



ULTRASOUND REQUEST FORM
Please fax form to 248-354-0303.

Date of Ultrasound Appointment: _____

Requesting Veterinarian: _____ Fax: _____

Hospital: _____

Best phone number to call: _____

Address: _____

Client Name: _____ Pet Name: _____

Species: _____ Sex: _____

Breed: _____ Age: _____

Region to be examined: Abdomen

For regions other than the abdomen, please call to speak with Dr. Rose.

History: _____

Physical Examination: _____

Pertinent Laboratory Results: _____

Treatment(s) Performed: _____

Tentative or Differential Diagnosis: _____

Specific Clinical Questions or Concerns: _____

Please attach additional pages if additional space is needed.

NOTES FOR REFERRING VETERINARIANS

- Please send with the patient any pertinent radiographs.
- Please fax the Ultrasound Request Form to MVS and have the client bring the original form to the appointment.
- Please call to make special arrangements for examinations other than abdominal ultrasounds. (*Cardiac ultrasounds need to be arranged through cardiology.*)
- Every effort will be made to schedule the soonest available appointment. You can expect a faxed copy of the final ultrasound report the same day as the ultrasound examination.
- Please instruct the client to NOT FEED the patient for 8 hours prior to an abdominal ultrasound examination unless altering the feeding schedule for the patient is contraindicated (i.e., certain conditions such as diabetes mellitus).
- Since the requesting veterinarian has the entire scope of knowledge concerning the patient's condition, the radiologist will direct any requests from the client to discuss the imaging report to the requesting veterinarian.
- The client will meet with the radiology technician and not the radiologist during the examination.
- If a consultation with another service is necessary, please schedule an appointment with that service and not with the radiology service for an out-patient imaging procedure.
- In the event that a patient arrives at MVS in an unstable condition or requiring diagnostics before the imaging procedure can be performed, the patient will be assessed and stabilized by the emergency service prior to an ultrasound examination.



Southfield
248-354-6660

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