

# University of Minnesota - Veterinary Medical Center

Advanced Veterinary Imaging Direct - Outpatient Diagnostic Imaging

## Intravenous Urography (IVU) Request

- \* Requires abdominal prep, including 24 hours fasting. \*
- \* Requires a current BUN, CREAT and urine specific gravity. \*
- \* Dehydration is a contraindication for an IVU \*

Phone: (612) 624-9583  
Fax: (612) 624-8779  
Email: advetimg@umn.edu  
Web Page: www.vmcaid.umn.edu  
Address: 1365 Gortner Avenue  
St. Paul, MN 55108

### Referring DVM Information

Hospital Name: *	rDVM Name: *
<input type="text"/>	<input type="text"/>
Telephone Number: *	Fax Number: *
<input type="text"/>	<input type="text"/>
	Email Address: *
	<input type="text"/>

### Client/Patient Information

Administer CPR, or DNR? *	
<input type="checkbox"/> Administer CPR	<input type="checkbox"/> Do Not Resuscitate
Client's Name: *	Pet's Name: *
<input type="text"/>	<input type="text"/>
Telephone Number: *	Breed: *
<input type="text"/>	<input type="text"/>
Email Address:	Age or D.O.B.: *
<input type="text"/>	<input type="text"/>
	Weight: *
	<input type="text"/> <input type="checkbox"/> kg <input type="checkbox"/> lb
	Sex: *
	<input type="checkbox"/> MI <input type="checkbox"/> FI <input type="checkbox"/> MN <input type="checkbox"/> FS

### Questions related to Intravenous Urography

#### Primary Complaint(s) \*

#### Pertinent History \* (Please indicate onset/duration)

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**Pre-Existing Medical Conditions \***

**Patient Temperament \***

**Patient Precautions \*** (e.g. fractious, bites, possible AA, etc...)

**Current Medications \*** (Please list drug, dosage, and frequency.)

**Presumptive/Differential Diagnosis \***

**Specific Question(s) You Want Answered \***

**How Soon Does the Procedure Need to be Performed? \***

- Within 2 Business Days    |     Within 3-4 Business Days    |     Within One Week    |     Within Two Weeks

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### Imaging Studies

\* Please provide any imaging studies performed in the last year. The imaging studies will enhance the ability of the radiologist to evaluate the patient.

Do you prefer to send the studies ahead of time, of with the client on the day of the procedure? \*

- No imaging studies have been performed.
- The studies will be sent ahead of time.
- The studies will be sent with the client on the day of the procedure.

### CBC and Chemistry Panel \*

Blood work is required for anesthesia or sedation; read the preparation for general anesthesia.

Can you provide a CBC and Chemistry Panel within 2 weeks of the procedure?\*

- Yes
- No

If 'No', do you want the VMC to perform current blood work for CBC and Chemistry Panel?

- Yes
- No

### Intravenous Contrast Administration

Does the patient have seizures? \*

- Yes
- No

Does the patient have a history of severe or end-stage renal failure? \*

- Yes
- No

Does the patient have cardiac disease? \*

- Yes
- No

Does the patient have a history of contrast reaction?

- Yes
- No

If 'Yes', which contrast was used? \*

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**Are Ectopic Ureters Suspected?**

Yes

No

**Thank you for your referral**

\* Please fill out and fax this form to us at (612) 624-8779 ATTN: AVID

\* A veterinary technician will call you back to gather additional relevant patient information such as history, physical, and blood work.

\* Then schedule a date/time for the procedure

Please note, this procedure can also be requested online at <http://www.vmcaid.umn.edu/request.cfm>