

The Whole Story – Minnesota Urolith Center Case of the Month August, 2016



David, a 9-yr-old, male-neutered Yorkshire terrier had calcium oxalate (CaOx) uroliths removed by cystotomy 1.5 years ago. On routine follow-up X-rays, recurrent urocystoliths were detected (A). David was anesthetized and all uroliths were removed non-surgically by voiding urohydropropulsion. Uroliths were 100% calcium oxalate. Three uroliths had an unusual linear shape (B) and contained a linear hollow central track (C). One Percent of uroliths analyzed by the Minnesota Urolith Center in 2015 contained suture or a hollow central tract. We hypothesize that these uroliths form over suture from a previous bladder surgery. To minimize urolith recurrence, consider non-surgical removal methods to avoid the possibility of suture contributing to urolith recurrence. When surgery is necessary, strive to use surgical techniques that do not result in suture exposed to the lumen of the urinary tract.

[Use of urohydropropulsion, cystoscopy and lithotripsy to manage feline urolithiasis](#), Jody Lulich DVM, PhD, DACVIM, Hill's Global Symposium on Feline Lower Urinary Tract Health, Prague, 23rd - 24th April 2014

[Changing Paradigms in the Frequency and Management of Canine Compound Uroliths](#), Lisa K. Ulrich, CVT, Carl A. Osborne, DVM, PhD, Amy Cokley, BS, Jody P. Lulich, DVM, PhD, Vet Clin North Am Small Anim Pract. 2009 Jan;39(1):41-53. doi: 10.1016/j.cvsm.2008.09.009.