

**Result of Kidney Examination**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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 analysis  Blood 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](mailto:avelssekreterare@ragdollklubben.com)