Test Date:

625 Harrison Street West Lafayette, IN 47907-2026 765-494-1107

Fax: 765-496-1025 PVHNeuro@purdue.edu

Patient Name:							Veterinarian:	Melissa Lewis
Sex:	M	F	CM	SF	DOB:	/ /		Stephanie Thomovsky
Reason for Testi	ng: A	\udit.	ory Ev	ominatio	n			
Reason for Testi	ng: P	Yuuru	ory Exa	ammano	Ш			
BAER Results/In	iterpi	retat	ion:					
Normal Hearing AU (both ears)								
Deaf AS (left ear only)								
Deaf AD (right ear only)								
				Deaf .	AU (both e	ears)		
Comments:								
*If you would like a copy of the report with the tracings, please email: PVHNeuro@purdue.edu , Attention: Drs. Lewis and Thomovsky and request the report using your pet's name.								
Veterinary Neurologists performing examination:								
Melissa Lewis, V	MD, l	PhD,	DACV	['] IM (Net	urology)			
Stephanie Thomo	vsky,	DVN	M, MS,	DACVI	M (Neurolo	ogy)		