

REGION TO BE SCANNED (Form 2)

This form must be sent to VloC at least 24 hours in advance.

All patients require general anesthesia and must be fasted for 8-12 hours prior to the MRI scan.

Please circle the specific region to be scanned. Be as specific as possible.

Head: brain, nose, eyes, mouth, tympanic bulla, other: _____

Spine/cervicospinal spine C1-T2

Spine/thoracolumbar spine T3-L3

Spine/lumbosacral spine L4-S3

Pelvis

Heart

Thorax: lungs, mediastinum, esophagus, chest wall, other: _____

Extremities:

carpus left right

elbow left right

hip left right

hock left right

scapula left right

shoulder left right

stifle left right

tarsus left right

other: _____

Abdomen: stomach, pancreas, small intestine, large intestine, spleen, bladder, adrenal glands, urogenital, liver, kidneys, prostate, other: _____

Any other specific region(s) to be scanned? _____

Contrast agent will be given at the discretion of VloC.



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