DALMATIAN URINARY STONE DISEASE – OWNER’S CONSENT FOR AUTOPSY

I understand that Dr. Joe Bartges at the College of Veterinary Medicine, The University of Tennessee, is engaged in research investigating urate urinary stone disease in Dalmatians. Dalmatians form urate urinary stones because of their unique metabolism of uric acid. Because of this metabolic predisposition, Dalmatians may form stones not only in their bladder, but also in their kidneys. Unfortunately, little is known about the occurrence of urate kidney stones in Dalmatians and whether preventative measures for urate bladder stones are effective in also preventing urate kidney stones.

The purpose of this study is to detect the occurrence of urinary stones in kidneys of Dalmatians. In order to adequately evaluate the entire urinary tract, we are asking that you permit your veterinarian to perform a partial autopsy on your dog at no cost to you. Your veterinarian will need to examine only the urinary tract. If stones are found, he/she will collect them and send them to The University of Tennessee for analysis.

If I have questions, I may call Tammy Moyers or Dr. Joe Bartges at (865) 974-8387 for further information.

CONSENT: In return for the opportunity of contributing to this research project, I hereby give permission to Dr. ___________________________ to perform a partial autopsy examination on my dog. (insert your vet’s name)

Dog’s name ________________________________ Case Number ____________________

Client's signature __________________________ Date ____________________

(sign your name)

Veterinarian’s signature ______________________ Date ____________________
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: [ ] M/I [ ] M/C [ ] F/I [ ] F/S
Color: [ ] Black/white [ ] 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) – mark all that apply: [ ] kidney [ ] ureter [ ] bladder [ ] urethra
How managed: [ ] Surgical removal [ ] Voiding retrieval [ ] Medical dissolution

If medically managed, please describe:

Diet: (type): ____________________________
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

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