

**Result of Kidney Examination**

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| Patient information |
| Cat’s registered name | Breed | Date of birth (yyyy-mm-dd) |
| Registration number | ID number | [ ] Male [ ] not altered[ ] Female [ ] altered |
| Sire | Dam |
| Owner | Email | Phone number |
| Adress, Post code, City, Country |
| I understand that the result is archived at Ragdollklubben Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Veterinary information |
| Name | Examination date | Examination equipment |
| Physical examination |
| The cat must be ID-marked with tattoo or microchip. Is the cat’s ID checked? [ ] Yes [ ] No |
|  [ ] Dehydrated [ ] Pregnant [ ] Lactating [ ] Other, describe: Weight:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ kg |
| Comments |
| Ultrasonography |
| **Right kidney**Size:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Shape:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cortex-medulla ratio:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Echogenicity cortex-medulla:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Left kidney**Size:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Shape:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cortex-medulla ratio:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Echogenicity cortex-medulla:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Blood analysisBlood analysis registered if ultrasond changes found |
| [Bench marks]Creatinine:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] Haematokrit:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] |
| Result / Diagnosis |
| [ ] Normal[ ] Equivocal [ ] Kidney disease  | Comments |
| Signature |
| Veterinary’s signature | City and date |

 **A copy of this record of examination is sent to: Ragdollklubben ℅ Karin Eklund, Norrnäs 135, 880 41 Edsele, Sweden**
 **It is also possible to scan the record and mail it to:** avelssekreterare@ragdollklubben.com