



# LARGE ANIMAL OUTPATIENT MRI REQUEST FORM INSTRUCTIONS

VMR274-UTCVM\_VIS-MRI\_Request\_LA | UPDATED 08/24/23

## *Follow these steps to complete the outpatient MRI Request Form*

*All forms should be completed and returned to UTCVM at least 24 hours prior to appointment.*

### **SECTION I - Referring Veterinarian Information**

Always include **YOUR NAME**, the **PRACTICE NAME**, and **PHONE NUMBER**. In the event we have questions about the condition of the patient or need to discuss the scan request, it is very important that we are able to contact you, or an associate familiar with the case, during the procedure. **A primary contact name MUST be included.**

### **SECTION II - MRI Scan Requested**

Please choose an MRI scan from the list attached, or contact the UTCVM Veterinary Imaging Services directly for assistance in determining which scan you need. Please include your presumptive diagnosis/rule-outs for the current problem. This will assist the imaging technologist in providing a comprehensive scan and will help the radiologist interpret the images.

### **SECTION III - MRI Report**

A written report will be sent via email or fax the next working day following the scan. Please indicate your preference for how you would like to receive the report and provide the appropriate email address or fax number. The images will be sent with the owner on a CD.

### **SECTION IV - Patient Information** *This information MUST be sent to UTCVM prior to appointment.*

Please provide the name and contact information for the animal's owner. This will enable us to create a patient file prior to the time of the appointment. Provide as much information as you can about the patient in this section, including the findings of additional testing, i.e. radiographs, ultrasound, scintigraphy etc. Please do not send radiographs with the client.

### ***ANESTHETIC RISK:***

Performing an MRI scan in large animals requires general anesthesia. Although uncommon, there are inherent risks and potential complications associated with anesthesia and recovery. These include, but are not limited to, abnormal reaction to anesthetic or contrast agents, cardiovascular, respiratory and renal dysfunction, musculoskeletal injuries and death. If there are any conditions that may predispose the patient to a greater anesthetic or recovery risk, please contact the clinician on the admitting service at the UTCVM Veterinary Medical Center to discuss these risks. **If you have performed any recent bloodwork, please fax these results to UTCVM (865-974-1786) at least 24 hours prior to the scheduled procedure.** After performing a physical examination, it may be necessary for additional laboratory tests to be performed.

[INTERNAL USE ONLY]  
PATIENT STICKER HERE



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**PLEASE SEND ORIGINAL FORM WITH PATIENT**

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**GENERAL INFORMATION:** General anesthesia is required for all MRI examinations. All patients must arrive the day before the scheduled procedure. *The MRI scan request and the laboratory results should be received at least 24 hours prior to the appointment* to facilitate safe anesthesia planning.

### SECTION I - Referring Veterinarian Information

**PLEASE NOTE:** It is very important that you or one of your associates is available by phone the day of the scan.

Name \_\_\_\_\_  
Practice name \_\_\_\_\_  
Street address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_ Email \_\_\_\_\_

### SECTION II - MRI Scan Requested

Please refer to the list of scan regions, or call us for assistance.

Scan requested \_\_\_\_\_  
Presumptive diagnosis / rule-outs \_\_\_\_\_

### SECTION III - MRI Report

A written report will be sent via email or fax the next working day following the scan.

**Report preference:**  Email  Fax ( \_\_\_\_\_ ) \_\_\_\_\_

### SECTION IV - Patient Information

\*REQUIRED

Client name\* \_\_\_\_\_ Phone\* ( \_\_\_\_\_ ) \_\_\_\_\_  
Client email \_\_\_\_\_  
Address\* \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
Animal Name \_\_\_\_\_ Species \_\_\_\_\_  
Breed \_\_\_\_\_ Color \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
Current Coggins \_\_\_\_\_ Vaccines (past year) \_\_\_\_\_  
Relevant clinical problems \_\_\_\_\_  
Current medications \_\_\_\_\_  
Previous anesthesia or surgery?  Yes  No Notes \_\_\_\_\_  
Is there any metal in this animal?  Yes  No Notes \_\_\_\_\_  
Previous radiographs  Yes  No Diagnosis \_\_\_\_\_  
Previous ultrasound  Yes  No Diagnosis \_\_\_\_\_  
Previous scintigraphy  Yes  No Diagnosis \_\_\_\_\_  
Additional Comments \_\_\_\_\_

*I agree to allow the UTCVM Veterinary Medical Center to place the report in its patient records for future use.*

Referring Veterinarian Name (please print) \_\_\_\_\_

Referring Veterinarian Signature \_\_\_\_\_

Date \_\_\_\_\_

[INTERNAL USE ONLY]  
PATIENT STICKER HERE



# LARGE ANIMAL OUTPATIENT MRI REQUEST FORM

**PLEASE SEND ORIGINAL FORM WITH PATIENT**

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## MRI Scan Regions

When filling in the request form, please choose an MRI scan from the list below, or contact the UTCVM Veterinary Imaging Services directly for assistance in determining which scan you need. Please include your presumptive diagnosis/rule-outs for the current problem. This will assist the imaging technologist in providing a comprehensive scan and will help the radiologist in interpreting the images.

Clinical signs & duration \_\_\_\_\_

If lame, affected limb \_\_\_\_\_

Nerve/joint blocks used and results \_\_\_\_\_

Presumptive diagnosis/differential \_\_\_\_\_

### 1.) HEAD & SPINE

- Brain
- Atlanto-occipital junction\*
- Head main area of interest: \_\_\_\_\_

### 2.) NECK REGION

- Cervical soft tissues\*

### 3.) ORTHOPEDICS (the contralateral limb is included for comparison for all the following studies)

- |  |   |
|--|---|
| <input type="checkbox"/> Front phalanges <input type="checkbox"/> left <input type="checkbox"/> right  | <input type="checkbox"/> Rear phalanges <input type="checkbox"/> left <input type="checkbox"/> right  |
| <input type="checkbox"/> Front navicular <input type="checkbox"/> left <input type="checkbox"/> right  | <input type="checkbox"/> Rear navicular <input type="checkbox"/> left <input type="checkbox"/> right  |
| <input type="checkbox"/> Front fetlock <input type="checkbox"/> left <input type="checkbox"/> right  | <input type="checkbox"/> Rear fetlock <input type="checkbox"/> left <input type="checkbox"/> right  |
| <input type="checkbox"/> Front suspensory <input type="checkbox"/> left <input type="checkbox"/> right (specify exact location)<br>_____     | <input type="checkbox"/> Rear suspensory <input type="checkbox"/> left <input type="checkbox"/> right (specify exact location)<br>_____     |
| <input type="checkbox"/> Front flexor tendons <input type="checkbox"/> left <input type="checkbox"/> right (specify exact location)<br>_____ | <input type="checkbox"/> Rear flexor tendons <input type="checkbox"/> left <input type="checkbox"/> right (specify exact location)<br>_____ |
| <input type="checkbox"/> Carpus <input type="checkbox"/> left <input type="checkbox"/> right   | <input type="checkbox"/> Tarsus <input type="checkbox"/> left <input type="checkbox"/> right  |
|  | <input type="checkbox"/> Other* explain: _____  |

\* Scans marked with an asterisk require consultation with the UTCVM Veterinary Imaging Services

\_\_\_\_\_  
Referring Veterinarian Name (please print)

\_\_\_\_\_  
Referring Veterinarian Signature

\_\_\_\_\_  
Date