



LARGE ANIMAL CT REQUEST FORM

INSTRUCTIONS

UTCVM_VIS-CT_Request_LA_FAX | UPDATED 03/16/18

Please follow these steps to complete the CT Request Form

All forms should be completed and returned to UTCVM at least 24 hours prior to appointment.

SECTION I - Referring Veterinarian Information

Always include **YOUR NAME**, the **PRACTICE NAME**, and **PHONE NUMBER**. In the event we have questions about the condition of the patient or need to discuss the scan request, it is very important that we are able to contact you, or an associate familiar with the case, during the procedure. **A primary contact name MUST be included.**

SECTION II - CT Scan Requested

Please choose a CT scan from the list attached, or contact the UTCVM Veterinary Imaging Services directly for assistance in determining which scan you need. Please include your presumptive diagnosis/rule-outs for the current problem. This will assist the imaging technologist in providing a comprehensive scan and will help the radiologist interpret the images.

SECTION III - CT Report

A written report will be sent via email or fax the next working day following the scan. Please indicate your preference for how you would like to receive the report and provide the appropriate email address or fax number. The images will be sent with the owner on a CD.

SECTION IV - Patient Information *This information MUST be sent to UTCVM prior to appointment.*

Please provide the name and contact information for the animal's owner. This will enable us to create a patient file prior to the time of the appointment. Provide as much information as you can about the patient in this section, including the findings of additional testing, i.e. radiographs, ultrasound, scintigraphy etc. Please do not send radiographs with the client.

ANESTHETIC RISK:

Performing a CT scan in large animals requires general anesthesia. Although uncommon, there are inherent risks and potential complications associated with anesthesia and recovery. These include, but are not limited to, abnormal reaction to anesthetic or contrast agents, cardiovascular, respiratory and renal dysfunction, musculoskeletal injuries and death. If there are any conditions that may predispose the patient to a greater anesthetic or recovery risk, please contact the clinician on the admitting service at the UTCVM Veterinary Medical Center to discuss these risks. **If you have performed any recent bloodwork, please fax these results to UTCVM (865-974-1786) at least 24 hours prior to the scheduled procedure.** After performing a physical examination, it may be necessary for additional laboratory tests to be performed.

[INTERNAL USE ONLY]
PATIENT STICKER HERE



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PLEASE SEND ORIGINAL FORM WITH PATIENT

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GENERAL INFORMATION: General anesthesia is required for all CT examinations. All patients must arrive the day before the scheduled procedure. *The CT scan request and the laboratory results should be received at least 24 hours prior to the appointment* to facilitate safe anesthesia planning.

SECTION I - Referring Veterinarian Information

PLEASE NOTE: It is very important that you or one of your associates is available by phone the day of the scan.

Name _____
Practice name _____
Street address _____
City _____ State _____ Zip code _____
Phone (_____) _____ Fax (_____) _____ Email _____

SECTION II - CT Scan Requested

Please refer to the list of scan regions, or call us for assistance.

Scan requested _____
Presumptive diagnosis / rule-outs _____

SECTION III - CT Report

A written report will be sent via email or fax the next working day following the scan.

Report preference: Email Fax (_____) _____

SECTION IV - Patient Information

*REQUIRED

Client name* _____ Phone* (_____) _____
Client email _____
Address* _____ City _____ State _____ Zip code _____
Animal Name _____ Species _____
Breed _____ Color _____ Age _____ Sex _____
Current Coggins _____ Vaccines (past year) _____
Relevant clinical problems _____
Current medications _____
Previous anesthesia or surgery? Yes No Comments _____
Is there any metal in this animal? Yes No Comments _____
Previous radiographs Yes No Diagnosis _____
Previous ultrasound Yes No Diagnosis _____
Previous scintigraphy Yes No Diagnosis _____
Additional Comments _____

I agree to allow the UTCVM Veterinary Medical Center to place the report in its patient records for future use.

Referring Veterinarian Name (please print) _____

Referring Veterinarian Signature _____

Date _____

[INTERNAL USE ONLY]
PATIENT STICKER HERE



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CT Scan Regions

When filling in the request form, please choose an CT scan from the list below, or contact the UTCVM Veterinary Imaging Services directly for assistance in determining which scan you need. Please include your presumptive diagnosis/rule-outs for the current problem. This will assist the imaging technologist in providing a comprehensive scan and will help the radiologist in interpreting the images.

Clinical signs & duration _____

If lame, affected limb _____

Nerve/joint blocks used and results _____

Presumptive diagnosis/differential _____

1.) HEAD & SPINE

- Head main area of interest: _____
- Atlanto-occipital junction*

2.) NECK REGION

- Larynx
- Guttural pouches
- Cervical soft tissues*
- Other* explain: _____

3.) ORTHOPEDICS (the contralateral limb is included for comparison ONLY for the phalanges/navicular and fetlocks)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Front phalanges and navicular | <input type="checkbox"/> left <input type="checkbox"/> right | <input type="checkbox"/> Rear phalanges and navicular | <input type="checkbox"/> left <input type="checkbox"/> right |
| <input type="checkbox"/> Front fetlock | <input type="checkbox"/> left <input type="checkbox"/> right | <input type="checkbox"/> Rear fetlock | <input type="checkbox"/> left <input type="checkbox"/> right |
| <input type="checkbox"/> Metacarpus | <input type="checkbox"/> left <input type="checkbox"/> right | <input type="checkbox"/> Metatarsus | <input type="checkbox"/> left <input type="checkbox"/> right |
| <input type="checkbox"/> Carpus | <input type="checkbox"/> left <input type="checkbox"/> right | <input type="checkbox"/> Tarsus | <input type="checkbox"/> left <input type="checkbox"/> right |
| | | <input type="checkbox"/> Other* explain: _____ | |

* Scans marked with an asterisk require consultation with the UTCVM Veterinary Imaging Services

Referring Veterinarian Name (please print)

Referring Veterinarian Signature

Date