Routine referrals

Send with every referral: history and exam; medicines, doses and response; existing results, reports and original images. For masses: site, size, photos and prior pathology / surgery.

Before surgery: CBC/chemistry at your clinic or arranged at OAESH. Exceptions are noted below. "Existing" means already available.

Condition	Send with referral	Timing / exceptions
TPLO / cruciate	Existing knee radiographs.	CBC/chemistry and planning views at OAESH.
MPL / kneecap	No radiographs needed before referral.	Alignment views at OAESH.
Hip dysplasia	Existing pelvic radiographs.	PennHIP at OAESH; refer puppies early.
BOAS / airway	Existing chest radiographs.	BRisk worksheet, if available.
Mast cell tumour	Mass FNA.	No routine chest staging for low-risk cutaneous disease.
Soft-tissue sarcoma	Mass FNA; 3-view chest radiographs or thoracic CT.	Local imaging at OAESH.
Lipoma	Mass FNA.	If liposarcoma / sarcoma suspected, use sarcoma staging.
Mammary mass	3-view chest radiographs; FNA if diagnosis unclear.	
Toe / nail-bed mass	Foot and 3-view chest radiographs; FNA if feasible.	
Anal sac mass	3-view chest radiographs; FNA if feasible.	Add ionized calcium. Do not delay a classic mass referral for FNA.
Perineal mass	FNA if diagnosis unclear. Chest radiographs if malignancy suspected.	If malignancy suspected: CBC/chemistry/calcium; coordinate biopsy.

For routine referrals, request Dr. Chris Wood.

FNA = fine-needle aspirate. Checklists: smallanimalsurgeon.com/referral-centre