RAIDEN FLOWERS N CANDY  Animals registration number:  02818-2016  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 abov  Owner/Agent:  Date: 26-06-2017   Date: 26-06-2017  Date: 26-06-2017  Date: 26-06-2017  Date: 26-06-2017   Date:	POLYCYSTIC	KIDNEY DISEASE	SCREENIN	IG EXAMII	NATION FIND	INGS		
KATHRYN JOYCE		PATIE	NT INFORMA	TION		Ada S		
Animals registered name: RAIDEN FLOWERS N CANDY BULL TERRIER  Alway/2016  Animals registration number: 02818-2016  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 abov  Owner/Agent:  Date of examination:  Equipment make/model: 25 AOTZ MYLAS TACK  Phone number: 3 SISPAS 64  Described to problem of the comments:  Phone number: 3 SISPAS 64  Described to problem of the comments:  Phone number: 3 SISPAS 64  Described to problem of the comments:  Phone number: 3 SISPAS 64  Described to problem of the comments:  Phone number: 3 SISPAS 64  Described to problem of the comments:  Phone number: 3 SISPAS 64  Described to problem of the comments:  Phone number: 3 SISPAS 64  Described to problem of the comments:  Phone number: 3 SISPAS 64  Described to problem of the comments:  Phone number: 3 SISPAS 64  Described to problem of the comments:  Phone number: 3 SISPAS 64  Described to problem of the comments:  Phone number: 3 SISPAS 64  Described to problem of the comments:  Phone number: 3 SISPAS 64  Described to problem of the comments:  Problem of the comments of the comments:  Problem of the comments of the comment of the com	Owner/Agent name:	City:	City:			Phone No:		
RAIDEN FLOWERS N CANDY  Animals registration number:  02818-2016  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 abov  Owner/Agent:  Date of examination:  Date	KATHRYN JOYCE	LINCOLN	LINCOLN			021 137 9328		
Animals registration number:  02818-2016  Microchip Number: 9000000349793  I certify that I am the owner of or agent for this animal, and that the animal presented for examination is described abov  Owner/Agent:  Date: 26-06-2017  Name: 26-06-2017  Date: 26-06-2017  Date of examination: Equipment make/model: 25-07-2017  Address: 914 Glock STEA St Phone number: 03 38-94-56-4  Weight: kg Phone number: 03 38-94-56-4  Weight: kg Any other relevant findings: 915 Mormal Cysts present: 915 Mormal Small Small Comments: 915 Mormal Commen	Animals registered name:	Breed:		Date of birth	: C	) Male 🗸	Intact	
Description of the content of the	RAIDEN FLOWERS N CAN	DY BULL TER	RIER	14/02/201	6	Female	Desexed	
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 abov  Owner/Agent: Date: 26-06-2017  VETERNAR/ARCHIPTOTA/ARCHO1  Name: Date of examination: Equipment make/model: 25-ACT 2 MTLAS TALLE  Address: 51L GLOCCESTER St PHYSICAEEX SMILITATION  Weight: kg Phone number: 03 88-94-5 64  PHYSICAEEX SMILITATION  Weight: Agency Street St PHYSICAEEX SMILITATION  Uther security of the secretary of the secretar								
Certify that I am the owner of or agent for this animal, and that the animal presented for examination is described above   Owner/Agent:					06563-2011			
Owner/Agent: Date: 26-06-2017  VETERINARIATEINFORMATION  Name: Leguipment make/model: 25-072 MTAB TMCE  Address: 514 Grovester St Phone number: 03 3894-564  Phone number: 03 3894-564  PHYSICAL EXAMINATION  Weight: kg Any other relevant findings: Other describe: VETRASOUND ENVOINGS  Left kidney size: Normal Right kidney size: Normal Cysts present: YES Small Small Small  Comments:  ASSESSMENT/DIAGNOSIS  Phone of mths 1 year 2 years								
Name:    Date of examination:   Equipment make/model:   25 Inv 2017	I certify that I am the owner of or	r agent for this animal	, and that the	animal prese	ented for examin	ation is describe	ed above	
Name:    Date of examination:   Equipment make/model:   25 ADD   2	Owner/Agent:	use .			Date: 26-	06-201	7.	
Address:  514 GLOCESTER St  Phone number: 03 38945 64  PHYSICAL EXAMINATION  Weight: kg  Dehydrated   Pregnant   Lactating   Other describe:		VETERIN <i>A</i>	ARIAN INFORI	VIATION				
Address:  514 GLOCESTER St  PHYSICAL EXAMINATION  Weight: kg  Dehydrated   Pregnant  Lactating   Other_describe:	Date of examination.				Equipment make/model:			
PHYSICAL EXAMINATION  Weight: kg	KIRSTEN WILLE	20 Ju	v 20m		ESAOTE M	THAS THICE		
Weight:kg		•	,			1-564		
Dehydrated Pregnant  Lactating Other describe:  ULTRASOUND FINDINGS  Left kidney size: Normal Right kidney size: Normal Enlarged Small  Small Small  Comments:  ASSESSMENT/DIAGNOSIS  Normal Comments:  Equivocal Findings consistant with polycystic kidney disease  RECOMMENDATIONS  Recheck examination: None 6 mths 1 year 2 years		PHYSIC	AL EXAMINA	TION				
Dehydrated Pregnant  Lactating Other describe:  ULTRASOUND FINDINGS  Left kidney size: Normal Right kidney size: Normal Cysts present: YES  Enlarged Enlarged  Small Small  Comments:  ASSESSMENT/DIAGNOSIS  Normal Comments:  Equivocal  Findings consistant with polycystic kidney disease  RECOMMENDATIONS  Recheck examination: None 6 mths 1 year 2 years	Weight:kg	Any other relevant findings:						
Left kidney size:	○ Dehydrated ○ Pregnant							
Left kidney size: Normal Right kidney size: Normal Cysts present: YES  Enlarged Enlarged Small  Small  Small  Comments:  ASSESSMENT/DIAGNOSIS  Comments:  Equivocal  Findings consistant with polycystic kidney disease  RECOMMENDATIONS  Recheck examination: None 6 mths 1 year 2 years	Lactating Other, describe:							
Enlarged Small Small Comments:  ASSESSMENT/DIAGNOSIS Comments:  Equivocal Findings consistant with polycystic kidney disease  RECOMMENDATIONS  Recheck examination: None 6 mths 1 year 2 years		ULTRA	SOUND FINDI	NGS				
Enlarged Small Small  Comments:  ASSESSMENT/DIAGNOSIS  Recheck examination:  None  Enlarged Small Small  Small  Comments:  ASSESSMENT/DIAGNOSIS  Comments:  RECOMMENDATIONS  1 year 2 years	Left kidney size:	lormal Right kidney s	ize:	Normal	Cysts present:	0	YES	
ASSESSMENT/DIAGNOSIS  Normal  Equivocal  Findings consistant with polycystic kidney disease  RECOMMENDATIONS  Recheck examination:  None  6 mths  1 year  2 years	O En	larged				0	NO	
ASSESSMENT/DIAGNOSIS  Normal  Equivocal  Findings consistant with polycystic kidney disease  RECOMMENDATIONS  Recheck examination:  None  6 mths  1 year  2 years		Small		Small				
Normal  Equivocal  Findings consistant with polycystic kidney disease  RECOMMENDATIONS  Recheck examination:  None  6 mths  1 year  2 years	Comments:							
Equivocal Findings consistant with polycystic kidney disease  RECOMMENDATIONS  Recheck examination:  None  6 mths  1 year  2 years		ASSESS	MENT/DIAGN	losis -				
Findings consistant with polycystic kidney disease  RECOMMENDATIONS  Recheck examination:  None  6 mths  1 year  2 years	Normal	Kandew November 4 C	Comments:					
Recheck examination:  None  6 mths  1 year  2 years	Equivocal	Market Artistant and Mark						
Recheck examination: None 6 mths 1 year 2 years	Findings consistant with polyc	ystic kidney disease						
		RECO	MMENDATIO	NS				
	Recheck examination:	None (	6 mths		1 year		2 vears	
Veterinarian's signature:	and regards						- years	
Date: \land	Veterinarian's signature:	MI			Date:2k	0 . 6 . 17		