



Animal Radiology Clinic, PLLC
Veterinary Referral Center of North Texas
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Referral for Portal Shunt Imaging

Please have your client call our reception desk to make the appointment. We will give directions and instructions at that time. Please fill out this form completely. Fax or send any additional lab work or medical records you think appropriate.

Owner's Name _____ Referring Dr. _____
Pet's name _____ Clinic name _____
Age _____ Clinic phone _____
Sex _____ Weight _____ Breed _____

Bile acids – pre prandial _____
Bile acids – post prandial _____
HCT _____ Platelet count _____ (required if biopsy requested)

Any other information you think we should know about?

If a congenital gross shunt is confirmed

_____ please have the client return to my clinic to discuss surgical options
_____ please refer the client to the Dallas Veterinary Surgical Center

Would you like an ultrasound to be performed in addition to the portal scan:

_____ Yes
_____ No

If there is no gross shunt, please obtain a liver biopsy during the ultrasound exam

_____ Yes
_____ No

A written report of our findings will be sent to you. Is there any other veterinarian who should receive a copy of the report?

Dr. name _____ Clinic name _____

Thank you for your confidence in referring this patient to us. Additional information about PSS and client handouts are available on our web page.