



**PATIENT NAME:** Kylie Stevens  
**SPECIMEN ID:** 555555  
**SPECIES:** Canine  
**GENDER:** Female Spayed  
**AGE:** 15.5  
**WEIGHT:** 15.85 kg  
**BREED:** Shepherd Mix

**MRN:** 1071240  
**DRAW DATE:** 8-Sep-21  
**RECEIVED DATE:** 14-Sep-21  
**REPORT DATE:** 14-Sep-21  
**SAMPLE TYPE:** Dried Serum - 2

**VETERINARIAN:**  
**FACILITY:**  
**PH:**  
**FAX:**

**Wellness Dashboard**

<p><b>Vitamin D</b></p> <p><b>Insufficient</b></p> <p><b>90.6</b></p> <p>Sufficiency: 100-150 ng/mL</p>	<p><b>B12</b></p> <p>[Empty Box]</p> <p>Normal: 220-1080 pg/mL</p>	<p><b>Magnesium</b></p> <p>[Empty Box]</p> <p>Normal: 1.7-2.9 mg/dL</p>	<p><b>tCa</b></p> <p>[Empty Box]</p> <p>Normal: 8.5 - 12.0 mg/dL</p>
<p><b>PTH<sup>1-84</sup></b></p> <p>[Empty Box]</p> <p>Normal: 4 - 38 pg/mL</p>	<p><b>Folate</b></p> <p>[Empty Box]</p> <p>Normal: 4.3 - 21.0 ng/mL</p>		

<p><b>Inflammation (CRP)</b></p> <p><b>High</b></p> <p><b>&gt; 50</b></p> <p>Optimal: ≤ 2.0 Normal: ≤ 3.9              Mild Inflammation (m): 4 - 9.9              Moderate Inflammation (M): 10 - 39.9              High Inflammation (H): ≥ 40 (mg/L)</p> <p>↑</p>	<p><b>Previous</b></p> <p>7/14/2021</p> <p><b>11.0</b></p>	<p><b>Chemistries</b></p> <p><b>Albumin Low</b></p> <p>Albumin</p> <p><b>CAR: 22.2</b></p>
<p>Patient is at a high inflammatory state. Odds ratio of death in an older dog is 1 in 4 within 6 months hence immediate attention is warranted.</p>		<p>Patient CRP/Albumin Ratio (CAR) is HIGH indicating high risk of serious disease. Immediate evaluation is warranted.</p>

2.3

**Additional Tests (canine only)**

<p><b>Cancer Risk</b></p> <p>[Empty Box]</p> <p>Very Low Risk: ≤ 2.1              Low Risk: 2.2 - 5.2              Elevated Risk: 5.3 - 8.9              Highly Elevated Risk: ≥ 9.0</p>	<p><b>Previous</b></p> <p>[Empty Box]</p>	<p><b>Osteoarthritis (HA)</b></p> <p>[Empty Box]</p> <p>Normal: ≤ 20              Positive: &gt; 20 (ng/mL)</p>	<p><b>Previous</b></p> <p>[Empty Box]</p>
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# Differential List



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

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## The following differential list is modified based on:

- Outside Ref Interval
- Within Ref Interval
- Not Performed
- Impacts List

### Specialty

- Cancer Risk
- CRP
- HPT
- HA
- B12
- Folate
- PTH 1-84

### Chemistries

- ALB
- ALT
- ALP
- BUN
- Creatinine
- Glucose
- Total Protein
- Globulin
- AG Ratio
- Calcium
- BUN/Creat Ratio
- Total Bili

### Other Modifiers

- Age
- Breed
- Medication

**CAR Ratio**  
**22.2**

The list of possible sources are common inflammatory diseases that correspond to the level of inflammation in this patient. Potential actions below may aid in further differential diagnosis. **BASED UPON CLINICAL PRESENTATION, SOME SOURCES CAN BE IMMEDIATELY EXCLUDED.**

## Possible Source

(in decreasing probability)

## Potential Action based on clinical relevance

Actions are organized by least invasive/expensive first

Infection	➔	left shift, culture, imaging
SIRS	➔	SIRS criteria, rule-out sepsis
Trauma	➔	imaging
IMHA	➔	anemia, Coomb's test, imaging
ITP	➔	anemia, thrombocytopenia, ANA titer
Steroid Resp MA	➔	CBC, CSF analysis, IgA
Cancer	➔	TK1 Cancer Panel (VDI), imaging, biopsy
Liver disease (non cancer)	➔	liver function tests, imaging
Parasites	➔	serological panel, PCR, imaging

Potential Action

code 310

1) With an elevated inflammatory state (CRP), recommend looking at the inflammatory conditions listed above. Please note this is not an exhaustive list. If found, disease should be treated and Canine CRP test should be performed to confirm resolution.

2) Supplement Vitamin D levels according the recommendations on the Vitamin D report.

Comments and recommendations are made in the absence of clinical background on the patient. The list of inflammatory diseases and diagnostic procedures are not exhaustive. For more detailed discussion regarding results, comments, or recommendations, please contact VDI at 805-577-6742.

# Vitamin D Report

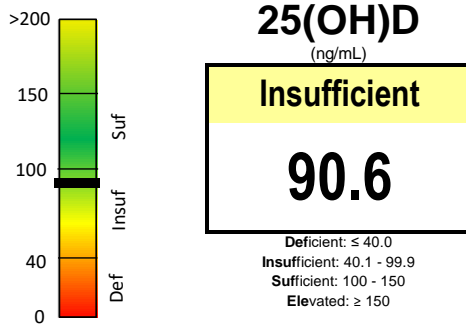


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Dose at time of draw:

0 IU/day

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

1000 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
436876	7/7/2021	94.3	0

### Interpretive Comments

Your patient is found to be insufficient. Insufficiency increases risk of developing other serious diseases. Supplement with D3 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

1000 IU/day

PRODUCT NAME	PRODUCT STRENGTH	PRODUCT FORMAT	Low End Dose	High End Dose
<b>RxD3</b> <i>Rx Vitamins</i>	100 IU/ drop	Liquid Drops <i>Applied to food</i>	<input type="checkbox"/> 2 drops/day	<input type="checkbox"/> 10 drops/day
<b>RxD3 Forte</b> <i>Rx Vitamins</i>	500 IU/ drop	Liquid Drops <i>Applied to food</i>	<input type="checkbox"/>	<input type="checkbox"/> 2 drops/day

**Retest NO SOONER THAN:**

**November 23, 2021**