

POLYCYSTIC KIDNEY DISEASE SCREENING EXAMINATION FINDINGS

PATIENT INFORMATION

Owner/Agent name: K JOYCE	City: 235 SOUTHFIELD DRIVE LINCOLN 7608	Phone No: 021 137 9328
Animals registered name: CH RAIDEN JACK NAPIER	Breed: BULL TERRIER	Date of birth: 06/03/2018
		<input checked="" type="radio"/> Male <input checked="" type="radio"/> Intact <input type="radio"/> Female <input type="radio"/> Desexed
Animals registration number: 03362-2018	Sire's registration number: AM04702603	Dam's registration number: 02818-2016

Microchip Number: **900141000013115**

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: *19-5-21*

VETERINARIAN INFORMATION

Name: <i>DR K WYLLIE</i>	Date of examination: <i>17.05.2021</i>	Equipment make/model: <i>ESAOTE</i>
Address: <i>693 MARSHLAND RD, DURUTHA</i>	Phone number:	

PHYSICAL EXAMINATION

Weight: <u><i>26.5</i></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: <input checked="" type="radio"/> Normal	Right kidney size: <input checked="" type="radio"/> Normal	Cysts present: <input type="radio"/> YES
<input type="radio"/> Enlarged	<input type="radio"/> Enlarged	<input checked="" type="radio"/> NO
<input type="radio"/> Small	<input type="radio"/> Small	

Comments:

ASSESSMENT/DIAGNOSIS

<input checked="" type="radio"/> Normal <input type="radio"/> Equivocal <input type="radio"/> Findings consistent with polycystic kidney disease	Comments: <i>normal Appearance to kidneys</i>
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RECOMMENDATIONS

Recheck examination: None 6 mths 1 year 2 years

Veterinarian's signature: <u><i>[Signature]</i></u>	Date: <u><i>DR K WYLLIE</i></u>
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