



MINNESOTA UROLITH CENTER QUANTITATIVE UROLITH ANALYSIS FORM

PLEASE SUBMIT STONES **DRY IN UNBREAKABLE** CONTAINER (FOR PLUGS SEE BELOW)

****Please copy this form****

LAB USE ONLY
Date Rec'd _____
Submitted _____

Date submitted _____

DOCTOR NAME: _____

CLINIC NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

FAX NUMBER: _____

Owner's Name _____

Patient's Name/ID# _____

Species _____

Breed _____

Birth Date _____

Gender: (circle one) M MC F FS Unk

Source: (check all areas samples obtained from)

Upper Urinary Tract Lower Urinary Tract

() Kidneys () Bladder

() Ureters () Urethra

() Voided

Other _____

Date retrieved or voided _____

What brand of diet was fed prior to urolith retrieval/diagnosis? _____

How long was this diet fed? _____

Was a prescription diet fed? Yes No

If yes, which one? (check one)

c/d dry () canned ()

k/d dry () canned ()

l/d dry () canned ()

s/d dry () canned ()

u/d dry () canned ()

w/d dry () canned ()

x/d dry () canned ()

z/d dry () canned ()

Other _____

How long was this diet fed? _____

Previous Uroliths? Yes No Unk

If yes, date of detection: _____

Mineral composition? _____

Was the urine cultured before/during stone retrieval? Yes No

Bacterial growth? Yes No

Isolates: _____

Were antibiotics given prior to stone retrieval? Yes No

Type/dosage: _____

Were urine acidifiers or alkalinizers given prior to stone retrieval? Yes No

Type/dosage: _____

Was allopurinol given prior to stone retrieval? Yes No

Dosage and duration: _____

Previous illness or injury:

Dx: _____; Date _____

Dx: _____; Date _____

FOR FELINE URETHRAL PLUGS ONLY
Preferred method for plug submission: 1/2 dry, 1/2 in formalin
How was the plug preserved? (check)
1. No preservative ()
2. 10% buffered formalin ()
3. Other _____
If sample is very small, please submit dry.

MAIL TO:

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