



COMPANIONIMAGING

Mobile Veterinary Ultrasound

Client Name: _____ Pet Name: _____
Phone: _____ Species/Breed: _____
Address: _____ Age: _____
Referring Hospital: _____ Color/Markings: _____
Previously imaged by Companion Imaging? ☐ Y ☐ N Sex: ☐ Male ☐ Female ☐ Intact ☐ Altered

Ultrasound History and Consent

Travel History: Please check if your pet has ever been to the following regions outside the Northeastern US:

- ☐ Southeastern US ☐ Gulf Coast US ☐ Southwestern US
☐ Midwest/OH River Valley ☐ Caribbean/South America
☐ Other, please specify _____

Medications: Please list all medications, supplements and preventatives your pet is currently taking. Include dose and frequency, if known.

Diet: Please list the brand and, if known, formula of the diet currently being fed. If your pet has changed diets within the last 6 months, please also provide the prior diet information.

Has your pet been fasted for today's procedure?

- ☐ Yes; how long? _____
☐ No; last ate at _____

Purpose of the Procedure

Ultrasound is a non-invasive imaging procedure used to visualize internal organs (e.g. liver, kidneys, spleen, bladder, gastrointestinal tract, reproductive organs and/or cervical structures) for diagnostic or monitoring purposes.

Consents

By signing below, I, the undersigned pet owner or authorized agent, acknowledge and agree to the following:

_____ **Benefits and Limitations:** I understand that while ultrasound provides detailed information about internal organs, it may not result in a definitive diagnosis without further diagnostic testing. There

are disease processes that do not alter the way ultrasound waves interact with a tissue, thus appearing normal. Ultrasonographic changes do not always directly correlate with organ (dys)function.

_____ Shaving: I am aware that my pet will be shaved to allow for diagnostic ultrasound. Ultrasound does not penetrate air, thus the hair must be removed to eliminate artifacts.

_____ Risks: I acknowledge that this is a low-risk and non-invasive procedure. If sedation is used, I have been informed of the possible side effects and risks associated with sedation.

_____ Sedation: Motion limits ultrasound's ability to obtain diagnostic images, and though ultrasound is non-invasive, we don't want pets to be stressed and Companion Imaging will not forcibly restrain them for services. Sedation may be in your pets best interest if restless/nervous or required if fractious.

I understand that if sedation is required to facilitate imaging, that decision and medication administration will be provided by my primary veterinarian. They know your pet's case to determine sedation eligibility and drug choice, as well as are responsible for gaining your consent and providing estimates for service. Motion artifact limits ultrasound's ability to obtain diagnostic images, and though ultrasound is non-invasive, we don't want pets to be stressed and Companion Imaging will not forcibly restrain them for services. Sedation may be in your pets best interest if restless/nervous or required if fractious.

☐ I **DO** consent to sedation if deemed necessary by the primary care veterinarian.

OR

☐ I do **NOT** consent to sedation, even if this means imaging must be aborted.

_____ Specialist/Telemedicine Options: I acknowledge that today's ultrasound is being provided by Kimberly Allsopp, DVM. Dr. Allsopp has extensive training under board-certified radiologist and her practice is limited to ultrasound/echocardiography, but she is not a board-certified radiologist or internist. I am aware that options for referral to outside specialists exist and sometimes may be recommended based on the nature of today's findings. Telemedicine review of today's study by a board-certified radiologist can also be submitted for an additional fee that will be outlined, if recommended.

_____ Report Timeline: Reports are finalized and made available to your primary veterinarian, but there are many factors that can affect when your veterinarian reaches out with the results, including the time it takes for your veterinarian to formulate a comprehensive treatment plan.

Authorization to Proceed:

I authorize Companion Imaging, PLLC to perform the ultrasonographic examination and any other necessary diagnostics or treatments discussed with me.

Owner/Agent Signature: _____ Date: _____

Printed Name: _____