

# Diagnostic Imaging Outpatient Ultrasound Referral Form

Today's date \_\_\_\_\_

Please complete this form and send to [info.pitt@bluepearlvet.com](mailto:info.pitt@bluepearlvet.com) or fax to **412.366.3489**.

## Referral partner information

Referring veterinarian \_\_\_\_\_

Referring practice \_\_\_\_\_

Phone \_\_\_\_\_ Secondary phone \_\_\_\_\_

What is your final report communication preference?

Email \_\_\_\_\_

Fax \_\_\_\_\_

**PLEASE NOTE: Upon completion of the ultrasound exam, a report will be generated and sent to the referring veterinarian within 24 hours via the communication preference noted and through the portal system.**

## Patient and client information

Pet's name \_\_\_\_\_ Pet's age \_\_\_\_\_

Type  Canine  Feline Breed \_\_\_\_\_

Sex  Male  Male neutered  Female  Female spayed

Client's name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

## Sedation

Sedation MAY be considered for ultrasound exam based on patient temperament and if not contraindicated based on patient health. We ask that you review this possibility with the owner. If possible, we strongly encourage your office to prescribe oral sedation (i.e. gabapentin, trazodone) in preparation for the ultrasound appointment.

Are there any contraindications to patient receiving sedation?  Yes  No

Yes – please provide explanation for medical records: \_\_\_\_\_

History / comorbidities that may impact sedation  Yes  No

Yes – please list: \_\_\_\_\_

Any adverse reactions to specific drugs?  Yes  No

Yes – please list: \_\_\_\_\_

Drugs recommended (please list drug name and dose) \_\_\_\_\_

If no sedation is selected, Butorphanol 0.2-0.4 mg/kg will be administered if needed.

Additional charges may apply if additional sedation protocols are required.

**See reverse side →**

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## Study information

Any diagnostics performed (i.e bloodwork, radiology, reports) we kindly ask that you attach or send in with this form for our records.

Study type      Abdomen

Reason for referral / primary complaint / comorbidities \_\_\_\_\_

Clinical exam / pertinent abnormal labwork findings / working diagnosis \_\_\_\_\_

Specific question to be addressed \_\_\_\_\_

Cystocentesis      Yes      No

FNA approved      Yes      No      If yes, were coags performed?      Yes, normal      Yes, prolonged      No

Radiographs submitted (not to be read out)      Yes      No

Sent to BluePearl digitally

Sent with owner