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Veterinarian Outpatient MRI/CT Request

Client Name:	Referring Veterinarian:
Pet Name:	Referring Hospital:
Client Phone Number:	Phone Number:
Client Address:	Fax:
	Email:
	Preferred method (Fax/Email) to send report:

Canine Feline Other _____ Breed: _____ Age: _____ Weight: _____
 Sex: M MN F FS

PATIENT HISTORY (attach additional records as needed):	
PHYSICAL EXAMINATION:	
REASON FOR IMAGING:	
CURRENT MEDICATIONS:	
LAST RABIES VACCINATION:	ALLERGIES/DRUG REACTIONS (particularly iodine, gadolinium, anesthetic drugs):

MRI EXAMINATION

Contrast will be used at supervising veterinarian's discretion and for ALL brain and joint imaging

- | NEUROLOGIC | ORTHOPEDIC | HEAD/NECK | SOFT TISSUES |
|---|--|---|--------------------------------------|
| <input type="checkbox"/> Brain | <input type="checkbox"/> Stifle (R or L) | <input type="checkbox"/> Nasal cavity | <input type="checkbox"/> Abdomen |
| <input type="checkbox"/> C1-T2 | <input type="checkbox"/> Hip (R or L) | <input type="checkbox"/> Orbits | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> T3-Sacrum | <input type="checkbox"/> Shoulder (R or L) | <input type="checkbox"/> TMJ | |
| <input type="checkbox"/> Brachial plexus (R or L) | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Soft tissue neck | |
| <input type="checkbox"/> Other _____ | | <input type="checkbox"/> Other _____ | |

FOR MRI, LIST ANY METALLIC IMPLANTS (ie. pacemaker, shunts/stents, orthopedic implants, gunshot, microchip):

COMPUTED TOMOGRAPHY EXAMINATION

Contrast will be used unless requested otherwise or deemed contraindicated by supervising veterinarian

- | | |
|---|--|
| <input type="checkbox"/> General abdomen | <input type="checkbox"/> Pelvis |
| <input type="checkbox"/> General thorax | <input type="checkbox"/> Cervical soft tissues |
| <input type="checkbox"/> Head | <input type="checkbox"/> Spine: C1-T2 |
| <input type="checkbox"/> Tympanic bullae | <input type="checkbox"/> Spine: T3-Sacrum |
| <input type="checkbox"/> Joint: specify _____ | <input type="checkbox"/> Other _____ |

Intravenous administration of iodinated contrast agents carries a low risk of nephrotoxicity. The recommendation may be made to hospitalize patients of advanced age and/or those with renal dysfunction overnight at the Veterinary Emergency Center of Manchester (located within our facility) for diuresis following administration of iodinated contrast.