


POLYCYSTIC KIDNEY DISEASE SCREENING EXAMINATION FINDINGS

PATIENT INFORMATION

Owner/Agent name: KATHRYN JOYCE	Address: 235 SOUTHFIELD DRIVE LINCOLN 7608	Phone No: 021 137 9328
Animals registered name: MONTANA DARK GEISHA ATRAIDEN	Breed: BULL TERRIER	Date of birth: 29/12/2019
		<input type="radio"/> Male <input checked="" type="radio"/> Intact <input checked="" type="radio"/> Female <input type="radio"/> Desexed
Animals registration number: 00437-2020	Sire's registration number: 03362-2018	Dam's registration number: 04895-2015

Microchip Number: **934000090223452**


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: **26-06-21**

VETERINARIAN INFORMATION

Name: Dr K WILK	Date of examination: 06 Jun 2021	Equipment make/model: EASOTE MY CAS X7
Address: 693 MARSHMAN RD ARLH A	Phone number: 021 701881	

PHYSICAL EXAMINATION

Weight: <u>24</u> kg	Any other relevant findings: 
<input type="radio"/> Dehydrated <input type="radio"/> Pregnant	
<input type="radio"/> Lactating <input type="radio"/> Other, describe: _____	

ULTRASOUND FINDINGS

Left kidney size: 57mm x 30mm	<input checked="" type="radio"/> Normal <input type="radio"/> Enlarged <input type="radio"/> Small	Right kidney size: 57mm x 35mm	<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

<input checked="" type="radio"/> Normal <input type="radio"/> Equivocal <input type="radio"/> Findings consistent with polycystic kidney disease	Comments: normal Appearing kidneys
--	--

RECOMMENDATIONS

Veterinarian's signature:  Date: **26 Jun 2021**