

In-house Urinalysis Form

PATIENT INFORMATION

Client: _____
Date: _____ Time: _____
Patient: _____
ID#: _____ Species: _____ Breed: _____ Age: _____
Sex/Status: _____
Collected By: _____

SAMPLE INFORMATION

Collection Method: Free Catch Cystocentesis
 Catheter Expressed
Time Since Collection: _____
Storage (if applicable): _____

PHYSICAL EXAMINATION

Parameter	Result
Color	_____
Clarity	_____
Odor	_____
Specific Gravity (USG)	_____

CHEMICAL ANALYSIS (DIPSTICK)

Parameter	Result
pH	_____
Protein	_____
Glucose	_____
Ketones	_____
Bilirubin	_____
Blood/Hgb	_____
Urobilinogen	_____
Nitrites	_____
Leukocytes	_____

MICROSCOPIC SEDIMENT

Prep: Centrifuged Uncentrifuged Stained: _____

Cells (/HPF unless noted)

RBCs: _____
WBCs: _____
Squamous Epithelial: _____
Transitional Epithelial: _____
Renal Epithelial: _____

Casts (/LPF)

Hyaline: _____
Granular: _____
Cellular: _____
Waxy: _____
Other: _____

Crystals

Struvite: _____
Calcium Oxalate: _____
Amorphous: _____
Urate: _____
Cystine: _____
Other: _____

Microorganisms

Bacteria: None Rare Few Moderate Many
Morphology: Cocci Rods Mixed
Yeast: None Present
Other (sperm, parasites, etc.): _____

ADDITIONAL TESTING

UPC: _____
Culture Submitted: Yes No
Culture Results: _____ Sensitivity: _____

Comments: _____

Veterinarian: _____ Tech: _____ Date: _____