

Insight Imaging & Diagnostics

Diagnostic Ultrasound & Interventional Procedure Consent Form

Authorization for Diagnostic Ultrasound

I, certify that I am the owner or authorized agent of _____ and hereby consent to a **diagnostic ultrasound examination** performed by **Dr. Wasserman's Diagnostics and Surgery LLC**.

I understand this procedure involves hair clipping, alcohol/gel application, and physical restraint. I understand ultrasound is a diagnostic tool and, while highly useful, **no test is 100% accurate** and findings must be interpreted with clinical signs and other diagnostics.

Sedation (if indicated)

I understand that sedation may be recommended if my pet is painful, anxious, or unable to safely tolerate the procedure. I acknowledge that sedation carries inherent risks, including but not limited to changes in heart rate, blood pressure, or breathing.

Initials: _____

Fine Needle Aspirate / Fluid Sampling/ Biopsy Authorization

If abnormalities are identified, I authorize Dr. Wasserman to perform **ultrasound-guided fine needle aspirates, tissue biopsies, or fluid sampling** when medically indicated to aid in diagnosis.

I understand that risks, while uncommon, may include bleeding, bruising, infection, organ injury, or the need for additional treatment. I understand that sampling may not always yield a definitive diagnosis and that further testing or referral may still be required.

Please check and initial one:

YES – I consent to ultrasound-guided sampling if indicated. _____ Initial

NO – I do not consent to ultrasound-guided sampling. _____ Initial

I understand that I am financially responsible for the ultrasound examination and any authorized additional procedures. An estimate has been discussed or provided.

I authorize the release of ultrasound images, reports, and relevant medical information to my primary veterinarian and consulting specialists for continuity of care.

I have read and understand this form and consent to the procedures authorized above.

Owner/Agent Signature: _____

Printed Name: _____

Date: _____ **Cell phone to be reached at if needed** _____