

# **AIMVT APPLICATION PART 2 INSTRUCTIONS**



## **2023 APPLICATION YEAR FOR EXAMINATION IN 2024**



Thank you for your interest in veterinary technician specialty (VTS) credentialing in veterinary internal medicine. Our mission is to promote the interest in and advance the skills of Veterinary Technicians within the disciplines of veterinary internal medicine by providing cutting edge continuing education, working with veterinarians to advocate superior patient care, client education, and consumer protection. The AIMVT will further the recognition of credentialed specialty technicians as leaders in the profession of veterinary internal medicine nursing.

Eligibility requirements for examination are detailed in the AIMVT [Constitution](#) and [Bylaws](#). Although meticulous and comprehensive, they are intended to assure the public and the profession that technicians certified by AIMVT are truly qualified and deserving. Please note that an analysis performed in December 2022 demonstrated an overall application acceptance rate of 36.8%, averaged over the 2016-2022 application period.

AIMVT understands that the VTS application process can be a daunting task. The most successful applicants surround themselves with a supportive team of individuals and one member of your team should be an AIMVT mentor. We believe that the help of an Academy mentor can be very beneficial for applicants. If you would like to be paired with a mentor, please visit the [Mentorship](#) page. In addition, we have [application tips](#) from past applicants that you may find helpful. The Credentialing Committee has recorded several [webinars](#) on the application process as well; please take time to review them.

All components of Part 2 of the application must be submitted ***NO LATER THAN 11:59 pm PT September 30, 2023.***

***It is imperative that applicants carefully read and fully understand these requirements. Submitted applications will be reviewed for completeness and adherence to these instructions.***

## AIMVT APPLICATION CHECKLIST

- Two (2) [letters of recommendation](#) submitted confidentially on the Cognito Form found [HERE](#) by the recommender. Letters of recommendation should be submitted **NO LATER THAN** September 1, 2023.
- Three (3) [Exam Questions](#)
- Part 2 Application Payment (\$50, paid on Case Report submission)
- Completed [Advanced Skills](#) List specific to the applicant's area of specialization
- Completed [Case Log](#) Form
- Four (4) in-depth [Case Reports](#), submitted as PDF files, and following the AIMVT [Case Report Requirement Checklist](#)

## LETTERS OF RECOMMENDATION

Letters of Recommendation are submitted directly by the Recommender using our [online submission form](#). This form is entirely confidential, and the information contained in the Letter of Recommendation will not be shared with the applicant. It is extremely important that the form be completed in its entirety; please stress this to your references.

Per the Academy's By-Laws, **TWO (2)** letters of recommendation are required to be submitted as part of the application. These letters must come from a VTS (Internal Medicine), or a Diplomate of the American or European Colleges of Veterinary Internal Medicine.

- Recommenders with the aforementioned credentials are preferred, however AIMVT recognizes that there are limited numbers of these practitioners available. Therefore, letters of recommendation will be accepted from the following:
  - VTS members of AVTAA (Anesthesia/Analgesia), AVST (Surgery), AVTCP (Clinical Practice), or AVECCTN (Emergency/Critical Care)
  - Diplomates in Anesthesia/Analgesia (DACVAA), Emergency & Critical Care (DACVECC), Surgery (DACVS), Clinical Practice (DABVP), or Radiation Oncology (DACVR-O)
- If no Diplomate or VTS is available from the Colleges or Academies listed above, AIMVT will accept **one (1)** of the two (2) required letters of recommendation from a licensed DVM with a letter from them stating that no Diplomate or VTS is easily available for the candidate to utilize. ([AIMVT Bylaws](#): Article 3, Section 4f)
  - **AUSTRALIAN APPLICANTS:** ANZCS is **not** equivalent to an American or European Diplomate. Therefore, a letter as described must be included.

All Letters of Recommendation must be received via the online submission form **NO LATER THAN** September 1, 2023

## EXAM QUESTIONS

The applicant must submit three (3) potential examination questions, specific to the specialty to which they are applying. These questions should represent a thoughtful representation of the applicant's advanced skills and knowledge and must assess advanced knowledge of the applicant's specialty. The applicant is encouraged to submit questions from different domains to provide a broad representation of their knowledge base.

Please review the Academy's [guidelines](#) for writing exam questions for more information. Applicants may also find it useful to refer to the reading list for their specialty for references for their exam questions.

You will find the Exam Questions submission form [HERE](#).

Reading lists and exam domains for each specialty can be found as follows:

- [Cardiology](#)
- [Large Animal IM](#)
- [Neurology](#)
- [Oncology](#)
- [Small Animal IM](#)

## ADVANCED SKILLS

All candidates seeking specialization as a VTS in Internal Medicine must provide documentary evidence of advanced competence in their specialty through clinical experience, as demonstrated by mastery of advanced skills. Many applicants have questions about what **MASTERY** means, especially in regards to the attestation of their mastery of the Academy's advanced skills.

**"Mastery" is defined as the ability to perform the skill with a high degree of success in different species and patients, with different disease conditions, and with minimal to no coaching or supervision.**

The skills lists are **NOT** a checklist. These are *not* skills an applicant performs once in order to get someone to "sign them off". The Academy's lists are *not* training lists; they represent the culmination of the applicant's career as a credentialed Veterinary Technician.

Any skill that is signed off and attested to as **MASTERED** signifies that an applicant has performed the skill *over and over and over again* - **not** once or twice - and that the applicant can consistently successfully perform the skill in many different patients and many different disease presentations.

We rely on **YOUR** integrity, and the integrity of the people signing off on your skills (your attestants), to ensure that you have **TRULY MASTERED** any advanced skill that is attested to. We are counting on **YOU** to maintain the high standards and excellent reputation of our Academy.

A **MINIMUM** of 80% of the Advanced Skills must be mastered. Mastery is attested to by someone who has also mastered this skill and will affirm your mastery with their signature. The credentials required for the attestant depend on how much time the applicant spends working in their specialty:

- Option 1: if the applicant works 75% or more in their specialty, **any** DVM, Diplomate, or a VTS member of AIMVT, AVTAA, AVST, AVTCP, or AVECCTN may attest to their mastery of the Advanced Skill.
- Option 2: If the applicant works 55 – 74% of their time in their specialty, only a Diplomate or VTS in their specialty may sign off on their mastery of the Advanced Skill.

Applicants must cross-reference mastered Advanced Skills to their [Case Logs](#) (this does *not* apply to Cardiology applicants). Applicants are required to cite a **MINIMUM** of 50% of their mastered Advanced Skills within their Case Logs.

Commonly used Advanced Skills should be cited sufficiently to demonstrate proficiency (5-10 times) and distributed across the Case Log, so that the cited skill is referenced in as wide a variety of patients and cases as possible. For more information, please review the [Case Logs](#) instructions included in this packet.

### [Cardiology and Oncology Mandatory Pull Lists, Procedure Information, and Medication Descriptions](#)

Cardiology and Oncology applicants are also required to include several documents as part of their Advanced Skills list submission. All requirements in this instruction packet also apply to these required documents. Most importantly, please review the [Plagiarism](#) section of these instructions.

Applicants may refer to their pull lists in the Case Logs to help conserve space for other information, including how any given protocol or procedure may have been modified for the specific patient. Do NOT reference these lists in the Case Reports, where a thorough and complete description of any skills, procedures, and medications is expected and required.

Oncology applicants: please click [HERE](#) for a protocol and pull list example.

Advanced Skills submission forms can be found by clicking the link:

- [Cardiology](#)
- [Equine IM](#)
- [Large Animal IM](#)
- [Neurology](#)
- [Oncology](#)
- [Production Animal IM](#)
- [Small Animal IM](#)

## CASE LOGS

The Case Log portion of the AIMVT Application is the applicant's opportunity to demonstrate the number and variety of patients seen in the practice of their specialty, as well as to **demonstrate mastery** of the [Advanced Skills](#). Cases selected **should reflect management of patients in the [area of the applicant's specialty](#)**. Case Logs may only include cases from patients seen between October 1, 2022 and September 30, 2023. **DO NOT** include cases that fall more appropriately within the purview of other specialty Academies, such as Emergency and Critical Care, or any other specialty of AIMVT outside of the applicant's specialty area.

**A minimum of 50 cases must be logged and accepted as internal medicine cases in the applicant's specialty in order to pass.** Multiple visits by the same patient count as only ONE (1) case, unless the patient presents for an entirely new diagnosis. If the applicant performs Advanced Skills during subsequent visits, those skills should be included in the initial Case Log. Over-submission of Case Logs is encouraged, in case of disqualification of any Log. The **maximum** number of allowable Case Logs is **75**.

There is a character limit in the Case Presentation section of the Case Log form equivalent to one (1) page of single-spaced text. In order to help applicants with keeping Case Logs concise, AIMVT provides an [Approved Abbreviation List](#). These abbreviations may be used without the need to expand them on first mention. Any term **NOT** found on the Approved Abbreviation List **MUST** be expanded on first mention in both the Case Logs and the Case Reports. The Case Logs are one document, so any non-approved abbreviation must be expanded on first mention, but can be used throughout the rest of the Logs. Case Reports are each their own, separate documents so any non-approved abbreviation must be expanded on first mention in *each* report.

### Dog Breed Spelling in the Case Logs and Case Reports

The AIMVT Executive Board has adopted the AKC convention for spelling of dog breeds, where every word in the name of the breed is capitalized, including "Dog" if applicable. For example, either "German Shepherd" or "German Shepherd Dog" are acceptable. "German Shepherd dog" is not. "GSD" is also not acceptable. When there is a doubt, refer to the [AKC listing](#) for that specific breed. And remember above all to be **CONSISTENT!**



## The Case Presentation Section

This section is designed to give context to the application reviewers on the presenting signs and pertinent history, as well as diagnostics and other interventions performed at all visits and/or hospitalizations, including follow up visits. This is the area where applicants will **list** the advanced skills they performed and assisted with, along with the required cross-referencing and citations (see [Citing Advanced Skills](#)) in a **narrative** form.

### Citing Advanced Skills in the Case Logs

Every effort to document a wide variety of Advanced Skills should be reflected in the Logs. While the Academy recognizes that the veterinary technician has little control over the practice's case load, applicants are encouraged to demonstrate as much diversity as reasonably possible, and to select cases that demonstrate more than one Advanced Skill. Commonly used Advanced Skills should be cited sufficiently to demonstrate the applicant's proficiency (5-10 times) and distributed across the Case Logs, so that the cited skill is referenced in as wide a variety of patients and cases as possible.

If an Advanced Skill is repeated more than ten (10) times in the Case Logs, the Skill will not contribute to the overall Case Log score. If more than five (5) Advanced Skills are cited in a single Case Log, the additional skills will not contribute to the overall score of that Log. If a Case Log has more than five (5) skills cited, consider refocusing the log entry to highlight what is the best demonstration of your skills. Every effort should be made to ensure that Advanced Skills are not cited excessively, as the purpose of the Case Logs is to demonstrate the **diversity** of both patients and diseases seen in your practice.

Emphasis should be on quality rather than quantity, although a sufficient caseload must be available to provide experience with all common types of cases, disease processes, and patients found within the applicant's specialty. The Academy suggests that applicants explore every opportunity to use their advanced skills during their application year – even if they must find alternative sites – so they will have as many cases to choose from for their Logs and Reports. The Director at Large for your specialty may be of assistance in finding clinical sites that perform procedures or have equipment that is not available at an applicant's "home" practice. Demonstrating a diversity of patients, disease processes, and advanced skills is paramount to a successful application.

Do not cite Advanced Skills in the Case Logs **ONLY** by their number: you must write out all skills performed in a narrative form. Please refer to the [Advanced Skills List](#) for each specialty to confirm what is required to be listed in the Log citing that skill; unless the Advanced Skills List requires it, it is not necessary to provide detailed information as to how a mastered skill was performed. Applicants in Equine, Large Animal IM, Neurology, Oncology, and Small Animal IM must include the skill number in parentheses after writing the skill performed or assisted with. For example:

*[SAIM]: The applicant drew blood, placed it into a citrate tube (blue top) and performed a prothrombin time (PT) test and an activated partial thromboplastin time (aPTT) test (37) to evaluate coagulation.*

*[Neuro]: The applicant assisted the DACVIM (Neuro) with brainstem auditory evoked response (BAER) testing on the patient (27).*

(Including the skill number is optional for Cardiology applicants.)

Every time an applicant cites an Advanced Skill in a Case Log, the applicant must include the skill number in parentheses, as shown above. At least one (1) Advanced Skill must be included in each Case Log in order for the Log to count towards the required minimum number of Logs.

**Equine, LAIM, Neurology, Oncology, and SAIM Applicants:** You are required to cross-reference a minimum of 50% of the mastered skills within your Case Logs. This means that a minimum of 50% of the signed-off skills must be cited in at least one (1) and up to ten (10) Case Logs.

The advanced skills list online form must include the Case Log number(s) in which the advanced skill is cited. Every time an advanced skill is cited in a Case Log, the applicant must place the corresponding advanced skill number next to that skill. For example, if you perform body condition scoring in every Case Log, the corresponding number should be listed next to that skill each time.

**Cardiology Applicants:** Although you are not required to cross-reference the advanced skills cited you **ARE** required to cite a minimum of 50% of the mastered skills within your Case Logs. This means that a minimum of 50% of the verified skills must be cited in at least one (1) and up to ten (10) Case Logs.

## Requirements for Medications Appearing in the Case Logs and Case Reports

All medications listed in the Case Logs and Reports must include:

- **GENERIC** name of the medication. Trade and brand names are **NOT** acceptable. For example:
  - maropitant is acceptable – Cerenia is **NOT**
  - amoxicillin + clavulanic acid is acceptable – Clavamox is **NOT**
  - balanced crystalloid solution is acceptable – Plasmalyte, LRS, Normosol are **NOT**
  - bland diet, kidney-support diet, liver-support diet, commercial kibble, etc. are acceptable – using the brand names of any veterinary prescription or over the counter diet is **NOT**
- Dosage
  - The amount of drug (e.g., g, mg, mcg) prescribed per body weight or body surface area (BSA) of the patient.
  - For example, the usual injectable dosage of maropitant is 1 mg/kg.
  - **ACTUAL** dosages should be reported in the Case Logs and Reports
    - For example, if an 8 kg patient was prescribed amoxicillin + clavulanic acid and 125 mg tablets were dispensed, the dosage should be reported as 15.6 mg/kg.
- Dose
  - The total amount of the medication administered to the patient.
    - For example, if the patient is 8 kg and the dosage of maropitant is 1 mg/kg, the dose is 8 mg; the dosage of amoxicillin + clavulanic acid is 15.6 mg/kg, the dose is 125 mg.
- Route
- Frequency (not required for one-time doses)

**ONCOLOGY APPLICANTS** must also include the concentration of the medication and the volume administered to the patient. For example:

*The DACVIM (Onco) ordered maropitant at 1 mg/kg. Maropitant concentration is 10 mg/mL. The dose for the patient was 8 mg and the applicant drew up and administered 0.8 mL IV."*

**EVERY** medication that appears in the Case Log or Report **MUST** include ALL required information. For example, it is **NOT** acceptable to write, “Induced anesthesia”; the applicant must provide the names, dosages, doses, and routes of every medication used to induce anesthesia.

**\*A note on anesthetic procedure reporting:** The Credentialing Committee feels very strongly that technicians should be dedicated to *either* anesthesia (including induction and monitoring) or assisting with or performing the procedure requiring it, not both. In the Case Logs, it is acceptable to report that a patient was anesthetized and monitored by another technician or DVM without reporting the drugs and dosages used. If the applicant is involved with administering any medications to the patient to induce or maintain anesthesia, all required information listed above must be included. In Case Reports, the applicant must include ALL medications administered to induce or maintain anesthesia, whether they were administered by the applicant or another team member.

### Requirements for Laboratory Values in the Case Logs and Reports

When lab work is performed and laboratory results are reported, the applicant must identify the parameters measured; it is not acceptable to write that a clinician ordered a “Chem 8” or “bloods” or “a NOVA”, for example.

It is not necessary to report every serum chemistry, CBC, or other laboratory value measured – this is a judgment call for the applicant to make, based on the patient, their clinical signs, and the disease process that is the subject of the Log or Report. However, every value that the applicant chooses to include in the Log or Report must include the reference range. When values are abnormal or outside of the reference range provided, the applicant must explain the abnormality and how it correlates to the patient’s clinical signs or diagnosis.

Applicants may use the AIMVT’s [Laboratory Reporting Sheet](#) and attach it as an appendix to their Case Reports, or they may use a format of their choosing. This form should not be used to report lab values in the context of the Case Logs.

### Outcomes

The Outcome section of the Case Log should include information regarding the progression of the case, including discharge of the patient from the applicant’s care. The Credentialing Committee expects this section to include client education performed, as well as every medication sent home with the patient, with all of the required information listed [above](#). In cases of euthanasia, the reasons behind the client’s decision must be included. If follow-up visits occur during the application period (October 1, 2022 – September 30, 2023), information from those visits should also be included in [the Case Presentation](#) section, including any

[advanced skills](#) performed, with proper cross-referencing. If the patient was not seen as expected for follow up visits, an explanation as to why follow-up did not occur should appear in the outcome section. Whenever available, the ultimate resolution of the case should be included in the outcome section.

## Case Log Examples

**Please note:** these examples are from previous years with different submission guidelines and formats used. Since some Advanced Skills lists have been edited and expanded, the numbers in these examples may not correlate to the current list. These are provided merely as examples, not necessarily perfect representations of ideal Case Log entries.

- [Cardiology](#)
  - [Cardiology Case Logs – Variation](#)
  - [Cardiology Consensus Statement – Respiratory Cases](#)
- [Equine IM](#)
- [Large Animal IM](#)
- [Neurology](#)
- [Oncology](#)
- [Small Animal IM](#)

## Case Log Expectations

It is the expectation of the Credentialing Committee that Case Logs be completely free of errors. Commonly seen errors in previous years include:

- Grammar errors
- Misspellings/typos
- Listing clinical signs instead of differential diagnoses
- Use of trade/brand names of medications
- Missing required drug information
- Incorrect calculations
- Incomplete outcomes
- Incomplete cross-referencing or citing of Advanced Skills

Attention to detail and careful proofreading are an absolute necessity for professional applications. It is **CRUCIAL** that the Case Logs submitted are of high quality and demonstrate that the applicant practices at a high level within their facility.

## Case Log Submission Forms

- [Cardiology](#)
- [All other specialties](#)

## CASE REPORTS

The Case Report portion of the AIMVT Application is the applicant's opportunity to demonstrate their advanced knowledge within their specialty. Applicants must submit four (4) in-depth Case Reports and each Report must be based on a case within the Case Logs. The cases selected should demonstrate the applicant's expertise in the management of a variety of patients treated within their specialty.

Case Reports must be written in the third-person and must follow the [AIMVT Case Report Requirements Checklist](#). Cases selected for Case Reports are not required to be rare or unusual; diseases commonly seen in the applicant's practice are acceptable. Case selection should be based on the applicant's ability to demonstrate advanced knowledge and skills.

To demonstrate the applicant's advanced knowledge, Case Reports must include a **detailed** discussion of the disease process, diagnostics, treatments, goals of therapy, and the applicant's mastery of the advanced skills. **This is critical.**

Case Reports must be a minimum of five (5) pages and a maximum of ten (10) pages. If an applicant wishes to include laboratory reports, outside specialist reports, ultrasound reports, or other information germane to the Report, these must be added as appendices to the Case Report, in the same PDF document. Appendices do **NOT** count towards the total page count.

A [weighted scale](#) will be used to score your Case Report. Failure to demonstrate proficiency across all four areas of the scale will result in low scores for the Report. Be sure to review the components of the scale and how the Reports will be evaluated.

### References

Case Reports must include a minimum of four (4) references. Anytime an applicant paraphrases a text or other reference, a citation must be used. Do **NOT** copy and paste from any reference (including the medical record). All material in the Report should be in the applicant's own words. When in doubt, cite your source! References must include at least one (1) textbook published within the last ten (10) years and at least one (1) journal article published within the last ten (10) years.

Please do **NOT** add your references as Footnotes. The reference list does **NOT** count towards the total page count. You may use the Endnote function in Word, or list them on a separate page within the document.

References should be formatted according to the American Psychological Association's (APA) citation guidelines. For information on citations, please visit [BibMe](#).

## Case Report Expectations

It is the expectation of the Credentialing Committee that Case Reports be completely free of errors. Commonly seen errors in previous years include:

- Grammar, spelling, non-approved abbreviations, and typographical errors
- Listing clinical signs instead of differential diagnoses
- Incomplete discussion of differential diagnoses or the diagnostic plan
- Medication errors including:
  - Use of trade/brand names
  - Missing required drug information
  - Missing routes of administration
  - Missing drug classes or mechanisms of action
  - Incorrect calculations
- Lack of explanations of exam findings, lab results (both normal and abnormal), or treatment response
- Lack of justifications for choices made during the diagnostic or treatment process
- Incomplete outcomes
- Failure to demonstrate advanced knowledge of mastered advanced skills
- Inadequate disease, pathology, or pathophysiology discussion
- Failure to discuss the pathophysiology of the diagnosis in the specific patient who is the subject of the Report
- Failure to demonstrate how the applicant's advanced skills and knowledge impacted the outcome of the case.

Attention to detail and careful proofreading are an absolute necessity for professional applications. Case Reports should be of the highest quality, ready for publication in scholarly veterinary technician publications. Be sure to carefully review the [Case Log](#) section of these instructions to ensure that all required information is also included in the Case Reports.

## Plagiarism

Per [Oxford University](#):

“Plagiarism is presenting someone else’s work or ideas as your own, with or without their consent, by incorporating it into your work without full acknowledgement.”



Plagiarism in any form in any section of the application – whether intentional or unintentional – is absolutely unacceptable. Copying and pasting information from a website or drug insert or any other source **IS PLAGIARISM** unless the information is clearly identified as having been copied. Every effort must be made to rephrase information found in source material in the applicant’s own words. If plagiarism is identified, without proper attribution and regardless of intention, the application will be denied and the applicant will be barred from further application attempts.

## Case Report Examples

The Reports provided here are merely examples, not necessarily perfect representations of ideal Case Reports, but a representation of superior work by previous applicants.

- [Cardiology](#)
- [Large Animal IM](#)
- [Neurology](#)
- [Oncology](#)
- [Small Animal IM](#)

## Case Report Submission

Case Reports must be submitted as PDF documents. All appendices and attachments must be included with the Report in ONE file. Please name your PDF with your first initial, last name, and Case Report number. For example:

*L Hughston Case Report 1.pdf*

You can submit your Case Reports online [HERE](#).

## AIMVT APPROVED ABBREVIATION LIST

The following are accepted abbreviations that do not require expansion in your application (both Case Logs and Case Reports). If an abbreviation does **NOT** appear on this list, it **MUST** be expanded on first mention.

- Ab antibody
- AC alternating current
- ACT activated clotting time
- ACVIM American College of Veterinary Internal Medicine
- AGID agar gel immunodiffusion
- ALKP alkaline phosphatase
- ALT alanine aminotransferase
- AST aspartate aminotransferase
- AV atrio-ventricular
- BID twice a day
- BP blood pressure
- bpm beats per minute (**NOT** “breaths per minute”)
- BUN blood urea nitrogen
- BW body weight
- °C or C degree(s) Celsius
- C1, C2... cervical vertebrae
- C/M castrated male
- CBC complete blood count
- Cc cubic centimeter(s)
- Cm centimeter(s)
- CNS central nervous system
- CO<sub>2</sub> carbon dioxide
- CPD citrate-phosphate-dextrose
- CPD-A citrate-phosphate-dextrose-adenine
- CPK creatinine phosphokinase
- CPR cardiopulmonary resuscitation
- Crea / CREA creatinine
- CRI continuous rate infusion
- CSF cerebrospinal fluid
- CT computed tomography
- d day
- DACVIM Diplomate of the ACVIM
- DC direct current

|             |   |
|-------------|---|
| • dL        | deciliter(s)  |
| • DNA       | deoxyribonucleic acid                                       |
| • DV        | dorsoventral (in relation to radiographic views)            |
| • DVM       | Doctor of Veterinary Medicine                               |
| • ECG / EKG | electrocardiogram or electrocardiographic                   |
| • EDTA      | ethylenediaminetetraacetic acid                             |
| • EEG       | electroencephalogram  |
| • ELISA     | enzyme-linked immunosorbent assay                           |
| • EMG       | electromyography  |
| • °F or F   | degree(s) Fahrenheit  |
| • F/S       | female/spayed   |
| • FeLV      | feline leukemia virus                                       |
| • FIP       | feline infectious peritonitis                               |
| • FIV       | feline immunodeficiency virus                               |
| • g         | gram(s)   |
| • GGT       | gamma-glutamyl transferase                                  |
| • H         | hour  |
| • Hct       | hematocrit  |
| • Hg        | mercury   |
| • Hgb       | hemoglobin  |
| • HPF       | high power field  |
| • hr        | hour(s)   |
| • ID        | intra dermal  |
| • IFA       | indirect fluorescent antibody                               |
| • IM        | intramuscular   |
| • IN        | intranasal  |
| • in        | inch  |
| • IP        | intraperitoneal   |
| • IU        | International Unit (for lab values and drug concentrations) |
| • IV        | intravenous   |
| • kg        | kilogram(s)   |
| • L1, L2... | lumbar vertebrae  |
| • L         | liter(s)  |
| • lb        | pound(s)  |
| • LPF       | low power field   |
| • m         | meter   |
| • M/N       | male/neutered   |
| • MCH       | mean corpuscular hemoglobin                                 |
| • MCHC      | mean corpuscular hemoglobin concentration                   |
| • MCV       | mean corpuscular volume                                     |
| • min       | minute(s)   |
| • mcg       | microgram(s)  |
| • mg        | milligram(s)  |
| • mL        | milliliter(s)   |

|                                       |  |
|---------------------------------------|--|
| • mm                                  | millimeter(s)  |
| • mmol                                | millimol(s)  |
| • mo                                  | month(s)   |
| • MRI                                 | magnetic resonance imaging                                   |
| • NPO                                 | nothing by mouth (nil per os)                                |
| • NSAID                               | non-steroidal anti-inflammatory drug                         |
| • O <sub>2</sub>                      | oxygen   |
| • OD                                  | right eye (oculus dexter)                                    |
| • OS                                  | left eye (oculus sinister)                                   |
| • OU                                  | both eyes  |
| • oz                                  | ounce  |
| • PCV                                 | packed cell volume   |
| • PDA                                 | patent ductus arteriosus                                     |
| • PE                                  | physical exam  |
| • pH                                  | measure of the acidity of a solution                         |
| • PMI                                 | point of maximum intensity                                   |
| • PRN                                 | as required / as needed                                      |
| • PO                                  | by mouth (per os)  |
| • PTH                                 | parathyroid hormone  |
| • q                                   | every  |
| • QD                                  | once a day   |
| • QID                                 | four times a day   |
| • QOD                                 | every other day  |
| • RBC                                 | red blood cell   |
| • rDVM                                | referring Doctor of Veterinary Medicine                      |
| • RER                                 | resting energy requirement                                   |
| • RNA                                 | ribonucleic acid   |
| • rpm                                 | respirations per minute                                      |
| • Rx                                  | take, receive – used to indicate a prescription or treatment |
| • s                                   | second   |
| • SC / SQ                             | subcutaneous   |
| • SDMA                                | symmetric dimethylarginine                                   |
| • SGOT                                | serum glutamic-oxaloacetic transaminase                      |
| • SGPT                                | serum glutamate-pyruvate transaminase                        |
| • SID                                 | once a day   |
| • T <sub>1</sub> , T <sub>2</sub> ... | thoracic vertebrae   |
| • T <sub>3</sub>                      | triiodothyronine   |
| • T <sub>4</sub>                      | thyroxine  |
| • T.Bili                              | total bilirubin  |
| • temp                                | temperature  |
| • TID                                 | three times a day  |
| • TSH                                 | thyroid stimulating hormone                                  |
| • u                                   | unit (for lab value reporting)                               |
| • UA                                  | urinalysis   |

- VD ventrodorsal (in relation to radiographic views)
- WBC white blood cell
- wk week
- wt weight
- y / yr year