

Patient History Report

Patient Name: _____ **Owner Name:** _____

Date: _____ **Vet Clinic:** _____ **Referring Vet:** _____

Weight: _____ **Species and Breed:** _____ **Sex:** _____ **Age:** _____

Today's Pulse(*echo only***):** _____ **Today's Blood Pressure(***echo only***):** _____ **Resp. Rate(***echo only***):** _____

For ABD US please select one of the following: **RADIOLOGIST** **INTERNIST**

*** When requesting internal medicine please email (jbowden@imaging4pets.com) or fax (440 533 1003) all current lab data before the appointment. Thank you.

Reason for exam: _____

History and concurrent illnesses: _____

Lab data: Blood/Urinary/Cytology(Highs and Lows): _____

Current medications and dose: _____

Differentials: _____

Prior imaging impressions: (Echocardiograms/Ultrasound/Radiographs): _____

Other comments: _____

For ABD US we will scan the entire abdomen with particular attention to your indicated areas. Thank you.

Liver **Gallbladder** **Spleen** **Pancreas** **Stomach** **Small Intestine**

Colon **Duodenum** **L. Kidney** **R. Kidney** **Urinary Bladder**

Prostate **L. Adrenal** **R. Adrenal** **U/G** **Peritoneum**

Vascular **Lymph Nodes** **Thorax** **HEART** **Other:** _____