



Central Veterinary Services

Ultrasound Referral Form

Ultrasonography allows us to examine internal organs for size, location, shape, texture and blood supply. It is a non-invasive, low-stress diagnostic tool that can greatly enhance the diagnosis and clinical management of our veterinary patients.

Ultrasonographic examination of the abdomen can aid in the diagnosis of conditions pertaining to:

- Vomiting/diarrhea
- Abnormal bloodwork
- Abnormal radiographs
- Unexplained weight-loss
- Detection of gastrointestinal foreign body/obstruction
- Abdominal fluid detection and ultrasound-guided abdominocentesis
- Endocrine disorders
- Mass/tumour detection and characterization
- Pregnancy detection and viability

Ultrasonographic examination of the heart can aid in:

- Identifying location origin of heart murmurs
- Assessing cardiac function
- Measurement of heart chambers and wall thicknesses for identification and diagnosis of cardiac diseases such as DCM, HCM, MMVD
- Determining if pericardial effusion is present

Note: Our ultrasonographic examinations/scans are not interpreted by a radiologist.

Please notify the owner of the following details pertaining to their animal's ultrasound:

- Animals must be fasted for 12 hours prior to the procedure
- Animal will have its abdomen or chest shaved for the procedure
- Animal may be sedated for the procedure

Type of ultrasound requested:

- Complete abdominal
- Pregnancy
- Urogenital
- Echocardiogram

Please complete this form and fax to Central Veterinary Services 204-261-0556 or email to info@centralvet.ca prior to the patient's scheduled ultrasound appointment.

Referring hospital: _____

Referring veterinarian: _____

Clinic phone number: _____

Clinic email address: _____

Client name: _____

Phone number: _____

Address: _____

City: _____ Province: _____ Postal code: _____

Patients name: _____

Age: _____ Breed: _____ Sex: M MN F FS

Current medications: _____

Previous adverse reactions to anesthetic/sedation: Yes / No

If you indicated "yes", please describe:

If you, the referring veterinarian, feel that sedation will be necessary, please note the reason and any sedation concerns/drug preferences for this patient below.

Relevant medical history:

Results of past procedures/relevant laboratory results: _____

What questions would like answered from this ultrasound exam?: _____

· **The client has been notified that the results will be sent to the referring veterinarian within 24 hours, and unless urgent, will not be discussed with them at the time of the appointment.**