

Screening Report for Clinic Participants

STCGD 11-3-2024

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