

POLYCYSTIC KIDNEY DISEASE SCREENING EXAMINATION FINDINGS

PATIENT INFORMATION

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="radio"/> Intact <input checked="" type="radio"/> 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

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

PHYSICAL EXAMINATION

Weight: _____ 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:
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RECOMMENDATIONS

Recheck examination: <input checked="" type="radio"/> None	<input type="radio"/> 6 mths	<input type="radio"/> 1 year	<input type="radio"/> 2 years
Veterinarian's signature: <u>[Signature]</u>	Date: <u>26.6.17</u>		