

NEWCASTLE VETERINARY ULTRASOUND – ECHO, ECG REFERRAL

Practice:						
Referring Veterinary Surgeon: Dr.			Date:			
Owners Name:						
Owners Contact Number(s), email:						
Patient Name:		Canine/Feline:				
Breed:		Weight:		kg.		
Age/Date of Birth:		Sex:	F	FN	M	MN
Murmur grade [1-6/6], point of maximum intensity:						
When was the murmur first detected?						
Is the murmur grade and HR increasing over time?						
Any clinical signs, duration, arrhythmia:						
Working Clinical Diagnosis:						
Current medications and date started:						
For senior cats has a TT4 been performed?						
Is sedation permitted? [fractious cases to be sedated by the RV] Yes / No						

Please call Kerry on 0429799856 to book all appointments then scan and e-mail referral form within 24hrs to secure your booking to:

rossbarter@newcastleveterinaryultrasound.com.au OR keznross@bigpond.net.au

Please attach recent lab results [TT4, proBNP] and chest X-rays