Landon Veterinary Specialists Pte Ltd
41 Eng Kong Terrace Singapore 599013
+65 6463 7228
www.lvs.com.sg
UEN 201129108M

# Outpatient Ultrasound / Echocardiogram Referral Form

**Referring Veterinarian:** _____
**Clinic / Hospital:** _____
**Clinic Email:** _____

**Client Name:** _____
**Client Contact No:** _____

**Patient Information**
**Name:** _____ **Sex:** ☐ **M** ☐ **F** **Sterilised:** ☐ **Y** ☐ **N**
**Species:** _____ **Breed:** _____ **Age:** _____ **Weight:** _____

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## **Study** (Please check where applicable)

☐ **Ultrasound**
- ☐ Abdomen
- ☐ Neck
- ☐ Musculoskeletal
- ☐ Ocular
- ☐ Thoracic
- ☐ Others: _____

☐ **Echocardiogram**

**Presenting problem / Tentative diagnosis**

_____
_____
_____

**Clinical question / Region of interest**

_____
_____
_____

**Case history / Physical examination findings summary**

_____
_____
_____

**Current treatment(s) (including medications and dosages)**

_____
_____
_____

| | Y* | N | |
|---|---|---|---|
| **Any concerns regarding sedation? (ultrasound only)** | ☐ | ☐ | *If yes, please specify: _____ |
| **Has prior imaging been done?** | ☐ | ☐ | *If yes, please attach results |
| **Has patient history been sent to hx@lvs.com.sg?** | ☐ | ☐ | |

**Reports will be sent via email to the referring veterinarian within 48 hours from completion of the study.**

_____
**Signature / Date**