



# SMALL ANIMAL MRI REQUEST FORM INSTRUCTIONS

UTCVM\_VIS-MRI\_Request\_SA\_FAX | UPDATED 12/13/17

## Follow these steps to complete the 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 pet owner. This will enable us to create a patient file prior to the time of the appointment. Although all patients receive a physical examination when they arrive at UTCVM, it is important for us to know what to expect before they arrive. Provide as much information as you can about the patient in this section, including the findings of additional testing, i.e. ECG, radiographs, echocardiography, contrast studies, bronchoscopy, ultrasound, etc. Please do not send radiographs with the client. Please note that blood-work should be no more than 2 weeks old and/or at the discretion of the anesthesia personnel. ***If the patient is an ASA 4 or 5, the animal will require a referral to UTCVM Veterinary Medical Center, for specialized anesthesia care, recovery and access to ICU. Please note that we are unable to accept referrals for animals not currently vaccinated and aggressive animals.***

### **ANESTHETIC RISK (ASA STATUS):**

Performing a MRI scan in animals requires general anesthesia or heavy sedation. Although rare, there are inherent risks and potential complications associated with anesthesia/sedation and the MRI procedure. These include, but are not limited to, abnormal reaction to anesthetic or contrast agents, organ failure (heart, liver, kidneys), airway obstruction, regurgitation, aspiration of vomitus, gastric dilatation-volvulus (GDV), nerve damage, hypothermia, equipment malfunction, skin burns, and death.

Please assign an American Society of Anesthesiologists (ASA) Status to the patient using the instructions on the following page. This classification will determine what pre-anesthetic laboratory tests will be required prior to the scan appointment and assist us in formulating an appropriate anesthesia protocol for each individual patient. If the patient is an ASA 4 or 5, a referral to UTCVM Veterinary Medical Center is required. ***Please note that blood-work should be no more than 2 weeks old and/or at the discretion of the anesthesia personnel.***

ASA	DESCRIPTION	EXAMPLES
<b>1 Excellent</b>	<ul style="list-style-type: none"> <li>• Apparently healthy</li> <li>• No obvious signs of disease</li> </ul>	<ul style="list-style-type: none"> <li>• Hip dysplasia</li> <li>• OCD lesions</li> </ul>
<b>2 Good</b>	<ul style="list-style-type: none"> <li>• Mild systemic compensated disease</li> <li>• Neonatal or geriatric animals (&lt;8 weeks or &gt; 10 years)</li> </ul>	<ul style="list-style-type: none"> <li>• Vestibular disease</li> <li>• Epistaxis</li> <li>• Controlled seizures without other neurologic signs</li> <li>• Uncomplicated intervertebral disc disease</li> </ul>
<b>3 Fair</b>	<ul style="list-style-type: none"> <li>• Moderate systemic disease</li> </ul>	<ul style="list-style-type: none"> <li>• Low to moderate fever</li> <li>• Mild to moderate anemia</li> <li>• Chronic heart disease / newly found</li> <li>• Diaphragmatic hernia</li> <li>• Moderate dehydration and hypovolemia</li> <li>• Controlled seizures with other neurological signs</li> <li>• Increased respiratory disease with/without aspiration pneumonia risk</li> <li>• Anorexia</li> <li>• Cachexia</li> <li>• Pneumothorax</li> </ul>
<b>4 Poor*</b>	<ul style="list-style-type: none"> <li>• Severe systemic disease that is a constant threat to life</li> </ul>	<ul style="list-style-type: none"> <li>• Shock</li> <li>• Uremia</li> <li>• Severe anemia</li> <li>• Uncontrolled diabetes mellitus</li> <li>• DIC</li> <li>• High fever</li> <li>• Sepsis</li> <li>• Emaciation</li> <li>• Severe pulmonary disease</li> <li>• Severe dehydration and hypovolemia</li> <li>• Decompensated cardiac or renal disease</li> </ul>
<b>5 Guarded*</b>	<ul style="list-style-type: none"> <li>• Moribund patient</li> <li>• Not expected to survive 24 hours</li> </ul>	<ul style="list-style-type: none"> <li>• Multisystem failure</li> <li>• Severe head injury</li> <li>• Profound shock</li> <li>• Major trauma</li> </ul>

\*ASA 4 or 5 will require a referral to UTCVM Veterinary Medical Center

## Minimum Required Diagnostic Screening According to ASA and Age

ASA	< 4 months old	4 months – 5 years old	> 5 years old
<b>1, 2</b>	PCV, TP, glucose	PCV, TP, BUN	CBC, UA, complete profile
<b>3</b>	CBC, complete profile, chest radiographs	CBC, UA, complete profile, chest radiographs	CBC, UA, complete profile, chest radiographs
<b>4, 5</b>	Referral required	Referral required	Referral required

**UTCVM recommends a cardiac workup with ECHO for any unevaluated heart murmurs and/or cardiac arrhythmias.**

**PCV** = packed cell volume; **TP** = total protein; **BUN** = blood urea nitrogen; **CBC** = complete blood cell count (to include a white blood cell count and differential; a red blood cell count and indices; a platelet count; and hematocrit, hemoglobin and plasma protein measurements); **UA** = urinalysis (to include color, transparency, specific gravity, protein, glucose, ketones, bilirubin, occult blood, urobilinogen, pH, nitrate, and sediment analysis); **anesthesia profile** (to include glucose, BUN, creatinine, AST, ALT and ALP); **complete profile** (to include glucose, BUN, creatinine, AST, ALT, ALP, albumin, potassium, sodium, chloride, calcium, phosphorus, total CO<sub>2</sub>, anion gap, total bilirubin and CPK)

\*\*Adapted from the American Society of Anesthesiologists Physical Status Classification

[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 sheets 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 \_\_\_\_\_ Specialty \_\_\_\_\_  
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**

Refer to the instruction sheet to determine pre-anesthesia required laboratory tests based on ASA status, or call us for assistance. Please note that laboratory values should generally be no more than 2 weeks old.

**ASA Status (check one):**  1  2  3  4  5 ASA 4 or 5 will require referral to UTCVM Veterinary Medical Center.

Client name\* \_\_\_\_\_ Client email \_\_\_\_\_  
Address\* \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
Phone 1\* ( \_\_\_\_\_ ) \_\_\_\_\_ Phone 2 ( \_\_\_\_\_ ) \_\_\_\_\_  
Pet Name \_\_\_\_\_ Species \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_  
Weight (kg) \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Microchipped?  Yes  No  
Relevant clinical problems \_\_\_\_\_  
Current medications \_\_\_\_\_  
Previous anesthesia or surgery?  Yes  No Comments \_\_\_\_\_  
Is there any metal in this animal?  Yes  No Comments \_\_\_\_\_  
Is the patient ambulatory?  Yes  No Comments \_\_\_\_\_  
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



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## MRI Scan Regions

When filling in the request form, please choose a MRI scan from the list attached, or contact the UTCVM Veterinary Imaging Services directly for assistance in determining which scan you need. Please note that consultation is mandatory for all brain and spinal scans. 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.

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

### 1. HEAD REGION

- Brain
  - Mandible
  - Nose (including sinuses)
  - Skull
  - Pituitary gland (dynamic study)
  - Orbit
  - Temporomandibular joints
  - Tympanic bullae
  - Other\* (explain)
- \_\_\_\_\_

### 2. SPINE

- Cervical spine
  - Thoracolumbar spine
  - Lumbosacral spine
  - Other\* (explain)
- \_\_\_\_\_

### 3. NECK REGION

- Brachial plexus
  - Intrascapular region
  - Neck (soft tissues)
  - Other\* (explain)
- \_\_\_\_\_

### 4. THORAX

- Chest wall
  - Mediastinum
  - Other (explain)
- \_\_\_\_\_

### 5. ABDOMEN & PELVIC REGION

- General abdomen
  - Abdominal wall
  - Pelvis
  - Other\* (explain)
- \_\_\_\_\_

### 6. ORTHOPEDICS

- Scapula/Shoulder  left  right
  - Elbow  left  right
  - Carpus  left  right
  - Hip  left  right
  - Stifle  left  right
  - Tarsus  left  right
  - Long Bone (specify)
- \_\_\_\_\_
- Other\* (explain)
- \_\_\_\_\_

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

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

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

\_\_\_\_\_  
Date