

POLYCYSTIC KIDNEY DISEASE SCREENING EXAMINATION FINDINGS

PATIENT INFORMATION

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| Owner/Agent name: KATHRYN JOYCE | City: LINCOLN | Phone No: 021 137 9328 |
| Animals registered name: RAIDEN FLOWERS N CANDY | Breed: BULL TERRIER | Date of birth: 14/02/2016 |
| | | <input type="radio"/> Male <input checked="" type="checkbox"/> Intact <input checked="" type="checkbox"/> Female <input type="radio"/> Desexed |
| Animals registration number: 02818-2016 | Sire's registration number: 00016-2015 | Dam's registration number: 06563-2011 |
| Microchip Number: 90000000349793 | | |

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: K. Joyce Date: 26-06-2017

VETERINARIAN INFORMATION

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| Name: KIRSTEN WILHE | Date of examination: 20 Jun 2017 | Equipment make/model: ESAOTE MYLAB TWICE |
| Address: 516 GLOUCESTER ST | | Phone number: 03 3894564 |

PHYSICAL EXAMINATION

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|---|------------------------------|
| Weight: _____ kg <input type="radio"/> Dehydrated <input type="radio"/> Pregnant <input type="radio"/> Lactating <input type="radio"/> Other, describe: _____ | Any other relevant findings: |
|---|------------------------------|

ULTRASOUND FINDINGS

| | | |
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| Left kidney size: <input checked="" type="radio"/> Normal <input type="radio"/> Enlarged <input type="radio"/> Small | Right kidney size: <input checked="" type="radio"/> Normal <input type="radio"/> Enlarged <input type="radio"/> Small | Cysts present: <input type="radio"/> YES <input checked="" type="radio"/> NO |
|--|---|---|

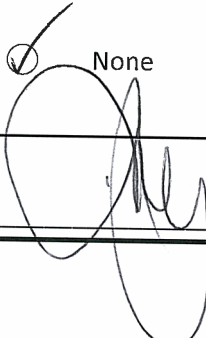
Comments:

ASSESSMENT/DIAGNOSIS

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| <input checked="" type="radio"/> Normal <input type="radio"/> Equivocal <input type="radio"/> Findings consistent with polycystic kidney disease | Comments: |
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RECOMMENDATIONS

Recheck examination: None 6 mths 1 year 2 years

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| Veterinarian's signature:  | Date: <u>26.6.17</u> |
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