



15 Marshland Road Christchurch  
Phone: 03 385 6156 Fax: 03 385 5462  
reception@shirleyvet.co.nz

4<sup>th</sup> April 2017

"Sophie" - Eragon Dragons Dream

D.O.B. 02/05/14 a red + white bull terrier  
lurch, owned by Mrs J. Davis, of  
307 Homden St, Darfield

Microchip # 953 010 000 014 542

was scanned and shown to have  
no sign of polycystic kidney disease.

*Deborah Simpson*  
vets

DEBORAH SIMPSON

## Shirley Vet Clinic

**From:** Gribbles Vet Path-CH <results-CH@gribbles.co.nz>  
**Sent:** Wednesday, 5 April 2017 10:11 AM  
**To:** Lab Results  
**Subject:** Davis - CH1707238 - CHEM - 195664A

@HEADER  
ACCESSION CH1707238  
REPORTCHEM  
REPORTSTATUS INTERIM  
OWNER Davis  
SUBREF 195664A  
SPECIES Canine  
BREED Bull Terrier  
SEX Female  
AGE 2 YEAR(S)  
SENT 4/04/2017 14:43:22  
RECEIVED 4/04/2017 14:43:22  
SIGNEDDATE 4/04/2017 15:52:13  
SUBMITTER DB  
TECHNICIAN MLEPHE  
LABORATORY Gribbles Veterinary Pathology Ltd Christchurch  
LABADDR1 7 Halkett Street  
LABADDR2 Christchurch 8140  
REPORTFEE 18.81

### @RESULTS

SOPHIE UTP 0.25 G/L  
SOPHIE UCCRE 27019 UMOL/L

SOPHIE UPRCR 0.08 RATIO

### @COMMENTS

Renal proteinuria is defined as persistently elevated UP/Cs greater than 0.5 in dogs, & > 0.4 in cats which pre- and postrenal proteinuria has been ruled out. They may be of glomerular or tubulointerstitial origin. UP/Cs greater than 1-2.0 are strongly suggestive of glomerular disease.

IRIS (International Renal Interest Society [www.iris-kidney.com](http://www.iris-kidney.com) <<http://www.iris-kidney.com>>) recommends that at least 3 urine samples are collected over a period of at least 2 weeks for sub-staging renal disease.

UP/C value	Substage
Dogs	Cats
< 0.2	< 0.2 Non-proteinuric
0.2 - 0.5	0.2-0.4 Borderline proteinuric
> 0.5	> 0.4 Proteinuric

Urine Protein Creatinine Ratio performed and reported by Gribbles Veterinary, Halkett St, Christchurch Reference Ranges and Method Reference will be supplied on request Testing Requested

1 x Urine Protein Creatinine Ratio

1 x Urine Protein Creatinine Ratio

@END

IMPORTANT - GRIBBLES is a division of Healthscope Limited.

DB ✓  
GT ✓  
"O" D  
G GT 4H 4/L  
manga



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**Accredited Breeders Scheme**  
**NZKC**  
 Private Bag 50903, Porirua 5240  
 Phone: (04) 237-4489; Fax: (04) 237-0721  
 www.nzkc.org.nz

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## Application for Kidney Database

*Please type or print legibly. To ensure accuracy please enclose copy of the dog's registration papers*

Previous application number (if any):		Registration number: <u>04042-2014</u>	
Registered name: <u>Eragon Dragons Dream</u>		Sex: <u>Female</u>	Colour: <u>Red/White</u>
Breed: <u>Bull Terrier</u>		Date of Birth (dd/mm/yy) <u>2-MAY-2014</u>	
ID Number (if any): <u>953010000014542</u>	<input type="checkbox"/> Tattoo <input checked="" type="checkbox"/> Microchip	Registration number of Sire: <u>0478CV</u>	Registration number of Dam: <u>03071-2011</u>
Owner Name: <u>Jaime Davis</u>		Date of current examination (dd/mm/yy) <u>04/04/2017</u>	
Co-owner Name:		Examining veterinarian's name or veterinary hospital: <u>D. SIMPSON</u> <u>SHIRLEY VET CENTRE</u>	
Mailing address: <u>307 Holndon St</u>		Mailing address: <u>15 MARSHLAND RD, SHIRLEY</u>	
City: <u>Dalfield</u>	Postcode: <u>7510</u>	City: <u>CHRISTCHURCH</u>	Postcode: <u>8640</u>
Phone (Mobile): <u>0211026352</u>	email:	Phone (Mobile):	email: <u>shirleyvet@xtra.co.nz</u>

<input checked="" type="checkbox"/> I declare that the details of the dog described are accurate and relate to the dogs tested.
<input checked="" type="checkbox"/> I hereby authorise the release of the test results to the NZKC for publication on this dog's pedigree.
<input checked="" type="checkbox"/> I give my consent for these results to be used for the purpose of statistical analysis and scientific research and for the statistical analysis and scientific research to be published.
<u>[Signature]</u> (Signature of owner) <u>4-4-17</u> (Date)

### Veterinary Information

- ☐ Normal:<0.5 UP/UC Ratio
- ☐ Abnormal:>0.5 UP/UC Ratio
- ☒ Actual Value Reported (attach copy of laboratory report)

<input checked="" type="checkbox"/> I certify that the examination was performed according to the ABS procedure.
<input checked="" type="checkbox"/> I DID verify tattoo/microchip information on this dog <input type="checkbox"/> I DID NOT verify tattoo/microchip information on this dog
<u>[Signature]</u> Veterinarian Signature <u>04/04/2017</u> Date:(Date/Month/Year)

### Fees:

Fees for data base entry by submitter ..... \$5.00  
 Fees for data base entry by NZKC ..... \$35.00

Payments can be made by cheque, cash, bank deposit, Visa or Mastercard, payable to The New Zealand Kennel Club Inc

Card Number (Visa or Mastercard)
----------------------------------

Name on Card

Expiry Date

PLEASE PRINT OUT AND TAKE TO YOUR VETERINARIAN