Male entire

Female entire

Male castrated

Female spayed

4. Potential IMHA triggers

7. Does this patient have a history of foreign travel?

Yes

No

If yes, please specify to where and when

8. Did this patient receive any medication in the 30 days prior to hospital admission?

Yes

No

If yes, please specify which drug(s) were administered and when

9. Was this patient vaccinated within 30 days of hospital admission?

Yes

No

If yes, please specify which vaccine was administered and when

5. Physical examination

10. Which ASA grade best describes the patient?

ASA I (Normal, healthy)

ASA II (Mild systemic disease)

ASA III (Severe systemic disease)

ASA IV (Life-threatening disease)

ASA V (Close to death)

11. Initial physical examination findings

Pulse rate

Respiratory rate

Rectal temperature

Icterus (Y/N)

Pigmenturia (Y/N/Unknown)

6. Diagnostic confirmation

12. Which of these diagnostic tests were performed to rule out underlying causes?

- Thoracic radiography
- Abdominal radiography
- Abdominal ultrasound
- Other (please specify)
- Hepatic biopsy (any type)
- Splenic biopsy (any type)
- LN biopsy (any type)
- Urine culture
- Tick borne disease screen
- ANA titres

7. Clinicopathologic data

13. Serum biochemistry data:

Please record at admission (or first) values

Albumin (g/l)	<input type="text"/>
Globulin (g/l)	<input type="text"/>
ALT activity (U/l)	<input type="text"/>
ALP activity (U/l)	<input type="text"/>
Total bilirubin (umol/l)	<input type="text"/>
Urea (mmol/l)	<input type="text"/>
Creatinine (umol/l)	<input type="text"/>

14. Complete blood count data:

Please enter at admission (or first) values

PCV (%) or Hct (%)	<input type="text"/>
Total leukocyte count (x10e9/l)	<input type="text"/>
Neutrophil count (x10e9/l)	<input type="text"/>
Band neutrophil count (x10e9/l)	<input type="text"/>
Monocyte count (x10e9/l)	<input type="text"/>
Automated platelet count (x10e9/l)	<input type="text"/>
Manual platelet count (if different)	<input type="text"/>
Absolute reticulocyte count (cells/ul)	<input type="text"/>

8. Clinicopathologic data

15. Degree of polychromasia

- | | | |
|--|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Mild (1+) | <input type="checkbox"/> Marked (3+) | <input type="checkbox"/> None |
| <input type="checkbox"/> Moderate (2+) | <input type="checkbox"/> Rare | <input type="checkbox"/> Not assessed |

16. Degree of anisocytosis

- | | | |
|--|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Mild (1+) | <input type="checkbox"/> Marked (3+) | <input type="checkbox"/> None |
| <input type="checkbox"/> Moderate (2+) | <input type="checkbox"/> Rare | <input type="checkbox"/> Not assessed |

17. Degree of spherocytosis

Mild (1+)

Marked (3+)

None

Moderate (2+)

Rare

Not assessed

18. Confirmed in-saline agglutination

Present

Absent

Not performed

19. Coombs' test

Positive

Negative

Not performed

Please enter any relevant details about the Coombs' test (e.g. IgG/IgM or 4oC/37oC or monoclonal/polyclonal)

20. Blood type

DEA 1.1 Positive

DEA 1.1 Negative

Not performed

Unable to

9. Coagulation parameters

21. Coagulation parameters and inflammatory markers:

Please record at admission (or first) values

PT (s)

aPTT (s)

Fibrinogen (umol/l)

Antithrombin activity (%)

TAT complexes (ug/l)

CRP (mg/l)

22. D-Dimers:

Please select the patient's at admission (or first) value from the list below

<250 ng/ml

250-500 ng/ml

500-1000 ng/ml

1000-2000 ng/ml

>2000 ng/ml

23. TEG parameters:

Please record at admission (or first) values

R time (min)

K time (min)

alpha angle (o)

MA value (mm)

27. Thromboprophylactic drugs:

Please record which (if any) of these thromboprophylactic drugs were used and the dosage (s) administered

Aspirin	<input type="text"/>
Clopidogrel	<input type="text"/>
LMWH	<input type="text"/>
UFH	<input type="text"/>

12. Outcome

28. Did the patient develop thrombotic complications?

No

Yes

Unknown

If yes, please describe the nature of the thrombotic complications (e.g. PTE) and how a diagnosis was reached (e.g. CT or PM)

29. Survival to discharge:

Please select one of the following outcome options

Discharged alive

Died before discharge

Euthanased before discharge

If the patient was euthanased, why was this performed?

30. Survival to 30 days post admission:

Please select one of the following outcome options

Alive at 30 days post admission

Died before 30 days post admission

Euthanased before 30 days post admission

If the patient was euthanased, why was this performed?

31. If the patient died or was euthanased, was a postmortem examination performed?

Yes

No

32. Please use this box to record any other data which you consider pertinent or peculiar about this case.