

Minnesota Urolith Centre Quantitative Urolith Analysis Submission Form

Visit our website at: www.cvm.umn.edu/depts/MinnesotaUrolithCenter

CLINIC INFORMATION

Date: _____
Mr Mrs Miss Ms Dr
Veterinary Surgeon: _____
Clinic Name: _____
Address: _____

Postcode: _____
Telephone: () _____ Fax: () _____
Email: _____

CLIENT AND PATIENT INFORMATION

Owner's Name: _____
Animal's Name: _____
Dog/Cat: _____
Breed (specific): _____
Age of Pet: Years _____ Months _____
Gender: M MN F FN Unknown

Source of urolith: (tick all areas samples obtained from)

Upper Urinary Tract: Kidneys Ureters
Lower Urinary Tract: Bladder Urethra Voided
Other Source: Biliary Unknown Other

If "Other", please specify _____

Sample retrieval method:

Surgical Owner obtained
Voided Necropsy
Catheter Unknown
Lithotripsy Basket retrieval

Date retrieved _____

Date clinical signs first noted _____

Dietary history:

What type of diet was primarily fed **PRIOR** to urolith detection?
(select only one)

Homemade Table Food
Treats/Other Unknown
Commercial Food Prescription

If a **commercial diet** was fed, write the name of the **primary** diet fed

What form was this diet?

Dry Canned Semi-moist
Combination Unknown

Urinalysis and urinary case history:

Previous uroliths removed?

Yes No Unknown

Date: _____ Composition: _____

Date: _____ Composition: _____

Was the urine cultured within one month of urolith detection?

Yes No Unknown

Isolates _____

Medication

Antibiotic history (given within 1 month or urolith detection):

None Unknown
Aminoglycosides Cephalosporins
Fluoroquinolones Macrolides
Penicillins Tetracyclines
Sulphonamides Multiple Antibiotics
Other Antibiotics

Allopurinol – was this given at any time?

Yes No Unknown

Dosage and duration: _____

Other previous illness or injury:

Does the patient have any of the following illnesses or injuries?

None significant Portal Vascular Anomalies
Kidney Failure Hypercalcaemia
Seizure

Current body weight

Underweight
 Normal Overweight

IMPORTANT

- CANINE and FELINE urolith samples only.
- Send stones washed and DRY (NOT in formalin).
- **Urethral plugs: Matrix analysis: preserve ½ the plug in formalin for 24 hr., dry and seal separately: e.g. mesh holder designed for endoscopic pinch biopsies. Crystalline component: Submit the other ½ of the plug fresh but dry (pat dry with a paper towel).**
- DO NOT send urine samples or sediment.
- Container must be UNBREAKABLE.
- Label sample with the ANIMAL'S NAME and the OWNER'S SURNAME.



Post to: Australia: Hill's Pet Nutrition, PO Box 3964
Sydney NSW 2001 Telephone: 1800 800 733

Hill's is not responsible for stones that do not arrive. To ensure stone delivery we recommend registered post.
By submitting this form you accept your personal information will be held by Hill's and used solely for the purpose of urolith identification. You can download forms at http://urolithcenter.org/home/multi_lingual_forms. Alternatively, please visit www.myhillsvet.com/urolith