NeuroTeam
Specjalistyczna Przychodnia Weterynaryjna

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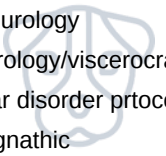
REFERRAL FOR A COMPUTED TOMOGRAPHY SCAN

Date:	
Full name:	
E-mail:	
Mobie:	
Referring doctor's full name:	
Referring doctor's e-mail:	

Patient Details:	
Name:	
Species:	
Breed:	
Age:	
Weight:	

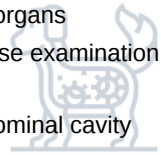
BODY PART SPECIFICATION - PLEASE SELECT THE PART OF THE BODY / AREA TO BE SCANNED

HEAD



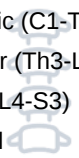
- ☐ brain/ neurology
- ☐ non-neurology/viscerocranium
- ☐ vestibular disorder prtocol
- ☐ stomatognathic

ABDOMINAL CAVITY /PELVIC CAVITI



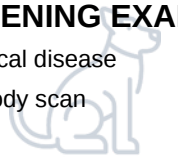
- ☐ internal organs
- ☐ multiphase examination of the urinary tract
- ☐ PSS
- ☐ Full abdominal cavity

SPINE



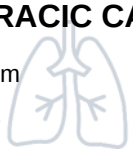
- ☐ cervicothoracic (C1-Th3)
- ☐ thoracolumbar (Th3-L3)
- ☐ lumbosacral (L4-S3)
- ☐ IVDD protocol
- ☐ CKCS protocol
- ☐ Wobbler syndrome (flexion, dystraction)
- ☐ Cauda equina (flexion, ekstension)

SCREENING EXAMINATION



- ☐ oncological disease
- ☐ whole body scan

THORACIC CAVITY



- ☐ Medistinum
- ☐ Full chest

ORTHOPAEDICS



- ☐ shoulders
- ☐ elbows
- ☐ knees
- ☐ hips
- ☐ full thoracic limb
- ☐ full pelvic limb

Others:	
Clinical suspicion:	

ESSENTIAL INFORMATION FOR ANAESTHESIA AND A CT SCAN:

Blood test results one week before the CT scan: complete blood count, screening profile, general or geriatric:	
Contraindications to general anaesthesia:	
Existing chronic conditions or kidney disease, allergies, adverse reactions to medicationi:	
Does the animal have any metal parts, implants, pellets or pacemakers? (A microchip is not a contraindication):	

Date, signature and stamp of the referring veterinarian

Fundusze Europejskie dla Dolnego Śląska | Rzeczpospolita Polska | Dofinansowane przez Unię Europejską | DOLNY ŚLĄSK

FEDS.01.02-IP.01-067/24 - Działanie 1.2 Innowacyjne przedsiębiorstwa, 1.2.A Projekty B+R przedsiębiorstw dla województwa dolnośląskiego