

AIMVT APPLICATION PART 2 INSTRUCTIONS



2025 APPLICATION YEAR FOR EXAMINATION IN 2026



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 note that these instructions supersede any information presented in those webinars, as many changes have been introduced to this year's application process.

All components of Part 2 of the application must be submitted ***NO LATER THAN 11:59 pm PT September 30, 2025.***

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 FOR PART 2	4
LETTERS OF RECOMMENDATION.....	5
PLAGIARISM	6
EXAM QUESTIONS	7
ADVANCED SKILLS.....	8
FUNDAMENTAL ADVANCED SKILLS	9
ESSENTIAL ADVANCED SKILLS.....	10
REQUIREMENTS FOR MEDICATIONS APPEARING IN THE ESSENTIAL SKILLS SUBMISSIONS	11
CASE CENSUS	13
CONSENSUS STATEMENT REGARDING CREDENTIALING COMMITTEE REVIEW OF THE CASE CENSUS:	13
DOG BREED SPELLING IN THE CASE CENSUS AND CASE REPORTS.....	14
CASE CENSUS SCORING	14
CASE CENSUS SUBMISSION FORM LINK	15
CASE REPORTS	16
REQUIREMENTS FOR MEDICATIONS APPEARING IN THE CASE REPORTS	17
<i>*A note on anesthetic procedure reporting.....</i>	<i>18</i>
REQUIREMENTS FOR LABORATORY VALUES IN THE CASE REPORTS	18
REFERENCES	18
CASE REPORT EXPECTATIONS.....	19
CASE REPORT SCORING	20
CASE REPORT EXAMPLES	20
CASE REPORT SUBMISSION.....	20
AIMVT APPROVED ABBREVIATION LIST	21

AIMVT APPLICATION CHECKLIST FOR PART 2

- 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, 2025.
- Signed [AIMVT Plagiarism Affidavit](#)
- Three (3) [exam questions](#)
- Completed [fundamental and essential advanced skills](#) lists specific to the applicant's area of specialization
- Completed [case census](#) form
- Four (4) in-depth [Case Reports](#), submitted as PDF files, and following the AIMVT [Case Report Requirement Checklist](#)
- Part 2 Application Payment (\$50USD, paid on Case Report submission)

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 member of AIMVT (Cardiology, Equine IM, LAIM, Neurology, Oncology, Production Animal IM, SAIM), 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 III, Section 4E)
 - **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, 2025.

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 (including the patient’s medical record) **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. For resources on paraphrasing, please visit:

- [Purdue Online Writing Lab](#)
- [Step-by-step guide](#) for paraphrasing

For more information on how to avoid plagiarism, please visit the [MIT Writing and Communication Center](#).

If plagiarism is identified, without proper attribution and regardless of intention, the application will be denied. In addition, the applicant will be barred from another application attempt within three (3) years. If, after this grace period, upon reapplying, a second infraction is found, a lifetime application ban will be imposed. You are required to submit an [affidavit](#) indicating your acknowledgement of this policy as part of your part 2 application submission.

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 advanced 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 75% of the fundamental advanced skills **and** 75% of the essential advanced skills must be mastered. In instances where many individual skills are listed as part of the overall skill – such as echocardiography, neuroanatomic localization, or endoscopy, for example – a minimum of 75% of the constituent skills must be mastered for the entire skill to be considered 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, ALAVTN, 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 cases in their [case census](#) using the checkboxes provided on the submission form. Applicants are required to cross-reference a **MINIMUM** of 50% of **ALL** mastered advanced skills (universal, fundamental, and essential) within their case census.

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

Fundamental Advanced Skills

A **MINIMUM** of 75% of the fundamental advanced skills must be mastered. Reference lists of the fundamental advanced skills can be found on our [website](#). Attestants will use the following forms to attest to the mastery of the fundamental advanced skills:

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

Essential Advanced Skills

A **MINIMUM** of 75% of the essential advanced skills must be mastered. Reference lists of the essential advanced skills can be found on our [website](#). Regardless of whether an essential skill has been mastered, applicants are required to submit documentation of their advanced knowledge of **100%** of the essential advanced skills in their specialty. Detailed descriptions of the submission requirements are located on Google Drive:

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

All other requirements in this instruction packet also apply to these required documents. Most importantly, please review the [Plagiarism](#) section of these instructions. Some essential skills will require applicants to provide references. If the submission requirements do not specifically require reference citation, applicants may choose to cite any references they wish.

While we recognize that copying and pasting can be a useful tool when creating these submissions, we have found that it is very easy for applicants to compound errors across their submissions if they have not performed careful and meticulous proofreading prior to copying and pasting. This leads to low scores due to errors multiplying over and over again.

Attestants will use the following forms to attest to the mastery of the essential skills and applicants will use these forms to submit the required documentation of their advanced knowledge of the essential skills:

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

Requirements for Medications Appearing in the Essential Skills Submissions

All medications listed in the submissions 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 essential skill submissions 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)

EVERY medication that appears in the submitted documents **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. Be sure to follow the requirements, as some essential skills require reporting the total volume administered.

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."

CASE CENSUS

The case census 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](#)**. The case census may only include cases from patients seen between October 1, 2024 and September 30, 2025. **DO NOT** include cases that fall more appropriately within the purview of other specialty Academies, such as Emergency and Critical Care.

While the Academy understands that internal medicine cases are often complex, we expect that the majority of the patients entered in the census will have a final diagnosis prior to the end of the application year, particularly those who are seen early in the application year. Additionally, a final diagnosis will make it clear to the application reviewers whether or not the case falls within the applicant's area of specialty (see the [consensus statement](#), below). The same is true of the outcomes provided in the census. If an outcome is complicated or nuanced, please use the "Other" option and the corresponding textbox on the form to provide additional context.

Consensus statement regarding Credentialing Committee review of the Case Census:

Patients who are ultimately diagnosed with a disease condition outside of the applicant's specialty will be accepted **IF** the patient presented to the applicant's service or facility with reported symptoms and/or clinical signs of a disease process within the applicant's specialty, **AND** the applicant performed advanced skills within their specialty even if the final diagnosis is not in the applicant's specialty. Patients who present with **no** reported symptoms and/or clinical signs of a disease process within the applicant's specialty will **NOT** be allowed.

For example:

- A patient presents to the small animal IM (SAIM) service to diagnose a gastrointestinal (GI) disorder that is ultimately diagnosed with GI lymphoma (oncology).
- A patient presents to the neurology service to investigate a seizure disorder; the final diagnosis is syncope (cardiology).
- A patient presents to the cardiology service in respiratory distress presumed to be due to congestive heart failure (CHF), with a final diagnosis of feline asthma (SAIM).
- A patient presents to the oncology service for enlarged lymph nodes which are ultimately deemed to be secondary to an infectious process (SAIM).

Cases outside of the applicant's specialty may comprise **no more than 10%** of the submitted total number of cases. Cases with a final diagnosis outside of the applicant's specialty may **NOT** be used for any Case Report.

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 case census. Over-submission of cases is encouraged, in case of disqualification of any entry. The **maximum** number of allowable cases is **60**.

Dog Breed Spelling in the Case Census and Case Reports

The AIMVT Credentialing Committee 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!**

Case Census Scoring

Every effort to document a wide variety of advanced skills should be reflected in the case census. 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 census, so that the cited skill is referenced in as wide a variety of patients and cases as possible. Every effort should be made to ensure that advanced skills are not cited excessively, as the purpose of the census 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 case load 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 census and Case 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.

Applicants are required to cross-reference a minimum of 50% of **ALL** mastered skills (universal, fundamental, and essential) within the case census. This means that a minimum of 50% of the signed-off skills must be cited in at least one (1) census entry. **REMEMBER:** 90% of your census entries must be within **YOUR** specific specialty. Do not list a case outside of your specialty just to cite an advanced skill unless you are positive you are not going to exceed the 10% allowance.

[Case census submission form link](#)

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 census. The cases selected should demonstrate the applicant's expertise in the management of a variety of patients treated within their specialty. Case census entries that were ultimately outside the applicant's specialty **may NOT** be used for Case Reports.

Case Reports must be written in the third-person and must follow the [AIMVT Case Report Requirements Checklist](#). Failure to include all items on the requirements checklist may result in failure of a Report and, consequently, the application.

Because application review is anonymous, please refrain from naming your hospital or facility in the Report. Using phrases like, "the hospital" or "the applicant's facility" or the like are options to help maintain anonymity. 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 skill. **Appropriate case selection is critical to this process.** This information must be presented in a narrative form, NOT as a bulleted list or other format. The overall focus of the Report must be on diagnostics, treatments, and therapies *performed by the applicant*, and should include a thorough understanding of each diagnostic, treatment, and therapy, as well as the goals of each **for the specific patient** that is the subject of the Report. The discussion section should focus on how the disease process manifested and progressed in the **specific patient** that is the subject of the Report and how the applicant's advanced understanding of the diagnostics and treatments performed, as well as any other therapies provided by the applicant, impacted the progression of the **specific patient's** case.

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.

Requirements for Medications Appearing in the Case Reports

All medications listed in the Case 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 essential skill submissions 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 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 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 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 Report. However, every value that the applicant chooses to include in the 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.

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 (see [Plagiarism](#) in these instructions). 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) peer-reviewed scientific 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 guidance on proper citing, visit:

- [Purdue Online Writing Lab](#)
- [Penn State University Libraries](#)

Case Report Expectations

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

- Failure to demonstrate how the applicant's advanced skills and knowledge impacted the outcome of the case.
- Failure to discuss the pathophysiology of the diagnosis in the specific patient who is the subject of the Report
- Inadequate disease, pathology, or pathophysiology discussion
- Listing clinical signs or problem lists instead of differential diagnoses
- Incomplete discussion of differential diagnoses or the diagnostic plan
- 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
- Failure to demonstrate advanced knowledge of mastered advanced skills
- Incomplete outcomes
- 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
- Grammar, spelling, non-approved abbreviations, and typographical errors

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.

Case Report Scoring

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. The Academy suggests applicants read each Case Report at least four times, grading themselves each time on each scale of the criteria. Be sure to share this scale with anyone proofreading the Case Reports to provide you with feedback as well.

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 specialty, your applicant number, and Case Report number. For example:

Cardiology applicant 123 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 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
- CO₂ 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
- CrVT Credentialed Veterinary Technician
- CSF cerebrospinal fluid
- CVT Certified Veterinary Technician
- 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 intradermal
- 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
- LVT Licensed Veterinary Technician
- LVMT Licensed Veterinary Medical Technician
- 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 ₂	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
• RVN	Registered Veterinary Nurse (NOT acceptable for US/Canadian applicants)
• RVT	Registered Veterinary Technician
• 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
• T1, T2...	thoracic vertebrae
• T3	triiodothyronine
• T4	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