

Calcemia Panel Report



VDI Lab Services
 4685 Runway St. Ste K Simi Valley, CA 93063
 ph: 805-577-6742 fax: 805-426-8115

PATIENT NAME: Kobe Martin
SPECIMEN ID: 555555
SPECIES: Canine
GENDER: Male Neutered
AGE: 17.0
WEIGHT: 3.6 kg
BREED: Maltese

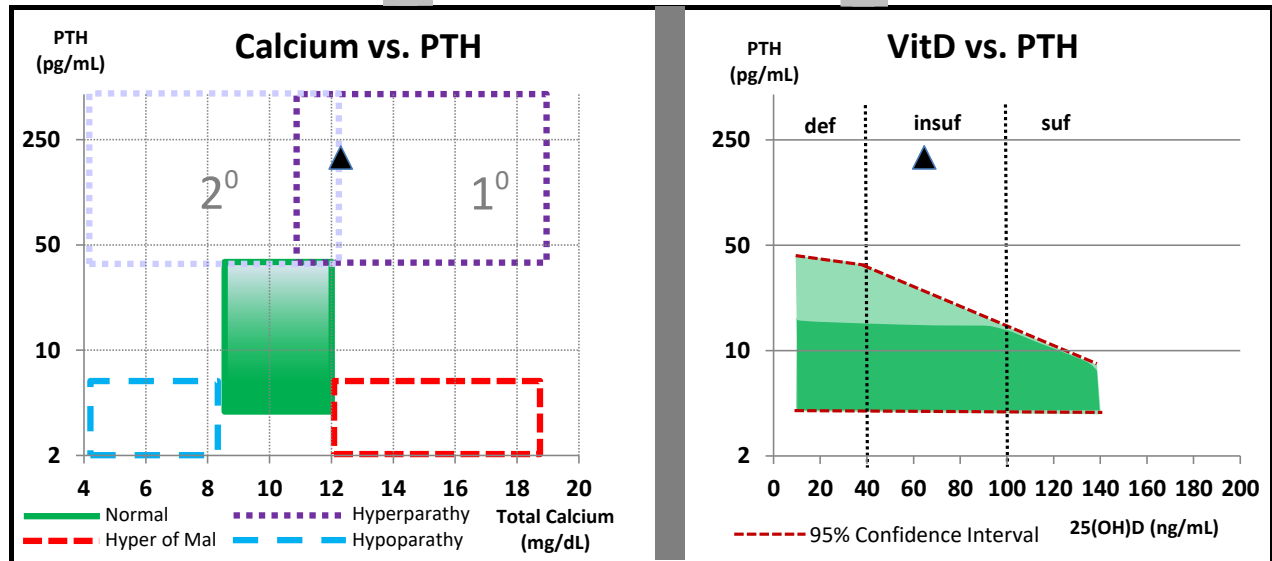
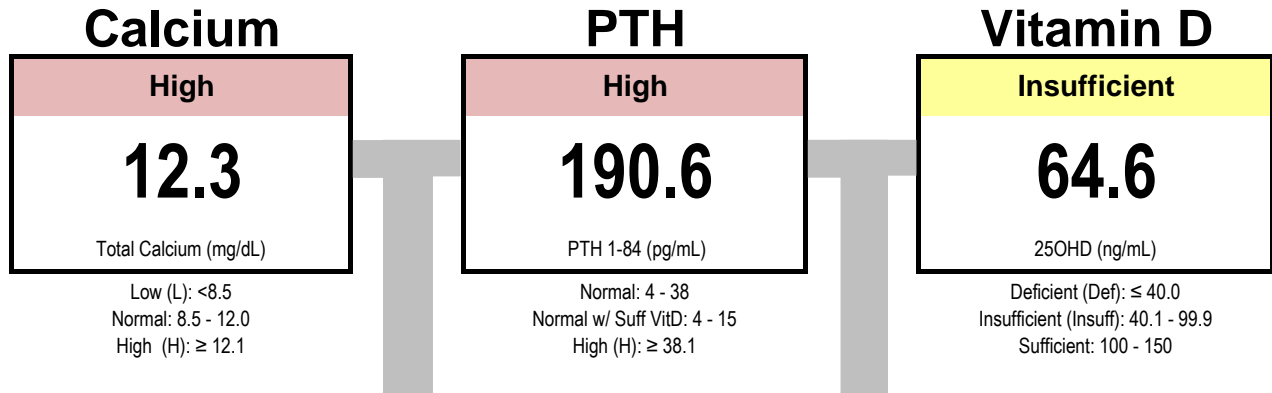
MRN: 1071453
DRAW DATE: 19-Jul-21
RECEIVED DATE: 23-Jul-21
REPORT DATE: 23-Jul-21
SAMPLE TYPE: Dried Serum - 2

VETERINARIAN:
FACILITY:
PH:
FAX:

PTH 1-84 CANINE CALCEMIA PANEL

Relevant Context (provided on TRF)

<input type="checkbox"/> Corticosteroids	<input type="checkbox"/> Antibiotics	<input type="checkbox"/> Suspected Mass	<input type="checkbox"/> Hypercalcemia
<input type="checkbox"/> NSAIDs	<input type="checkbox"/> Anemia	<input type="checkbox"/> Enlarged Node	<input type="checkbox"/> B12 Deficiency
<input type="checkbox"/> Chemotherapy	<input type="checkbox"/> GI Signs	<input type="checkbox"/> Fever	<input type="checkbox"/> Known Disease



Interpretive Comment

Patient has PTH-dependent hypercalcemia and due to an over-production of PTH - typically caused by a benign or malignant parathyroid tumor and in some instances 25(OH)D deficiency.

Patient is found to be vitamin D insufficient and should be supplemented per recommendations on supplemental page

Interpretive comments are general in nature and in absence of detailed knowledge of patient status or treatment. For more information on specific cases, please contact VDI.

Vitamin D Report

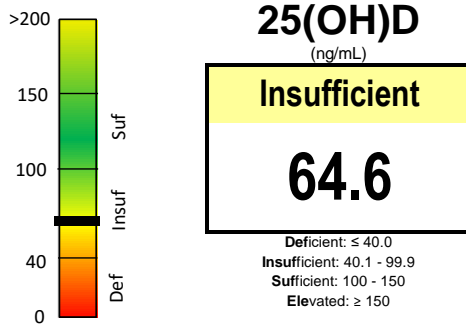


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Dose at time of draw:

Not Provided

Increase dose by:

200 IU/day



New Recommended Dose Range

Low End Sufficiency (~100 ng/mL)	High End Sufficiency (~130 ng/mL)
200 IU/day	400 IU/day
For most patients without underlying conditions, or taking corticosteroids	For patients that warrant a higher VitD level and/or those on corticosteroids.

Patient History

ID	Date	Result ng/mL	Known Dose iu/day

Interpretive Comments

Your patient is found to be insufficient. Insufficiency increases risk of developing other serious diseases. Current supplementation was not provided, so increase/start patient on D3 supplement per recommendations and retest in 8-10 weeks or 4 months for obese patients.

If any of the following occur, wait 2 months from the date of change, then retest:

Major Diet Change
Change in Health Status (eg PLE/PLN)
Change of Vitamin D supplement or daily treats

Supplementation is stopped for longer than 4 weeks
Patient is put on Corticosteroids
Patient is put on NSAIDS

Supplementation Guide

Total Dose Recommended:		200 IU/day ↔ 400 IU/day			
PRODUCT NAME	PRODUCT STRENGTH	PRODUCT FORMAT		Low End Dose	High End Dose
RxD3 <i>Rx Vitamins</i>	100 IU/ drop	Liquid Drops <i>Applied to food</i>	<input type="checkbox"/>	2 drops/day	<input type="checkbox"/> 4 drops/day
RxD3 Forte <i>Rx Vitamins</i>	500 IU/ drop	Liquid Drops <i>Applied to food</i>	<input type="checkbox"/>		<input type="checkbox"/> 1 drop/day

Retest NO SOONER THAN:

October 1, 2021