



Woody Dudley D.V.M
Mitchell Hammock Pet Hospital
255 Alexandria Blvd.
Oviedo, FL 32765
(407) 366-7323 · Fax (407) 366-3426
www.drwoody.net

Ultrasound Questionnaire

Name _____ Species _____ Age _____ Sex _____

Reason for Ultrasound request:

Health Screening ___yes ___no Kidney Disease ___yes
___no
Illness ___yes ___no Liver Disease ___yes
___no
Pregnancy Test ___yes ___no Respiratory Issues ___yes
___no
Heart Disease ___yes ___no Urinary Issues ___yes
___no
Cancer ___yes ___no Gastrointestinal Issues ___yes ___no
Preanesthetic Screening ___yes ___no

Comments _____

Symptoms of Concern:

Weight Loss ___yes ___no Weight Gain ___yes ___no
Poor Appetite ___yes ___no Always Hungry ___yes ___no
Heavy water drinker ___yes ___no Light water drinker ___yes ___no
Urinate frequently ___yes ___no Urinate large volumes ___yes ___no
Coughing ___yes ___no Coughing frequency _____
Coughing more during night than day ___yes ___no
Coughing more during day than during night ___yes ___no
Labored Breathing ___yes ___no Tires Easily ___yes ___no
Abdominal Distention ___yes ___no
Vomiting ___yes ___no Vomiting frequency _____
Diarrhea ___yes ___no Diarrhea
frequency _____



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Has a Veterinarian diagnosed any conditions in the past? ___yes ___no

Explain previous conditions diagnosed by a Veterinarian:
