



ULTRASOUND AND ENDOSCOPY CONSENT FORM

Patient name (First and Last): _____
Veterinarian: _____
Veterinary clinic: _____
Procedure(s): _____

Thank you for entrusting Insight Mobile Veterinary Diagnostics to perform ultrasound and endoscopy on your pet. Our goal is to provide a safe and stress-free experience for your pet while obtaining valuable diagnostics to develop an effective treatment plan.

Some of the common potential complications associated with the procedure(s) are outlined below. Although many of these complications are unlikely to occur, it is important that you make an informed decision with regards to your pet's procedure(s). If you have any queries about the procedure, please discuss these with your veterinarian before signing this form.

Listed below are some of the complications that may occur.

General Anaesthesia/Sedation. There is a small chance of complications or death, even in an otherwise healthy patient, associated with any anaesthetic or sedative. The approximate risk of death for anaesthesia or sedation is 1 in 1000 cats and 1 in 2000 dogs.

Aspirates or biopsies. There is a small risk of complications that may arise as a result of aspirating a lesion. These risks include internal bleeding, rupture of the lesion or seeding of cancer cells in the skin. The risk of this occurring is very small and is minimised by using ultrasound guidance to avoid vital structures.

Pericardiocentesis. There is a small risk of complications associated with drainage of fluid out of the pericardial space including cardiac puncture, arrhythmias, pericardial bleeding or death. These risks are minimised by using ultrasound guidance to avoid vital structures and an ECG to monitor the heart rhythm.

Thoracocentesis. There is a small risk of needle damage to the lung tissue resulting in a leakage of air into the thoracic cavity (pneumothorax). In most cases this resolves without any further intervention, however occasionally drainage of the air out of the chest will be required.

Otoscopy/Myringotomy complications are mostly temporary. These include Vestibular and Facial nerve paralysis, Horner's syndrome and a loss of hearing. These mostly resolve on their own within a short time frame after the procedure.

Oesophageal foreign body removal, particularly in cases where the foreign body has been sitting there for extended periods of time and there is pressure damage to the wall, there is a risk of perforation to the oesophagus causing leakage of air into the chest cavity, requiring emergency thoracic surgery.

Endoscopic biopsies. There is an extremely small chance of perforation of the section of the gastrointestinal tract being sampled. This rarely if ever occurs, and the region in which it may occur is in the colon when it's health is already compromised by severe disease.

Nasal biopsies. Biopsy of the nasal tissue often causes transient and short term bleeding that stops within a couple of minutes. Occasionally a patient may bleed more severely that takes longer to stop or recurs later at home following excitement or sneezing and a blood transfusion may be warranted. When collecting your animal for discharge, please bring a towel for the car and minimise excitement for 12 hours.

Post polypectomy syndrome. There is a small chance of delayed thermal damage to the tissue underneath the polyp which can result in perforation. This can occur anywhere within the first 5 days after the procedure. Bleeding from a polypectomy is very uncommon since cautery is used but is possible.

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|--|---------|
| <input type="checkbox"/> Permission to sedate or anaesthetise my animal, if deemed necessary by the hosting veterinarian. | Initial |
| <input type="checkbox"/> Permission to perform ultrasound of additional cavity, if deemed necessary by the hosting veterinarian. | Initial |
| <input type="checkbox"/> Permission to perform ultrasound-guided needle drainage, aspirate or biopsy, if deemed necessary by the hosting veterinarian. | Initial |
| <input type="checkbox"/> Permission to perform a blood clotting test prior to a needle biopsy procedure, if deemed necessary the hosting veterinarian. | Initial |
| <input type="checkbox"/> Permission to perform additional testing when indicated, to complement an endoscopy procedure (i.e. wash, biopsy). | Initial |
| <input type="checkbox"/> I acknowledge that I will pay the additional fees associated with the procedures listed above, if and only in the unlikely event they may become necessary. | Initial |

I hereby certify that I am the owner/guardian of the patient described above and being a person over 18, I have the authority to execute this consent.

I hereby consent to the performance of the procedure(s) outlined on this form.

I hereby certify that I have read this document, the nature and the purpose of the procedure(s) have been explained to me and I understand what will be done. I am aware that the common complications have been explained to me and understand that this form does not include an exhaustive list of every possible complication that may occur.

Whilst the utmost professional care and attention will be given to your animal, inherent risks do exist with any procedure including unexpected complications and loss of life.

Owner/Guardian

Witness

Printed name: _____

Printed name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____



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