

# VCA Veterinary Specialists of CT

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## Outpatient Ultrasound Referral Form

Please fill out one request form per patient and email to [au1260@vca.com](mailto:au1260@vca.com)

Date of Request: \_\_\_\_\_ ☐ Abdominal Ultrasound ☐ Neck Ultrasound (typically requires sedation)  
Requesting DVM: \_\_\_\_\_ Requesting Hospital: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### PATIENT INFORMATION

Client Name: \_\_\_\_\_ Patient's Name: \_\_\_\_\_

☐ Canine ☐ Feline Breed: \_\_\_\_\_ DOB: \_\_\_\_\_

Weight (lbs): \_\_\_\_\_ BCS (out of 9): \_\_\_\_\_

Sex: ☐ Female Spayed ☐ Female Intact ☐ Male Neutered ☐ Male Intact Age neutered/spayed (yrs): \_\_\_\_\_

Is the pet difficult to handle? ☐ Yes ☐ No

Most pets benefit from oral sedation prior to ultrasound. Is there any type of oral/injectable sedation that should be avoided?

- Pets should be fasting (no food for 10 hours; water okay) and have a full bladder (no walks/using litter box for three hours).
- Please advise clients that cancellations no later than the morning the day before the scheduled appointment.
- Please supply relevant results (lab work, radiology and ultrasound reports, cytology reports, etc.) and at least one set of prior lab work for baseline comparison. Do not email x-ray images.

Chief Concern (reason for ultrasound): \_\_\_\_\_

Case Summary (including reason for presenting, clinical signs, abnormal PE findings, concerning lab trends, prior history):

### VACCINATIONS UP TO DATE?

Rabies: ☐ Yes ☐ No Date of last vaccine: \_\_\_\_\_ Leptospirosis: ☐ Yes ☐ No Date of last vaccine: \_\_\_\_\_

Distemper/Parvo or FVRCP: ☐ Yes ☐ No Date of last vaccine: \_\_\_\_\_

| Medications | Date Started | Dose | Duration | Response |
|-------------|--------------|------|----------|----------|
|             |              |      |          |          |
|             |              |      |          |          |
|             |              |      |          |          |
|             |              |      |          |          |



### FOR CATS:

☐ Indoor Only ☐ Indoor/Outdoor Diet: \_\_\_\_\_