

Questionnaire to be filled out by veterinarian

VETERINARIAN QUESTIONNAIRE

Department of Small Animal Clinical Sciences
College of Veterinary Medicine
Knoxville, TN 37996-4544
E-mail: jbartges@utk.edu

C247 Veterinary Teaching Hospital
The University of Tennessee
Tele: (865) 974 - 8387

DALMATIAN URINARY STONE DISEASE

The purpose of this study is to determine if urate kidney stone formation is common in Dalmatians that have formed urate stones elsewhere in the past. When performing the necropsy, please: incise both kidneys longitudinally and examine the renal pelves, palpate and then open both ureters from renal pelvis to trigone, and completely open the urinary bladder. If you find any stones, sand, sludge, or solid matter in any part of the urinary tract please note the location, place them in small plastic bottles (material found in different sites separated and labeled accordingly), fill out the questionnaire, and mail the samples and completed questionnaire to us. Do not put any solid material found in the urinary tract in formalin; please send it dry. Please fill out the questionnaire and mail the completed questionnaire to us even if no material is found in the urinary tract and send by standard mail. You will be paid \$50 for your time by the study to supply stones or solid material if present and/or the completed questionnaire, and to cover costs of mailing the sample(s) and/or information to us.

Please provide the following information

Your name: \_\_\_\_\_ Owner's name: \_\_\_\_\_
Your clinic: \_\_\_\_\_ Street address: \_\_\_\_\_
Street address: \_\_\_\_\_ Additional address: \_\_\_\_\_
City: \_\_\_\_\_ City: \_\_\_\_\_
State: \_\_\_\_\_ State: \_\_\_\_\_
Zip Code: \_\_\_\_\_ Zip Code: \_\_\_\_\_
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Part A

Dog's name: \_\_\_\_\_ Age (yrs.) or date of birth: \_\_\_\_\_
Gender: \_\_\_\_\_ Color: \_\_\_\_\_
M/I M/C Black/white
F/I F/S Brown (liver)/white

Does the dog have a history of stone disease? Yes (please continue) No (please go to Part B)

Date first stone episode: \_\_\_\_\_ Type of stone: \_\_\_\_\_
Location of stone(s) - kidney ureter How managed: \_\_\_\_\_
mark all that apply bladder urethra Surgical removal
Voiding retrieval
Medical dissolution

If medically managed, Diet: (type): \_\_\_\_\_
please describe Drug: \_\_\_\_\_

Date of second episode: \_\_\_\_\_ Type and location: \_\_\_\_\_
Describe management: \_\_\_\_\_ Describe prevention: \_\_\_\_\_

If additional episodes, Please list on back of page

Part B

Date of death: \_\_\_\_\_ Cause of death: \_\_\_\_\_

Were urinary stones found on post mortem examination? Yes No

If yes, check all that apply: Right kidney Left kidney Right ureter Left ureter Urinary bladder Urethra

What diet was the dog eating at time of death? Was he/she on medication? Yes No

If on medication, please list: \_\_\_\_\_

Thank you. Please mail to address at top of page