

May 11, 2021

## NEW ELASTOGRAPHY IMAGING – MAYFAIR DIAGNOSTICS

Mayfair Diagnostics is pleased to now offer liver elastography services for your patients.

This exam will assess liver fibrosis for patients with risk factors for chronic liver disease, such as suspected or diagnosed nonalcoholic fatty liver disease (NAFLD), excessive alcohol consumption, etc. You will be provided with a detailed diagnostic imaging report, which will outline the radiologist's findings and recommendations for follow up.

To order elastography, use the attached Mayfair Diagnostics Liver Studies Requisition form and check off the boxes that apply to your patient.

You can also access the form at [www.radiology.ca/requisition-forms](http://www.radiology.ca/requisition-forms). Scroll to the Saskatchewan list and select *Mayfair Liver Studies Requisition Form*.

To order this service, please fax the referral form to 306-569-3337 or call the Mayfair Diagnostics booking line at 306-569-9729.

If you have questions or wish to receive more information about our new service, please contact Kathryn Margerison Kozack at 306.737.8838 or by email at [kkozack@radiology.ca](mailto:kkozack@radiology.ca)

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**MAYFAIR**<sup>®</sup>  
DIAGNOSTICS

MEDICAL  
IMAGING  
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[radiology.ca](http://radiology.ca)

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## PATIENT & APPOINTMENT INFORMATION

**PLACE PATIENT LABEL HERE**

Date of Request: D/ \_\_\_\_\_ M/ \_\_\_\_\_ Y/ \_\_\_\_\_

Name: \_\_\_\_\_  Female  Male

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_

Date of Birth: D/ \_\_\_\_\_ M/ \_\_\_\_\_ Y/ \_\_\_\_\_

Saskatchewan Health Card Number: \_\_\_\_\_

**Appt. Date:** D/ \_\_\_\_\_ M/ \_\_\_\_\_ Y/ \_\_\_\_\_ **Time:** \_\_\_\_\_

**Shear Wave Elastography for Assessment of Liver Fibrosis**

**HCC (Hepatocellular Carcinoma) Surveillance**

**Risk Factor for Chronic Liver Disease**

- Suspected or known nonalcoholic fatty liver disease (NAFLD)
- Excessive alcohol consumption
- Other cause of chronic liver disease (e.g. viral hepatitis, autoimmune, hemochromatosis):  
\_\_\_\_\_

**Book patient for serial follow-up exams at 6-month intervals**

**Hepatitis B**

- Asian male ≥ 40 yrs old
- Asian female ≥ 50 yrs old
- African ≥ 20 yrs old
- Family History of HCC
- Caucasian male ≥ age 40 with HBV viral load ≥ 20,000 IU/mL and elevated ALT
- Caucasian female ≥ age 50 with HBV viral load ≥ 20,000 IU/mL and elevated ALT

**Cirrhosis**

- Biopsy Dx
- Fibroscan (F4)
- AST to Platelet Ratio Index (APRI)
- FIB-4
- Other: \_\_\_\_\_

**Cause(s) of cirrhosis** (check all that apply):

- Hep B
- Hep C
- ETOH
- NAFLD
- PBC
- PSC
- Alpha 1 anti-trypsin deficiency
- Hemochromatosis
- Wilson's Disease
- Autoimmune
- Other: \_\_\_\_\_

## CLINICAL HISTORY

Please complete this section with as many details as possible, this enables our clinic staff to provide the most comprehensive patient care.

Stat Phone Report  
Phone: \_\_\_\_\_

Stat Fax Report  
Fax: \_\_\_\_\_

## REFERRING PHYSICIAN INFORMATION

Referring Health Provider: \_\_\_\_\_ Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Practitioner's ID/Stamp: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Copy to: \_\_\_\_\_  **Stat Report**

All images and reports will be available on provincial pacs.