

## Patient History Report

**Client:** Reardon, Gayle (143931)  
**Phone:** (605) 366-2482

**Patient:** Zazu (143931-17)  
**Species:** Canine

**Breed:** Spaniel, Cavalier King Charles

**Address:** 205 Twin Oaks Road  
 Sioux Falls, SD 57105

**Age:** 1 Yrs. 6 Mos.  
**Color:** Blenheim

**Sex:** Male

Date	Type	Staff	History
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6/2/2017 C CXB Converted Document - FINAL 06/02/2017 - Em'd to Gayle 6/2/17 149PM LV

### MRI SCAN REPORT SYRINGOMYELIA EVALUATION

DATE OF SCAN: 6/2/2017

FINDING	PRESENT	ABSENT	COMMENT
CHIARI-LIKE MALFORMATION	<input type="checkbox"/>	<input checked="" type="checkbox"/>	MILD <input type="checkbox"/> MODERATE <input type="checkbox"/> SEVERE <input type="checkbox"/>
HERNIATION	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
KINKING	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
CENTRAL CANAL DILATION	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
HYDROMYELIA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
SYRINGOMYELIA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
VENTRICULAR DILATION	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
PSOM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bilateral
OTHER	Weight is in kg		



**Michael Podell, MSc, DVM**

B:Billing, C:Med note, CB:Call back, CK:Check-in, CM:Communications, D:Diagnosis, DH:Declined to history, E:Examination, ES:Estimates, I:Departing instr, L:Lab result, M:Image cases, P:Prescription, PA:PVL Accepted, PB:problems, PP:PVL Performed, PR:PVL Recommended, R:Correspondence, T:Images, TC:Tentative medl note, V:Vital signs