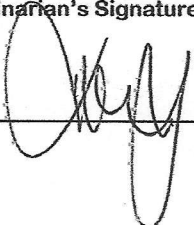


## Polycystic Kidney Disease Screening Examination Findings

PATIENT INFORMATION					
Owner/Agent Name: <i>Kathryn Joyce</i>		City: <i>Lincoln 7608</i>		Phone Number: <i>03 3252 993</i>	
Animals Registered Name: <i>Raiden Jack The Jill</i>		Breed: <i>Bull Terrier</i>	Date Of Birth: <i>17/07/2011</i>	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Desexed
Animals Microchip Number: <i>985170000136182</i>	Animals Registration Number: <i>05613-2011</i>	Sire's Registration Number: <i>AL01850104</i>		Dam's Registration Number: <i>07498-2005</i>	
I certify that I am the Owner or Agent for this animal and that the animal presented for examination is described above					
Owner/Agent: <i>K. Joyce</i>				Date: <i>18-10-2012</i>	
VETERINARIAN INFORMATION					
Name: <i>DR K WYLIE</i>		Date: <i>16.10.12</i>		Equipment Make/Model: <i>ESAOTE MY LAB TWICE</i>	
Address:				Phone Number:	
PHYSICAL EXAMINATION					
Weight: _____ kg			Any other relevant findings:		
<input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe			COPY		
Comments:					
ULTRASOUND FINDINGS					
Left kidney size:		Right kidney size:		Cysts present:	
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Enlarged <input type="checkbox"/> Small		<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Enlarged <input type="checkbox"/> Small		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Comments:					
ASSESSMENT/DIAGNOSIS					
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Equivocal <input type="checkbox"/> Findings consistent with Polycystic Kidney Disease					
Comments:					
RECOMMENDATIONS					
Recheck examination: <input type="checkbox"/> None <input type="checkbox"/> 6 months <input checked="" type="checkbox"/> 1 year <input type="checkbox"/> 2 years					
Comments:					
Veterinarian's Signature: 		Area Of Specialty:		Date: <i>16 /10 /12</i>	
Total Vets Ltd 516 Gloucester St Christchurch 8011 Ph: 389 4564 www.totalvets.co.nz					