

# IDEXX inVue Dx™

## ear cytology case notes form



**Patient** \_\_\_\_\_

**Date** \_\_\_\_\_

Visit type	<input type="radio"/> First time	<input type="radio"/> Recheck exam
Case duration	<input type="radio"/> Acute	<input type="radio"/> Chronic

**Clinical signs**

Itchy	<input type="radio"/> Left	<input type="radio"/> Both	<input type="radio"/> Right
Erythema (redness)	<input type="radio"/> Left	<input type="radio"/> Both	<input type="radio"/> Right
Ulcers	<input type="radio"/> Left	<input type="radio"/> Both	<input type="radio"/> Right
Swelling	<input type="radio"/> Left	<input type="radio"/> Both	<input type="radio"/> Right
Pain	<input type="radio"/> Left	<input type="radio"/> Both	<input type="radio"/> Right
Odor	<input type="radio"/> Left	<input type="radio"/> Both	<input type="radio"/> Right
Discharge	<input type="radio"/> Left	<input type="radio"/> Both	<input type="radio"/> Right
Purulent (pus)	<input type="radio"/> Left	<input type="radio"/> Both	<input type="radio"/> Right
Waxy	<input type="radio"/> Left	<input type="radio"/> Both	<input type="radio"/> Right
Watery	<input type="radio"/> Left	<input type="radio"/> Both	<input type="radio"/> Right
Bloody	<input type="radio"/> Left	<input type="radio"/> Both	<input type="radio"/> Right
Coffee grounds	<input type="radio"/> Left	<input type="radio"/> Both	<input type="radio"/> Right
Slimy/mucus	<input type="radio"/> Left	<input type="radio"/> Both	<input type="radio"/> Right
Unknown	<input type="radio"/> Left	<input type="radio"/> Both	<input type="radio"/> Right

