The Animal Hospital
At Murdoch University

Large Animal Diagnostic Imaging Referral Form

RACINGWA

Referral Clinic Details

Date of Referral:	
Referring Veterinarian:	
Referring Practice:	
Contact phone number:	
Email address for report to be sent:	

Owner Details

Owner/Trainer name:	
Owner/Trainer address:	
Contact phone number:	
Email address for appointment instructions:	

Horse Details

Name:		Breed:
Age:	Sex:	Brand:
Microchip number:		
Use:		
Is the horse currently an **Active** Racehorse? Yes / No		
Is the horse insured? Yes / No		

Case Information

Primary Complaint:
Brief History- please include blocking pattern
Is the owner aware of procedure costs? Yes / No
Is the owner aware that payment is required upfront? Yes / No
History attached? Yes / No
Copies of relevant prior images sent? Yes / No
Do you wish to discuss the imaging findings with a TAHMU clinician? Yes / No

The Animal Hospital At Murdoch University

Large Animal Diagnostic Imaging Referral Form

RACINGWA

Please select required modality:

MRI CT ULTRASOUND RADIOGRAPHIC REPORTING

Racing WA Standing MRI - Primary limb to be scanned

LF	RF	LH	RH

FOOT		FOOT & PASTERN		FETLOCK	
PROXIMAL MC3/MT3		CARPUS		TARSUS	

Standing CT- Primary region be scanned

LF	RF	LH	RH

FOOT		FOOT & PASTERN		FETLOCK	
PROXIMAL MC3/MT3		CARPUS		TARSUS	

HEAD		NECK (up to C5)			
OTHER:					

Anaesthetised CT

NECK (up to T2)		STIFLE		ELBOW	
THORAX		ABDOMEN		BACK	
Please call to discuss size limitations					

Is contrast required? Yes / No Intra-articular Intravascular Other

If yes, please inform the owner of associated risks upon referral.

Specialist Ultrasound

Region to be scanned:

Large Animal Diagnostic Imaging Referral Form

The Animal Hospital At Murdoch University

RACINGWA

Specialist Radiographic Reporting - DICOM images required

Region to be reported:

Head	Cervical Spine	Thoracolumbar Spine	Thorax	Abdomen

Forelimb			Hindlimb		
Front Foot/ Pastern	L	R	Hind Foot / Pastern	L	R
Front Fetlock / Pastern	L	R	Hind Fetlock/	L	R
Metacarpus	L	R	Pastern Metatarsus	L	R
Carpus	L	R	Tarsus	L	R
Radius	L	R	Tibia	L	R
Elbow	L	R	Stifle	L	R
Shoulder	L	R	Hip	L	R

Other, please specify:

Please send a copy of the clinical history and any relevant imaging prior to the appointment.

equine@murdoch.edu.au