

## WHAT TO EXPECT OUTPATIENT ULTRASOUND VISITS

- During an outpatient ultrasound, the Internist will perform the ultrasound and provide a written report to the referring clinic. The referring clinic will relay the result to the owner and make appropriate recommendations. The internist will have no direct communication with pet owners.
- Outpatient ultrasound appointments will be drop-off appointments for the client/patient. The patient is to be dropped off at 8:30 am. Once the procedure is complete, medical staff will contact the owner to notify ready for pick up. There will be no specified time frame in which the procedure will be performed. Most patients will be discharged in the afternoon.
- No food after midnight.
- The referring clinic will need to call and schedule the appointment with the IMED coordinator and confirm that they are requesting outpatient ultrasound without a full consult.
- Sedation may be needed to facilitate restraint, this will need to be approved by the referring clinic. If there are known contraindications to sedation, they must be listed on the referral form.
- The referring clinic must indicate if they are also requesting needle aspirates if they are indicated at the time of the ultrasound. A recent (within 2 weeks) CBC must also have been performed or must be performed on the day of the procedure to ensure adequate platelet and red blood cell levels. We can submit cytology onsite with our digital cytology analyzer. The results of cytological testing will be sent to the referring clinic which will relay the results and appropriate recommendations to the owners.
- ♥ If a full consultation with internal medicine or another service is deemed necessary, this can be scheduled through our referral coordinators.



Megen Daugherty-Winegardner DVM, MS, DACVIM (SAIM)
Board-Certified Small Animal Internal Medicine Specialist

Our internal medicine department excels in diagnosing and treating complex medical problems that involve multiple body systems. Through our advanced service and diagnostic resources, we can build on the care that your family veterinarian began. Our board-certified internal medicine specialists are highly trained in endocrinology, gastroenterology, hematology, immunology, infectious diseases, nephrology/urology and respiratory disease.

In addition to our training and technology, one of our greatest medical tools is communication—we believe in collaborating with your primary veterinarian every step of the way. We'll work together to seek a diagnosis, second opinions and/or management of acute and chronic diseases. Our internists also consult with other specialists at our hospital, including surgeons, oncologists, and emergency care veterinarians. We'll do everything possible for your pet's health, and for your peace of mind.

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12077 Hull Street Rd. Midlothian, VA 23112

VirginiaVeterinaryCenters.com

Your Appointment:
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Date:\_\_\_\_\_ Time:\_\_\_\_

## Diagnostic Imaging Outpatient Ultrasound Referral Form



Today's date					
Please complete this form and send to midlothian@virg	giniavetcenters.com or fax to: 804.744.4842				
Referral partner information					
Referring veterinarian					
Referring practice					
Phone	PLEASE NOTE: Upon completion of the ultrasound exam, a report will be generated and sent to the referring veterinarian within 24 hours via the communication				
What is your final report communication preference?  Email					
☐ Fax ☐ Phone ☐	preference noted and through the portal system.				
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Patient and client information					
Pet's name	Pet's age				
Type	Breed				
Sex Male Male neutered Female Female spayed	1				
Client's name					
Phone	Email				
Address					
Sedation					
Sedation MAY be considered for ultrasound exam based on patient temperament you review this possibility with the owner. If possible, we strongly encourage you preparation for the ultrasound appointment.	·				
Are there any contraindications to patient receiving sedation?					
Yes – please provide explanation for medical records:					
Additional charges may apply if additional sedation protocols are required.					
Study information					
Any diagnostics performed (i.e bloodwork, radiology, reports) we kind	ly ask that you attach or send in with this form for our records.				
Study type Abdomen Reason for referral / primary complaint / comorbidi	ities				
Clinical exam / pertinent abnormal labwork findings / working diagnosis					
Specific question to be addressed					
Cystocentesis Yes No FNA approved Yes No If yes, were coags performed? Yes, normal Yes, prolonged No					
Radiographs submitted (not to be read out)					