

## Screening Report for Clinic Participants

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\_\_\_\_\_

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### 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**