



# ULTRASOUND REFERRAL REQUEST

Referring Hospital & Veterinarian	DATE
How would you like us to inform you of U/S findings? <b>FAX    CALL CLINIC    CALL @HOME</b> (up to what time / #)	<i>Referring Doctor Signature</i>

## CLIENT

Client Last Name		First Name	
Street Address		City	Postal Code
Home Phone	Cellular	Email	

## PATIENT

Name	Breed	Species	Sex M MN F FS	Age (MM / DD / YYYY)
------	-------	---------	------------------	----------------------

## RELEVANT HISTORY

<b>Current Medical Concern(s)</b>	
1.	3.
2.	4.
<b>Relevant History, Comments or Special Concerns</b>	
<b>Past Procedures Performed</b> (Radiographs, Ultrasound, Diagnostic Tests, Previous Consults) <i>*Please have client bring results of past procedures</i>	
<i>If radiographs have not been taken, we may take them if we deem it necessary.</i>	
<b>Current Medications</b>	

Page 1 of 2

**Please ensure BOTH pages are completed and returned to our office.**  
*Once you have faxed your referral, please contact our office to confirm receipt.*

Appointment Date	Appointment Time	Booked By
Appointment Reminder done on	Date	Time      BBVSH staff

**REQUESTED PROCEDURES - Page 2 of 2**

**\*Please note that for any procedures sedation may be required and will be performed as necessary. If pre-anesthetic blood work has not been performed, we will perform it prior to sedation.**

**Abdominal Ultrasound ONLY – no aspirates, biopsies, or centesis**

If this procedure is requested the radiologist will not speak to the client. Results of the ultrasound will be forwarded to you. If after seeing the ultrasound results you wish to request that an aspirate, biopsy or centesis be performed, please contact Dr. Julie Armstrong or Dr. Geoff Hutchinson to arrange. Please note that this will require a second appointment.

**Abdominal Ultrasound with procedures (aspirates, biopsies, centesis) indicated by ultrasound findings**

After performing the ultrasound, in consultation with a BBVSH clinician, the radiologist will determine the appropriate next diagnostic step (there is no additional charge for this consultation with the BBVSH clinician). The BBVSH clinician will make the appropriate recommendations to the client and the client may elect to proceed. If additional diagnostics are performed, results of the diagnostic tests will be forwarded to you. ★

**Echocardiography**

If this procedure is requested, the radiologist will not speak to the client. Results of the ultrasound will be forwarded to you.

**Thoracic Cavity and Mediastinum ONLY – no aspirates, biopsies or centesis**

If this procedure is requested the radiologist will not speak to the client. Results of the ultrasound will be forwarded to you. If after seeing the ultrasound results you wish to request that an aspirate, biopsy or centesis be performed, please contact Dr. Julie Armstrong or Dr. Geoff Hutchinson to arrange. Please note that this will require a second appointment.

**Thoracic Cavity and Mediastinum with procedures indicated by ultrasound findings**

After performing the ultrasound, in consultation with a BBVSH clinician, the radiologist will determine the appropriate next diagnostic step (there is no additional charge for this consultation with the BBVSH clinician). The BBVSH clinician will make the appropriate recommendations to the client and the client may elect to proceed. If additional diagnostics are performed, results of the diagnostic tests will be forwarded to you. ★

**Ocular Region ONLY – no aspirates or biopsies**

If this procedure is requested the radiologist will not speak to the client. Results of the ultrasound will be forwarded to you. If after seeing the ultrasound results you wish to request that an aspirate or biopsy be performed, please contact Dr. Julie Armstrong or Dr. Geoff Hutchinson to arrange. Please note that this will require a second appointment.

**Ocular Region with procedures indicated by ultrasound findings**

After performing the ultrasound, in consultation with a BBVSH clinician, the radiologist will determine the appropriate next diagnostic step (there is no additional charge for this consultation with the BBVSH clinician). The BBVSH clinician will make the appropriate recommendations to the client and the client may elect to proceed. If additional diagnostics are performed, results of the diagnostic tests will be forwarded to you. ★

**Pregnancy Exam**

If this procedure is requested, the radiologist will give results directly to the client. Results of the ultrasound will be forwarded to you.

**Other Area Exam - Area Requested \_\_\_\_\_**

Do you want procedures performed if indicated by ultrasound findings and approved by client? Yes \_\_\_ No \_\_\_  
Please note: We do not do partial abdominal ultrasounds. If you wish to have an ultrasound performed on any part of the abdomen, please check box for abdominal ultrasound or abdominal ultrasound with procedures.

★ *Please note that aspirates and biopsies often require a coagulation panel. It would be best if you could provide a coagulation panel prior to the appointment. If one has not been performed, we will perform one prior to procedure. Please also note that the animal will be admitted to BBVSH if any complications arise from the procedures.*