



PHASES

Veterinary Emergency Hospital

Ultrasound Referral Form – Dr. Calin Catarig, West Coast Veterinary Ultrasound

This form must be completed by the referring veterinarian, and submitted via email to info@phasesvetemerg.com. Our team will review the referral and contact you to let you know whether it has been accepted. We will then contact your client directly to schedule their scan. Following their scan, the report will be sent back to your clinic for you to share with your clients.

The form must be filled out IN FULL, to avoid any delays in the referral process. Thank you.

Referral Date: _____

Referring Veterinary Information:

Referring Clinic: _____

Referring Veterinarian: _____

Tel: _____ Email: _____

Client/Patient Information:

Owner Name: _____

Contact Number(s): _____

Email: _____

Patient Name: _____

Species: _____ Breed: _____

Age: _____ Sex (circle one): M MN F FS

Patient Behaviour (Easy to handle?): _____

Tentative Patient Diagnosis:

Reason for Ultrasonography:

Request for Fine Needle Aspirates or Core Biopsies?

Are Cytology or histopathology services needed (generally sent to IDEXX)?

- Yes No

CBC and COAGs may be requested prior to FNA/biopsy. Can this completed by your clinic within 72 hours of the appointment or should our team book this at our hospital?

- rDVM will complete Request PVEH to complete

Timeline for referral (circle one): Urgent Next Available

*If you request "urgent" this would mean we may reschedule another booked patient to fit this patient in, so please only select if truly urgent

Please acknowledge:

- 1) Will the patient be on pre-visit gabapentin or trazodone? _____

- 2) My client is aware that full sedation may be recommended/required.

3) My client is aware that their pets fur will be clipped for the scan. _____

4) My client is aware they cannot be present for the scan. _____

5) If applicable: Risks of FNA or Core Biopsy collection have been discussed with my client.

6) Costs associated with the scan, possible sedation, sample collection and sample send off have been discussed with my client.

Current Medications:

(Include dosage, frequency, dates started, include all medication pet is currently taking including supplements, holistic therapy etc.)

List any recent or related Surgeries or other conditions our team should be aware of:

Any history of complications from anesthesia or sedation?

Is there any other pertinent information you wish to share with our team, or any further requests?

Please select which services you are referring for:

- Abdominal Ultrasound – includes full abdominal scan, 2D measurements, colour flow doppler and DVM report.
- Abdominal Ultrasound with Radiologist Report
- Echocardiogram – Include 2D measurement, B-mode, M-Mode, colour flow doppler and spectral doppler measurements, ECG – lead 2, cardiologist report.
- Double cavity U/S with cardiologist report and DVM report for abdomen recommendations
- Double cavity U/S with cardiologist and radiologist report
- Pregnancy ultrasound (21 days after insemination)
- Follow up abdominal ultrasound (must be within 60 days of initial study)
- Follow up echocardiogram (must be within 60 days of initial study)
- Add on FAST/TFAST/Focal Organ/System – single organ, cavity scan (urinary, pericardium, heart base/right atrium, neck, MSK) when added to the main study (AUS or Echo)
- FNA under U/S guidance one organ (liver, lymph nodes, spleen, pancreas, gallbladder) – RDVM/Clinic will add on the cost for cytology to lab.
- FNA under U/S guidance multiple organs – RDVM/Clinic will add on cost of cytology for reference laboratory (True North, Idexx, Antech).
- Add on teleradiology on certain/specific cases with radiologist or cardiologist report/assessment/ recommendations.
- Sta 'Pet Ultrasound
- APPT and PT Coagulation Factors

Signature of referring DVM:

Thank you for your referral to Phases Veterinary Emergency Hospital. We value and appreciate your partnership.

Phases Veterinary Emergency Hospital is Partnering with



WEST COAST
Veterinary Ultrasound