Andrew Denning Imaging Referrals
New Priory Veterinary Practice
The Deneway
London Road
Brighton
BN1 8QR

Web: **www. andrewdenning.co.uk**
Email: **imaging@andrewdenning.co.uk**
Tel: **07812 985 140**

Ultrasound request form

(This form should be completed before the ultrasound scan is started)

Patient name Age Breed Sex

Summary of history/clinical signs

Area to be scanned Abdomen Thorax Other

Any particular organ of interest (eg pancreas, adrenal glands, liver, kidneys)

Sedation permitted Yes No

Anaesthesia permitted Yes No

I confirm that consent for this procedure has been obtained from the client and that the client is aware of the following

- the patient will be clipped – ventral abdomen and both flanks for abdominal scans
- obtaining fine needle aspirates involves some risk to the patient
- despite normal coagulation test results there is the possibility of significant bleeding from Tru-cut biopsies
- as with all diagnostic procedures ultrasound examination and biopsies will not always provide a diagnosis
- all communication will be through the primary clinician

Signed by Veterinary Surgeon

Name

Signature Date