| POLYCYSTIC KIDNEY DISEASE SCREENING EXAMINATION FINDINGS  |                               |               |                              |               |     |
|---|-------------------------------|---------------|------------------------------|---------------|-----|
|   | PATIENT INFORMA               | ATION         |                              |               |     |
| Owner/Agent name:   | City:                         |               | Phone No:                    |               |     |
| KATHRYN JOYCE   | 235 SOUTHFIELD DRIVE, LINCOLN |               | 021 137 9328                 |               |     |
| Animals registered name:  | Breed:                        | Date of birth | : 0,                         | Male 🚺 🛮 Inta | act |
| CH RAIDEN EVENSTAR  | BULL TERRIER 3/11/2021        |               | W .                          | Female Desex  | xed |
| Animals registration number:  | Sire's registration number:   |               | Dam's registration number:   |               |     |
| 09771-2021  | AH03267604                    |               | 00437-2020                   |               |     |
| Microchip Number: 900141000152091   |                               |               |                              |               |     |
| I certify that I am the owner of or agent for this animal, and that the animal presented for examination is described above |                               |               |                              |               |     |
| Owner/Agent:  |                               |               | Date: 10-03-2023             |               |     |
| VETERINARIAN INFORMATION  |                               |               |                              |               |     |
| Name:   | Date of examination:          |               | Equipment make/              | model:        |     |
| ack wy49  | 10 Mar 2023                   | 3             | EASAOTE                      | MXLAB +7      |     |
| Address:  |                               |               | Phone number:                |               |     |
| -   |                               |               | 621 701                      | 889           |     |
|   | PHYSICAL EXAMIN               | ATION         |                              |               |     |
| Weight: $28 \cdot 6$ kg   |                               |               | Any other relevant findings: |               |     |
| Dehydrated Pregnant   |                               |               | Healthy Bitch                |               |     |
| Lactating Other, describe:  |                               |               | U                            |               |     |
| ULTRASOUND FINDINGS   |                               |               |                              |               |     |
| Left kidney size:   | Right kidney size:            | Normal        | Cysts present:               |               | YES |
| ○ Enlarged  |                               | Enlarged      |                              |               | NO  |
| ○ Smal  |                               | Small         |                              |               |     |
| Comments:   |                               |               |                              |               |     |
|   | ASSESSMENT/DIAC               | GNOSIS        |                              |               |     |
| Normal  | Comments:                     |               |                              |               |     |
| Equivocal   |                               |               |                              |               |     |
| Findings consistant with polycystic k   |                               |               |                              |               |     |
|   | RECOMMENDAT                   | IONS          |                              |               |     |
| K9HQ  |                               |               |                              |               |     |
| 693 Marshland Road, Ouruhia,<br>Christchurch 8083, New Zealand  |                               |               |                              |               |     |
| Veterinarian's signature:   |                               | Cn            | Date: 10 M                   | New Zealand   |     |