



# Case Report Requirements Checklist

- Case Reports must be double spaced, using US (8.5 x 11 inches) page settings (A4 settings not accepted) and leaving at least one-inch margins on all sides.
- The font must be Times New Roman, font size 12
- Case Reports must be a minimum of five (5) pages and a maximum of ten (10) pages.
  - Applicants may provide supplemental information in Appendices appended at the end of the Report (in the same PDF)
  - Appendix materials (images, video, lab charts/reports, diagnostic reports, etc.) will not count towards your total page count.
- Submissions must be in English and must be grammatically correct. Applicants whose native language is not English are advised to seek assistance from an AIMVT mentor, or a fluent English speaker.
- A minimum of four (4) references are required and must include:
  - A minimum of one (1) textbook published within the last ten (10) years; and
  - A minimum of one (1) journal article published within the last ten (10) years
- Case Reports must be saved as PDFs for submission. Other document types will not be accepted.

## Formatting the Case Report

Your Case Report must include the following sections. See the Application Instructions packet for your application year for a more thorough description of expectations for Case Reports. Also, please review the [weighted scale](#) that will be used to review and score the Reports, and Case Report examples from previous years.

- Header:
  - Use the Header/Footer option in your word processing software
    - If you don't know how to use this function, reach out to your mentor or to the [Credentialing Committee Chairs](#)
  - The header must appear on every page of the Report, not including the appendices.
  - The header must include:
    - First line: Applicant's area of specialization (i.e., "Oncology", "Equine IM", etc.)
    - Second line: Case Log number (from Case Log form)
    - Third line: Date of first treatment by applicant
    - Fourth line: Patient name and/or ID number



- Signalment:
  - Species
  - Breed
  - Age
  - Sex
  - Reproductive status
  
- History:
  - Presenting complaint
  - Relevant history prior to presentation
  - Any medications the patient was taking prior to presentation
  
- Patient status on presentation:
  - Physical exam findings including, but not limited to:
    - Weight in kg
    - Temperature
    - Heart rate
    - Pulse rate
    - Respiratory rate and character
    - Level of consciousness
  - Body systems review of abnormal findings
  - Problem list
  
- Veterinarian's differential diagnosis
  
- Veterinarian's initial assessment of prognosis
  
- Interventions
  - Initial diagnostics and results
    - Laboratory
    - Diagnostic imaging
    - Other diagnostic procedures
    - Discussion of test selections and potential alternatives
  - Treatment plan, including but not limited to:
    - Fluid therapy
    - Medications
    - Monitoring performed
    - Other therapeutic modalities



- Case Management
  - Relevant diagnostic tests performed and their results
    - If the patient was seen multiple times for the same issue/diagnosis, each visit should be reported separately
    - For hospitalized patients, these results should be reported on a daily basis for hospitalized patients
  - Changes to treatment plan, and the reasons for those changes
  - Patient status (e.g., appetite, eliminations, vitals, etc.), with specific attention to changes and response to treatment
  - Medications, including reason for use
  - Other interventions, including reasons for performing, potential complications, expected therapeutic value, modifications required (if any), and patient-specific concerns.
  
- Final Outcome
  - If euthanized, explain reasons for euthanaHYPERLINK ["https://www.aimvt.com/uploads/1/2/4/4/124442469/final\\_2023\\_case\\_report\\_requirements\\_checklist.pdf"](https://www.aimvt.com/uploads/1/2/4/4/124442469/final_2023_case_report_requirements_checklist.pdf)clude necropsy results, if available.
  - If discharged from hospital, or from the applicant's care, include:
    - All client education performed
      - If handouts or other written communications were prepared and provided by the applicant, those may be included as an appendix and referenced in the Report
    - All medications
    - Any therapeutic diets prescribed, including nutritional calculations
  
- Discussion
  - Pathophysiology and pathology, ***especially as it relates to or was expressed in the specific patient*** that is the subject of the Report.
  - Disease process, including etiology, ***especially as it relates to or was expressed in the specific patient*** that is the subject of the Report.
  - Diagnostics performed, ***whether results were expected or not***, and ***why***
  - Goals of therapy
  - Explanation of why each diagnostic test/procedure, treatment, monitoring parameter, etc. were justified given the ***specific patient and disease process***
  - How the applicant's advanced skills influenced or did not influence the ***specific patient's*** course of treatment and/or outcome.
  - How the applicant's advanced knowledge of their specialty influenced or did not influence the ***specific patient's*** course of treatment and/or outcome.