Polycystic Kidney Disease Screening Examination Findings

PATIENT INFORMATION

Owner/Agent Name:	City:	Phone Number:
Kathryn Joyce	Lincoln 7608	03 3252 993

Animals Registered Name:	Breed:	Date Of Birth:	☑ Male ☐ Female	☑ Intact ☐ Desexed
Raiden Jack The Jill	Bull Terrier	17/07/2011		

Animals Microchip Number:	Animals Registration Number:	Sire's Registration Number:	Dam's Registration Number:
985170000136182	05613-2011	AL01850104	07498-2005

I certify that I am the Owner or Agent for this animal and that the animal presented for examination is described above

Owner/Agent: Joyce Date: 18-10-2012

VETERINARIAN INFORMATION

Name:	Date:	Equipment Make/Model:
DR K WYLIE	16.10.12	ESAOTE MY LAB TWICE

Address: Phone Number:

PHYSICAL EXAMINATION

Weight: _____ kg

☐ Dehydrated ☐ Pregnant ☐ Lactating

☐ Other, describe

Any other relevant findings:

Comments:

ULTRASOUND FINDINGS

Left kidney size:	Right kidney size:	Cysts present:
☑ Normal	☑ Normal	☐ Yes
☐ Enlarged	☐ Enlarged	☑ No
☐ Small	☐ Small	

Comments:

ASSESSEMENT/DIAGNOSIS

☑ Normal

☐ Equivocal

☐ Findings consistent with Polycystic Kidney Disease

Comments:

RECOMMENDATIONS

Recheck examination: ☐ None ☐ 6 months ☑ 1 year ☐ 2 years

Comments:

Veterinarian's Signature:	Area Of Specialty:	Date:
		16/10/12

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