ANIMAL EMERGENCY & SPECIALTY HOSPITAL

1155 Lola Street Ottawa, ON Canada, K1K 4C1

Ultrasound Referral to Ottawa Animal Emergency and Specialty Hospital

Referring Hospital: _____

Referring Veterinarian: _____

Hospital Phone Number: _____ Email: _____

Patient Name: _____

Species: _____ Breed: _____ Sex: _____ Age: _____

Owner Name: _____

Owner Phone Number: _____ Owner Email: _____

Appointment Priority: Next Available ☐ Emergency ☐

Full Abdomen ☐ Focal _____ ☐

Previous diagnostics to send to interpreting Radiologist? Yes / No

If yes, please send with referral to be submitted with study to Radiologist.

Results are required: Urgently ___ (2hr STAT, Additional Fee) Routinely ___ (24-48hrs)

Brief Summary for Radiology Request Form (Please limit to 1000 Characters):

Please include physical exam notes, diagnostic summary, current medications, etc.

Coagulation Assessed: PT/aPTT ☐ Platelet Count ☐ N/A ☐

Permission to Sample? Yes ☐ No ☐ Call Before Sampling ☐

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Any previous drug interactions or anesthetic events? Yes ☐ No ☐

If yes, please explain: _____

Please prescribe Trazodone and/or Gabapentin (patient dependent) the night before and morning of the appointment to help with sedation and recovery. We also request that a dose of Maropitant be prescribed for the night before the appointment.

Have you prescribed: Gabapentin ☐ Trazodone ☐ Maropitant ☐

Please ensure that the owners know the patient will need to be fasted for 10 hours before the procedure for optimum image quality.

If we do not have permission to immediately sample, please be available for our Veterinarians to speak to you about the findings from the ultrasound if we feel something may need an aspirate done. If you will not be in the office that day, please indicate who we can contact in your absence.

Please ensure that any recent diagnostics (Bloodwork, radiographs, etc.) are attached to the referral to submit with the study.