

Out-patient CT Scan request form

Section 1 - Referring Vet Information

Name _____

Practice Name _____

Practice Address _____

Telephone number(s) _____

Email _____

Section 2 - Patient Information

Client surname _____ Pet name _____

Contact telephone number(s) _____

PLEASE ATTACH RELEVANT CLINICAL HISTORY TO THIS FORM

Presumptive diagnosis /questions to be answered (**RVS must fill in**)

Previous anaesthesia, surgery or investigations? _____

Is there any metal in this animal? _____

Current medications _____

Any other relevant information _____

Section 3 - Anaesthetic risk classification (ARC) of the patient.

Refer to the information below to determine the ARC for your patient.

Patient ARC (Please circle) **1** **2** **3** **4** **5**

Anaesthetic Risk Classification (ARC)

Class 1 Minimal risk Normal healthy animal, no underlying disease.

Class 2 Slight risk, minor disease present. Animal with slight to mild systemic disturbance, animal able to compensate. Neonate or geriatric animals, obese.

Class 3 Moderate risk, obvious disease present. Animal with moderate systemic disease or disturbances, mild to moderate anaemia, moderate dehydration, low to moderate fever, low-grade heart murmur or cardiac disease. Controlled seizures with other neurological signs, anorexia, cachexia.

Class 4 High risk, significantly compromised by disease. Animals with pre-existing systemic disease or disturbances of a severe nature. Severe dehydration, shock, uraemia, or toxemia, high fever, uncompensated heart disease, uncompensated diabetes, pulmonary disease, emaciation, severe pulmonary disease, severe dehydration and hypovolaemia, diaphragmatic hernia, pneumothorax.

Class 5 Extreme risk, moribund Surgery often performed in desperation on animal with life threatening systemic disease. Advanced cases of heart, kidney, liver or endocrine disease, profound shock, major trauma, pulmonary embolus, terminal malignancy.

This information has been adapted from the American society of anaesthesiologists physical status scale.

PLEASE NOTE WE CANNOT ACCEPT OUT-PATIENT CT REFERRALS FOR PATIENTS WITH AN ARC OF 4 OR 5, WE RECOMMEND THAT THESE CASES ARE REFERRED TO A MULTI-DISCIPLINARY CENTRE.

Section 4 - CT scan requirements

When filling in this section, please choose a CT scan(s) from the list below, it is your responsibility to ensure that you are very clear about which areas of the body you would like to be scanned.

All regions apart from orthopaedics may require a contrast study, see section 5 for diagnostic tests that may be required prior to the CT scan. Neurological conditions may get extra benefit from MRI rather than CT, please call us first to discuss the case.

Head Region (please circle)

Skull	Orbits
Mandible	Temporomandibular joints
Maxilla	Tympanic bullae
Nose (including sinuses)	
Other _____	

Neuro (please circle)

Brain
C1 to T2
T3 to tail base
Brachial Plexus
Lumbar Plexus
Other _____

***CALL
TO
DISCUSS***

Neck region (please circle)

Cervical soft tissues

Other _____

Thorax (Whole thorax will be scanned)

Please state area/organ of particular interest: _____

Abdomen and pelvic region (Whole abdomen /pelvic region will be scanned)

Please state area/organ of particular interest: _____

Orthopaedics (please circle)

We routinely image both left & right joints as standard

Shoulder joint	Alignment (specify exactly which measurements are required) _____
Shoulder joint plus full scapula	_____
Elbow Joint	_____
Carpus/foot	_____
Stifle joint	Long bone (specify) _____
Hip joint	_____
Tarsus/foot	_____
Other _____	

If you have a query about soft tissue involvement then a contrast will be needed

Normal timings for receiving the CT report from 'Vet CT specialists' is 24—72 hours Monday to Friday.

If you require an urgent report (within 24 hours) we can request this for an extra fee of £42

A very urgent report can be received within 4 hours but there is an extra fee of £108.

PLEASE TICK YOUR REQUIRED TIME FRAME FOR RECEIVING THE REPORT -

24—72 hours

24 hours

4 hours

Section 5 - Blood tests required prior to CT scan

MINIMUM required diagnostic screening according to Age, ARC & type of scan

Type of Scan (see below)	AGE OF PATIENT (choose patient age below)	
	< 7 YEARS OLD	> 7 YEARS OLD
Orthopaedic	ARC 1 & 2 - None ARC 3 - Pre-GA Biochemistry & PCV	ARC 1,2 & 3 Pre-GA Biochemistry & PCV
Head region	<p>ARC 1, 2 & 3</p> <p>Pre-GA Biochemistry & PCV</p> <p>(because a contrast study may be required)</p>	
Neuro		
Neck region		
Thorax		
Abdomen & pelvic region		
Ortho soft		

Please circle above the tests that your patient requires and ensure that these diagnostic tests are carried out by yourselves prior to referral (within two weeks of the proposed CT scan date ideally) and please arrange for the results to be forwarded to us when available.

PLEASE SUBMIT THE CT REQUEST FORM & HISTORY VIA FAX 01626 867893 or SCAN & EMAIL surgery@ridgereferalls.co.uk