

# Request form for free quantitative urolith analysis

Please send stones DRY (not in formalin), and in an UNBREAKABLE container.

Please do not send urine samples or sediment. Please label the sample with the ANIMAL'S NAME, and the OWNER'S SURNAME

**SUBMITTED BY VETERINARY SURGEON:**

Mr  Mrs  Miss  Ms  Dr\* Date \_\_\_\_\_

Surname \_\_\_\_\_

Practice Name \_\_\_\_\_

EMAIL: \_\_\_\_\_

Postcode \_\_\_\_\_

Telephone Number \_\_\_\_\_

Facsimile Number \_\_\_\_\_

Owner's Name \_\_\_\_\_

Owner's Address \_\_\_\_\_

\_\_\_\_\_

Animal's Name \_\_\_\_\_

Species DOG / CAT \*please do not send other species without calling customer service

Breed (specific) \_\_\_\_\_

Birth Date \_\_\_\_\_

Gender M MC F FS UNK

Source:  Renal pelvis

Ureter

Bladder

Urethra

Voided

Other \_\_\_\_\_



Date voided or removed \_\_\_\_\_

What food was fed prior to urolith diagnosis?

\_\_\_\_\_

Approximately how long was the patient fed this food?

\_\_\_\_\_

Was a Hill's™ Prescription Diet™ product fed?  Yes  No

If yes, which one?

	Dry	Canned		Dry	Canned
Canine c/d	<input type="checkbox"/>	<input type="checkbox"/>	Feline c/d Multicare	<input type="checkbox"/>	<input type="checkbox"/>
Canine s/d	<input type="checkbox"/>	<input type="checkbox"/>	Feline k/d	<input type="checkbox"/>	<input type="checkbox"/>
Canine u/d	<input type="checkbox"/>	<input type="checkbox"/>	Feline s/d	<input type="checkbox"/>	<input type="checkbox"/>

Other \_\_\_\_\_

If yes, how long was the Prescription Diet™ product fed?

From \_\_\_\_\_ To \_\_\_\_\_

Urinary pH at, or just prior to, urolith removal \_\_\_\_\_

Previous uroliths?  Yes  No

If yes, date of detection \_\_\_\_\_

If yes, what was the composition? \_\_\_\_\_

\_\_\_\_\_

Was the urine cultured prior to stone retrieval?  Yes  No

Bacterial growth? \_\_\_\_\_

If yes, isolates \_\_\_\_\_

\_\_\_\_\_

Were antibiotics given prior to stone retrieval?  Yes  No

If yes, type \_\_\_\_\_

Dosage \_\_\_\_\_

Were urinary acidifiers or alkalinizers given prior to stone retrieval?

Yes  No

If yes, type \_\_\_\_\_

Dosage \_\_\_\_\_

Was allopurinol given prior to stone retrieval?  Yes  No

If yes, dosage and duration \_\_\_\_\_

Previous illness or injury

Diagnosis \_\_\_\_\_ Date \_\_\_\_\_

Diagnosis \_\_\_\_\_ Date \_\_\_\_\_

Patient's current body weight

Underweight  Normal  Overweight

