

Screening Report for Clinic Participants

STCGD 11-6-2022

Date_____

Location_____

Name of Owner_____

Address_____

Phone_____ Email_____

Name of dog_____

Breed_____ Sex_____ Spayed/Neutered?_____

Age_____ Color_____

Has this dog been diagnosed previously with Bladder Cancer? Yes___ No___

By signing this form, I agree to allow my dog to be scanned with an ultrasound machine and do not hold the ultrasonographer or the Club liable for any unforeseen injury to myself or my dog during this procedure.

Signed_____ Date_____

Findings of Bladder Screening

Normal: Yes___ No___

Abnormal Findings (check all that apply)

Thickened wall_____

Suspicious mass_____ Approximate Size_____

Location in bladder:

Trigone_____

Apex_____

Body_____

Prostate_____

Ureter_____

Other comments:

I have performed the urinary bladder screen on the above-named dog, and I have recorded my findings on this form.

I recommend a follow-up appointment for this dog for further work-up with owner's veterinarian. _____

This dog does not require further work-up at this time. _____

Signed_____ Date_____

Veterinary Ultrasonographer/ Specialist