



# PET DOCTORS VETERINARY CLINIC

## Canine Report

Patient Name:

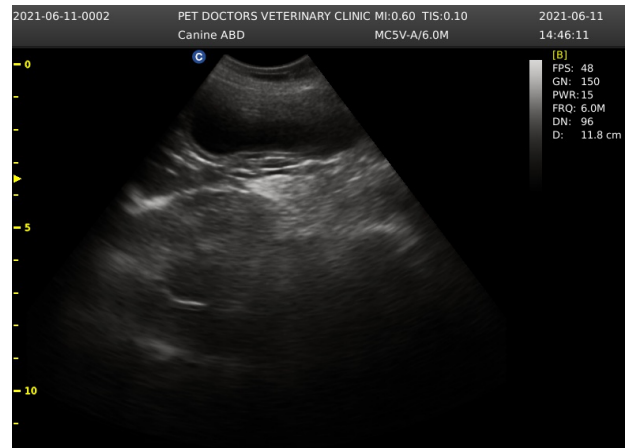
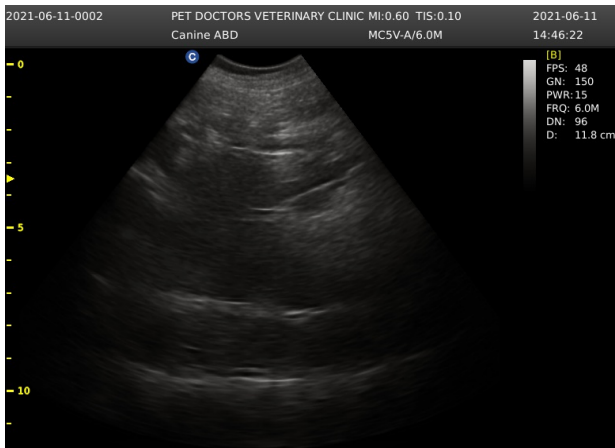
Age:0

Sex:

Patient ID:2021-06-11-0002

### Diagnostic

### Ultrasound Image:



### Description

### Tips

Doctor's signature(or stamp)

Date

This report is used for clinical reference only, Not used as prove material.