

## Instructions For Completing The CT Request Form

### Section I – Referring Veterinarian Information

Always include **YOUR NAME**, the **HOSPITAL NAME**, and a contact **TELEPHONE 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 be able to contact you, or an associate familiar with the case, during the procedure.

### Section II – CT Scan Requested

Please choose a CT scan from the list attached, or contact the UT 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 CT technologist in providing a comprehensive scan and will help the radiologist in interpreting the images.

### Section III - CT Report

A written report will be sent via e-mail 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 unless film is specifically requested.

### Section IV - Patient Information

**Pet owner name and contact information:** 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 the center, it is important for us to know what to expect before they arrive. Please provide as much information as you can about the patient in this section. Please include the findings of additional testing, i.e. ECG, radiographs, echocardiography, contrast studies, bronchoscopy, ultrasound, etc. Please do not send radiographs with the client. **If the patient is an ARC 4-5, the animal will require a referral to UT-CVM 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 assessment (ARC STATUS):

Performing a CT scan in animals requires general anesthesia or heavy sedation. Although rare, there are inherent risks and potential complications associated with anesthesia / sedation and the CT 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 Anesthetic Risk Classification (ARC) to the patient using the instructions below. 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 ARC 4-5, a referral to UTCVM Veterinary Medical Center is required. **Please note that blood-work should be no more than 2 weeks old.**

## Anesthetic Risk Classification (ARC)\*\*

ARC	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</li> <li>• Diaphragmatic hernia</li> <li>• Moderate dehydration and hypovolemia</li> <li>• Controlled seizures with other neurological signs</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>

\*ARC 4-5 will require referral to UT CVM Veterinary Medical Center

## Minimum Required Diagnostic Screening According to Arc and Age

ARC	< 4 months old	4 months – 5 years old	> 5 years old
<b>1, 2</b>	PCV, TP, glucose	PCV, TP, BUN	PCV, TP, BUN, creatinine, USG
<b>3</b>	CBC, anesthesia profile	CBC, UA, anesthesia profile	CBC, UA, complete profile
<b>4, 5</b>	CBC, UA, complete profile	CBC, UA, complete profile	CBC, UA, complete profile

**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



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CT Scan Request Form (please send original form with patient)

General information: General anesthesia or heavy sedation is required for all CT examinations. The UT anesthetist will determine whether sedation or anesthesia will be used, depending on the scan requested and patient's temperament and clinical status. All patients must be fasted over night. We are unable to accept referrals for animals not currently vaccinated and for aggressive animals. The scan request and the laboratory results should be received at least 24 hours prior to the appointment to facilitate safe sedation/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 \_\_\_\_\_
Hospital Name \_\_\_\_\_
Street Address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
Telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ e-mail address \_\_\_\_\_

Section II - CT Scan Requested Please refer to the list of scan regions, or call us for assistance.

Scan requested: \_\_\_\_\_
Presumptive diagnosis / Rule-outs: \_\_\_\_\_

Section III - CT Report A written report will be sent via e-mail or fax the next working day following the scan.

Please indicate your preference: [ ] E-mail [ ] Fax ( ) \_\_\_\_\_

Section IV - Patient Information

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

Anesthetic Risk Classification (ARC): Please circle: 1 2 3 4 5 ARC 4-5 will require referral to UT CVM Veterinary Medical Center

Client name \_\_\_\_\_ Contact number ( ) \_\_\_\_\_ \*REQUIRED
First name \_\_\_\_\_ Last name \_\_\_\_\_
Pet name \_\_\_\_\_ Species \_\_\_\_\_ Breed \_\_\_\_\_
Weight (kg) \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_
Relevant clinical problems: \_\_\_\_\_
Current medications: \_\_\_\_\_
Previous anesthesia or surgery? [ ] Yes [ ] No Please comment: \_\_\_\_\_
Is there any metal in this animal? [ ] Yes [ ] No Please comment: \_\_\_\_\_
Is the patient ambulatory? [ ] Yes [ ] No Please comment: \_\_\_\_\_
Additional Comments: \_\_\_\_\_

I agree to allow the UT Veterinary Medical Center to place the report in its patient records for future use.

Referring Veterinarian (Signature) Referring Veterinarian (Name, please print) Date

**CT Scan Regions (please send original form with patient)**

When filling in the request form, please choose a CT scan from the list attached, or contact the UT Veterinary Imaging Services directly for assistance in determining which scan you need. **Please note that consultation with the UT Veterinary Imaging Services 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/Differentials: \_\_\_\_\_

**1. Head Region**

- Brain\*
- Mandible
- Maxilla
- Nose (including sinuses)
- Skull
- Orbits
- Temporomandibular joints
- Tympanic bullae
- Other\* (explain)

**2. Spine**

- Spine – down Dachshund\*
- Spine other\* (explain)
- Lumbosacral spine\*
- Other\* (explain)

**3. Neck Region**

- Cervical soft tissues
- Other\* (explain)

**4. Thorax**

- Lungs – metastasis check
- Lungs – pulmonary mass
- Chest wall
- Mediastinum
- Pulmonary CT angiography (PTE)
- Other\* (explain)

**5. Abdomen and Pelvic Region**

- Dual phase hepatic CT (liver masses, portosystemic shunts)
- Dual phase pancreatic CT (insulinoma)
- CT urography (ectopic ureter)
- Adrenal glands
- Intra-abdominal mass (explain)
- Pelvis
- Abdominal wall
- 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)

\_\_\_\_\_  
**Referring Veterinarian (Signature)**

\_\_\_\_\_  
**Date**

\* These scans require consultation with the UT Veterinary Imaging Services

## Client Instructions

### How to Prepare

Diagnostic imaging requires that the patient remains extremely still for a period of time. For this reason, it is necessary that your pet undergoes heavy sedation or general anesthesia. To prepare for this, all food, including treats, should be withheld starting at 10:00 p.m. the night before the examination; moderate amounts of water are allowed overnight. Water should be removed by 6 a.m.

Depending on your pet's medical condition, heavy sedation / anesthesia and CT imaging may involve some risks. This will be discussed with you in detail during the admission process.

During the admission process, we will be happy to answer any questions you might have regarding the CT procedure. We will also ask that you sign a consent form for the procedure, including the administration of sedation or anesthesia. You are welcome to wait in the reception area during the scan process, or, for your convenience, you can leave your pet with us and schedule a time to return after the examination. If you choose to leave the center, please make sure our staff knows how to contact you in the event of a question or scheduling change. Please make arrangements to pick your pet up at the scheduled time.

### The CT Examination Process

1. Your pet will undergo a physical examination in preparation for heavy sedation or anesthesia.
2. An intravenous catheter will be placed in a leg vein for the administration of anesthetic agents and contrast media.  
**Note:** Preparation for the catheter requires hair clipping at the site; a small area on your pet's chest may also be shaved to place a patch that monitors heart rate.
3. Your pet will then be moved to the imaging suite, positioned, and scanned while under heavy sedation or anesthesia.
4. After the CT scan is completed, your pet will be brought to a recovery room, where it will be allowed to wake up from sedation or anesthesia. Shortly thereafter your pet will be ready to go home.
5. The CT examination will be interpreted by a board-certified veterinary radiologist. The written report will be sent to your referring veterinarian the next business day.
6. The typical length of a CT scan is 20-60 minutes, depending on the area scanned. However, individual animals vary in their recovery time. You should plan on leaving your pet with us between 4 – 8 hours.

### After the Exam

A pressure bandage will be placed on your pet's leg when the intravenous catheter is removed to prevent bleeding at the site. Be sure to remove this bandage after one hour. It is normal for pets to be quiet following general anesthesia or heavy sedation. Once home, you may offer your pet small amounts of water. If no stomach upset is noted, this may be followed by a light meal. Although uncommon, some pets may experience a mild cough for several days following their anesthesia. If you observe any unusual behavior, or have any concerns, contact your veterinarian immediately. Animals having been under anesthesia may behave in an unpredictable manner for 12-36 hours following recovery. Animals may bite if confused or startled: use caution during this time and keep pets away from young children.

You will need to schedule an appointment with your veterinarian to discuss the results of the CT examination.

## Consent for Anesthesia and Computed Tomography (CT) Procedures

(please send original form with patient)

I am the owner/agent for \_\_\_\_\_ (name of patient) and have authority to execute consent for the diagnostic procedure known as **Computed Tomography (CT)**. I understand that anesthesia or heavy sedation is required to perform CT. The reasons for this procedure, advantages and possible complications have been discussed with me.

With full understanding of the above, the undersigned owner/agent authorizes the veterinary anesthetist at the UT Veterinary Imaging Services to administer any sedative or anesthetic deemed advisable for the CT procedure. Should further lifesaving procedures be deemed necessary by the attending veterinarian due to any unexpected life-threatening emergency, I consent to these procedures and their additional costs.

I understand that my veterinarian has determined that a CT procedure would be of assistance in treating my animal and has chosen the procedure to be performed by the University of Tennessee Veterinary Imaging Services.

### Advanced directives:

In the rare event of a cardiac arrest, the following response is authorized by me: \_\_\_\_\_ (initials)

Do not resuscitate       External resuscitation       Invasive resuscitation

### I have read and understand this authorization and consent.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
UTCVM VMC PTN (for office use only)

\_\_\_\_\_  
Owner / Agent (Please print)

\_\_\_\_\_  
Contact phone number during appointment

\_\_\_\_\_  
Owner / Agent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**Owner information** (please send originals with patient)

**Client Information**

Name \_\_\_\_\_

Phone number where you can be reached during procedure (      ) \_\_\_\_\_

**Referring's Veterinarian Information**

Doctor's Name \_\_\_\_\_

Practice Name \_\_\_\_\_

**Patient Information**

Pet's name \_\_\_\_\_

Describe patient's problem: \_\_\_\_\_

\_\_\_\_\_

Does your pet have a microchip?  Yes  No

Is there any known metal in your pet (e.g. due to previous surgery etc.)?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Has your animal eaten anything since 10 p.m. last night?  Yes  No

Patient's current medications:

Medication	# of pills or milligrams	How often? (1x/d, 2x/d, etc.)

What time would you like to pick up your pet? \_\_\_\_\_

Have you received the Client Instructions?  Yes  No

**Note:** Your pet may be shaved in three areas in preparation for the scan:

1) the leg for an IV catheter, 2) the chest for heart monitoring and 3) foot for blood pressure monitoring