

Instructions For Completing The MRI 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 – MRI Scan Requested

Please choose an MRI 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 MRI technologist in providing a comprehensive scan and will help the radiologist in interpreting the images.

Section III - MRI 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 Teaching Hospital, for specialized anesthesia care and recovery. Please note that we are unable to accept referrals for animals not currently vaccinated or aggressive animals.**

Anesthetic risk assessment (ARC STATUS):

Performing an MRI scan in animals requires general anesthesia. Although rare, there are inherent risks and potential complications associated with anesthesia and the MRI 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, equipment malfunction, skin burns, and death.

Please assign an Anesthetic Risk Classification (ARC) to the patient using the instructions on the back of this form. 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 ARC is 4/5, a referral to UTCVM's Veterinary Teaching Hospital is required for specialized anesthesia, care and recovery. **Please note that blood-work should generally be no more than 7 days old.**

Anesthetic Risk Classification (ARC)**

ARC	Description	Examples
1 Excellent	<ul style="list-style-type: none"> • Apparently healthy • No obvious signs of disease 	<ul style="list-style-type: none"> • Hip dysplasia • OCD lesions
2 Good	<ul style="list-style-type: none"> • Mild systemic compensated disease • Neonatal or geriatric animals (<8 weeks or > 10 years) 	<ul style="list-style-type: none"> • Vestibular disease • Epistaxis • Controlled seizures without other neurologic signs • Uncomplicated intervertebral disc disease
3 Fair	<ul style="list-style-type: none"> • Moderate systemic disease 	<ul style="list-style-type: none"> • Low to moderate fever • Mild to moderate anemia • Chronic heart disease • Diaphragmatic hernia • Moderate dehydration and hypovolemia • Controlled seizures with other neurological signs • Anorexia • Cachexia • Pneumothorax
4 Poor*	<ul style="list-style-type: none"> • Severe systemic disease that is a constant threat to life 	<ul style="list-style-type: none"> • Shock • Uremia • Severe anemia • Uncontrolled diabetes mellitus • DIC • High fever • Sepsis • Emaciation • Severe pulmonary disease • Severe dehydration and hypovolemia • Decompensated cardiac or renal disease
5 Guarded*	<ul style="list-style-type: none"> • Moribund patient • Not expected to survive 24 hours 	<ul style="list-style-type: none"> • Multisystem failure • Severe head injury • Profound shock • Major trauma

*ARC 4-5 will require referral to UT CVM Veterinary Teaching Hospital

Minimum Required Diagnostic Screening According to Arc and Age

ARC	< 4 months old	4 months – 5 years old	> 5 years old
1, 2	PCV, TP, glucose	PCV, TP, BUN	PCV, TP, BUN, creatinine, USG
3	CBC, anesthesia profile	CBC, UA, anesthesia profile	CBC, UA, complete profile
4, 5	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 CO₂, anion gap, total bilirubin and CPK)

**Adapted from the American Society of Anesthesiologists Physical Status Classification



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

General information: General anesthesia is required for all MRI examinations. All patients must be fasted overnight. 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 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 - MRI Scan Requested

Please refer to the list of scan regions, or call us for assistance.

Scan requested:
Presumptive diagnosis / Rule-outs:

Section III - MRI 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 7 days old.

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

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 Teaching Hospital to place the report in its patient records for future use.

Referring Veterinarian (Signature)

Referring Veterinarian (Name, please print)

Date

Scan Regions (please send original form with patient)

When filling in the request form, please choose an MRI scan from the list attached, or contact the UT MRI Referral 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 MRI technologist in providing a comprehensive scan and will help the radiologist in interpreting the images.

Presumptive Diagnosis/Differentials: _____

1. Head Region

- Brain
- Mandible
- Nose (including sinuses)
- Skull
- Pituitary gland (dynamic study)
- Orbit
- Temporomandibular joints
- Tympanic bullae
- Other (explain)

2. Spine

- Cervical spine
- Thoracolumbar spine
- Lumbosacral spine
- Other (explain)

3. Neck Region

- Brachial plexus
- Intrascapular region
- Neck (soft tissues)
- Other (explain)

4. Thorax

- Chest wall
- Mediastinum
- Other (explain)

5. Abdomen and Pelvic Region

- General abdomen
- Abdominal wall
- Pelvis
- 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

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 general anesthesia for this procedure. 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, anesthesia and MR 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 MRI procedure. We will also ask that you sign a consent form for the procedure, including the administration of 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, scheduling change, or emergency. Please make arrangements to pick your pet up at the scheduled time.

The MRI Examination Process

1. Your pet will undergo a physical examination in preparation for anesthesia.
2. An intravenous catheter will be placed in a leg vein for the administration of anesthetic agents.
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 MRI magnet room, positioned, and scanned while under anesthesia.
4. After the MRI exam, your pet will be brought to a recovery room, where it will be allowed to wake up from anesthesia. Shortly thereafter your pet will be ready to go home.
5. The MRI 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 normal time for a MRI exam is 1-2 hours. 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. 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 MRI examination.

Consent for Anesthesia and Magnetic Resonance Imaging (MRI) 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 MRI. I understand that anesthesia is required to perform **MRI**. The reasons for this procedure, advantages, possible complications and anesthetic risks 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 anesthetic deemed advisable for the MRI procedure. Should lifesaving procedures be deemed necessary by the attending veterinarian due to any unexpected life-threatening emergency, I consent to these procedures as I have chosen below and their additional costs.

I understand that risks and potential complications exist with anesthesia and the MRI procedure. These include, but are not limited to, abnormal reaction to anesthetic or contrast agents, organ failure (heart, liver, kidneys), obstructed airway, regurgitation, aspiration of vomitus, gastric dilatation-volvulus (GDV), nerve damage, equipment malfunction, skin burns, and death.

I understand that my veterinarian has determined that an MRI 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 VTH 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is there any known metal in your pet (e.g. due to previous surgery etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please explain: _____		

Has your animal eaten anything since 10 p.m. last night? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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		