COMPANION IMAGING

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

Echocardiogram 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 ever been on a grain-free, home-cooked or raw diet?

☐ Yes ☐ No

Has your pet been fasted for today's procedure?

☐ Yes; how long? _____

☐ No; last ate at _____

Purpose of the Procedure

Echocardiography (also known as cardiac ultrasound or simply "echo") is a non-invasive diagnostic procedure used to evaluate the structure and function of the heart. This includes assessing the heart chambers, valves, blood flow, and overall cardiac performance. Echocardiography is often used to diagnose the cause of heart murmurs, heart disease, or abnormal rhythms.

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 echocardiography provides detailed information about heart function, it may not result in a definitive diagnosis without further diagnostic testing or consultation with a veterinary cardiologist.

_____ 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.

_____ 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. Echocardiogram shaving is limited to patches in the armpit, but sometimes a region of the cranial abdomen is also required.

_____ 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.

☐ 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 echocardiogram is being provided by Kimberly Allsopp, DVM. Dr. Allsopp has been trained under cardiologists and has a Certificate of Proficiency in Small Animal Echocardiography, but she is not a board-certified cardiologist. 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 cardiologist 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 reached 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, P.L.L.C. to perform the echocardiographic examination and any other necessary diagnostics or treatments discussed with me.

Owner/Agent Signature: _____Date: _____

Printed Name: _____