CANADIAN VETERINARY UROLITH CENTRE

UROLITH SUBMISSION

This $50.00 urolith analysis provided compliments of:

FOR OFFICE USE ONLY

LSD Lab No._________________

Resubmission on this animal? Yes ☐ No ☐

Previous no._________________

NOTE: SUBMITTING CLINICS ARE RESPONSIBLE FOR SHIPPING CHARGES.

PLEASE SUBMIT DRY UROLITHS IN A CLEAN PLASTIC VIAL (Urethral plugs: ½ in urine, ½ in clean plastic vial)

ANIMAL INFORMATION: PLEASE FILL IN THE BLANK OR CHECK WHERE APPROPRIATE:

Specimen submitted: calculus ☐ urethral plug ☐ sediment ☐ Animal’s name: ______________________________

Source of calculus: (check all applicable) renal pelvis ☐ ureter ☐ bladder ☐ urethra ☐ other_________________

Species: canine ☐ feline ☐ Breed: ______________________________

Age: ________ mo ________ yr

Environment of animal: outdoor ☐ indoor ☐ both ☐ Did the owner move or board this animal in the last 3 months? yes ☐ no ☐

Duration of problem: ________ wk ________ mo

# of OTHER animals on premises: cats _____ dogs _____ other: _______

LIST CLINICAL PROBLEMS:

1. ________________

2. ________________

RELEVANT HISTORY:

Was a urine sample obtained? Yes ☐ No ☐

If yes: AM ☐ or PM ☐

Approximate hours since last meal: 0-2 ☐ 2-6 ☐ 6-10 ☐ 10-14 ☐ 14+ ☐

Was the urine obtained: free flow ☐ catheter ☐ cystocentesis ☐

Were crystals present? yes ☐ no ☐

Specify type(s): struvite ☐ calcium oxalate ☐ phosphate ☐ urate ☐ other ______________

Were any of the following seen in the urine? WBCs ☐ RBCs ☐ bacteria ☐

What was the urine pH? ______________________________

What was the urine specific gravity? 1.0________

Was the urine cultured? yes ☐ no ☐

If yes, was it sterile? yes ☐ no ☐

Were antibiotics given? yes ☐ no ☐

Was blood taken? yes ☐ no ☐

If yes, was there hypercalcemia? yes ☐ no ☐

DIET

DRY

What diet was fed prior to urolith diagnosis?

How long has this diet been fed? ___________ mo. yr ___________ mo. yr

Amount fed __________________ % __________________ %

Feeding ad lib ☐ meal fed ☐

If meal fed, # of meals? _____________

CANNED

Weren’t fed? yes ☐ no ☐

Were table foods fed? yes ☐ no ☐

At the time of urolith diagnosis, was the animal receiving: steroids ☐ vitamin C ☐

Type of cat litter: clay ☐ recycled newspaper ☐ NoSorb ☐ other ☐

Length of time on this type of litter < 3 months ☐ > 3 months ☐

Does the cat also urinate outside? yes ☐ no ☐

In the Summer ☐ Spring ☐ Fall ☐ Winter ☐

FOR PREVIOUS UROLITHS ONLY:

Previous uroliths? yes ☐ no ☐ unknown ☐

If yes, date of detection ______________________________

Composition: struvite ☐ calcium oxalate ☐ phosphate ☐ urate ☐ other ______________

Source: (check all applicable) renal pelvis ☐ ureter ☐ bladder ☐ urethra ☐ other ______________

Date previous urolith voided or removed: ______________________________

Thank you for completing this questionnaire. The information provided will be used for ongoing research into urolith prevention.

Preferred language of correspondence: English ☐ French ☐