



Dr. Geri Reimer
Central Valley Veterinary Hospital
 #124 1940 Kane Road
 Kelowna, BC V1V 2J9
 ph: 250-762-7181
 www.centralvalleyvet.com email: centralvalleyvet@shaw.ca

Ultrasound Referral Form

Client Full Name		Patient Name	
Address		Species	
City		Breed	
Postal Code		Sex	
Phone Number		Date of birth	
Email		Color	

Pertinent Case Information:

Differential Diagnosis:

Ultrasound Request:

Abdominal Cardiac

Specialist preference: Internal Medicine Radiology/ultrasound

Murmur present: Yes No **Position:** Left Right **Timing:** Systolic Diastolic

Grade: **Average Blood Pressure:**

Coughing? Yes No **If yes, duration of cough?:**

Fine Needle Aspirate Biopsy **(all FNA/Biopsies need a PT/PTT performed by referring DVM prior to appointment)**

We recommend oral sedation for all ultrasounds prior to the ultrasound appointment. This improves our image quality, and decreases likelihood of having to do IM/IV Sedation during the procedure. Sedation recommendations: Trazodone and Gabapentin

-Trazodone 5-7mg/kg, or 7-10mg/kg for highly anxious patients.

-Gabapentin 15-20mg/kg.

Please direct owners to give this combination the night before the procedure and then 2 hours prior to their appointment. PATIENT MUST STILL BE FASTED FOR 12 HOURS (no food or water).

Referring Veterinarian:

Clinic Name	
Referring veterinarian	
Clinic phone #	
Clinic email	

Please fill out and email or fax back to us along with any recent BLOOD WORK and RADIOGRAPHS

Please note that only the information of the referral form will be submitted along with any lab results and/or radiographs. We will not search through medical records to find information so please be as thorough as possible when filling out the referral form

Thank you for your referral.

Dr. Geri Reimer, DVM