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| Fecha: | Hr. Recibido: | | | Historia clínica N°: | | |
| Propietario: |  | | Dirección: | | |  |
| Nombre: | | Raza: | | | Sexo: | Edad: |
| Especie: | |  | | | | |

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| Color: |  |
| Consistencia: |  |
| Hallazgos macroscópicos relevantes |  |
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| Microbiota: |  |
|  |
| Levaduras: |  |
| Formas parasitarias: |  |
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| **OBSERVACIONES ADICIONALES** | **Profesional Laboratorista** |
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