



Danelda Johnston RDMS RDCS
Veterinary Ultrasound Specialist
“quality diagnostic support - enhanced animal care”

FOR EXAMINATIONS PERFORMED AT QUALICUM BEACH ANIMAL HOSPITAL

Referring Clinic: _____ Referring Veterinarian: _____

Email to be used for report: _____ and/or _____

PATIENT/CLIENT Details:

Pet Name: _____

Owner's Name: _____

Species: _____ Breed: _____

Owner's Phone Number: _____

Age: _____ Weight: _____ lbs/kgs Sex: F S M N Temperament: _____

Owner's Email: _____

Please provide clients with take-home anxiolytic medication for their pet. Trazodone and/or Gabapentin are recommended as indicated below:

Cats: Gabapentin – 100mg per cat. One dose the evening before ultrasound appointment and one dose 2 hours prior to check-in time.

Dogs: Trazodone – minimum dose of 7mg/kg. Gabapentin – minimum dose of 10mg/kg. One dose of each the evening before and one dose of each 2 hours prior to check-in time.

Any history of adverse drug reactions? If so which drug and what was the reaction?

Ultrasound Examination Requested:

- ☐ Abdomen
- ☐ Non-Cardiac Thoracic
- ☐ Cardiac (Echocardiogram) - the following diagnostics are recommended to be submitted with the ultrasound as a full cardiac work-up and can be performed at QBAH, at an additional fee if requested by referring veterinarian.
 - Blood Pressure
 - ECG
 - X-Rays
- ☐ Other _____

Are there X-RAYS taken at your clinic to be submitted with this ultrasound? Y/N

TO BE FILLED IN BY A VETERINARIAN:
REASON FOR EXAMINATION (please be specific): _____

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HISTORY: _____

PERTINENT LAB RESULTS, X-RAY FINDINGS: _____

CURRENT MEDICATIONS (steroids?): _____

TO INITIATE AN APPOINTMENT send completed referral to:
referrals@qbanimalhospital.com or FAX to 250-752-7220