



Animal Radiology Clinic, PLLC
4444 Trinity Mills Rd. #100
Dallas, TX 75287
Phone number 972-267-3500
Fax number 972-267-3600

Veterinary
Education &
Telemedicine
Services
ON LINE

Catherine Lustgarten, DVM, MS, Diplomate ACVR
Ron Green, DVM, MS, Diplomate ACVR

Referral Form – Request 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 _____
Breed _____

Bile acids – pre prandial _____
Bile acids – post prandial _____
HCT _____ required if biopsy requested
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

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, downloadable copies of this form, and client handouts are available on our web page.

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