



PATIENT NAME: Kobe Martin
SPECIMEN ID: 555555
SPECIES: Feline
GENDER: Female Spayed
AGE: 15.0
WEIGHT: 8.1 lb
BREED: DLH

MRN: 1072809
DRAW DATE: 27-Aug-21
RECEIVED DATE: 12-Sep-21
REPORT DATE: 13-Sep-21
SAMPLE TYPE: Dried Serum - 2

VETERINARIAN:
FACILITY:
PH:
FAX:

REPORT DATE: 13-Sep-2021

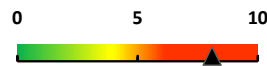
Relevant Context (provided on TRF)

<input type="checkbox"/> <6 mo	<input type="checkbox"/> Corticosteroids	<input type="checkbox"/> Antibiotics	<input type="checkbox"/> Suspected Mass	<input type="checkbox"/> Hypercalcemia
<input type="checkbox"/>	<input type="checkbox"/> NSAIDs	<input type="checkbox"/> Anemia	<input type="checkbox"/> Enlarged Node	<input type="checkbox"/> B12 Deficiency
<input type="checkbox"/>	<input type="checkbox"/> Chemotherapy	<input type="checkbox"/> GI Signs	<input type="checkbox"/> Fever	<input type="checkbox"/> Known Disease

Neoplasia Index™

NI fGILSA

High Positive
8.1
Index



Negative: ≤ 5.2
Equivocal: 5.3
Positive: 5.4 - 7.2
High Positive: ≥ 7.3

TK1

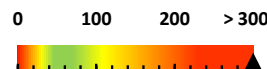
High
7.0
U/L



Normal: ≤ 3.0
Equivocal: ≤ 6.6
High (H): 6.6 - 20.0
Highly Elevated (HE): ≥ 20.1

HPT

High
>500
mg/L



Decreased (D): < 25
Normal: 25 - 64.9
Mild Inflamm (m): 65 - 225
High Inflamm (H): ≥ 225.1

Cobalamin

High
>2250
pgm/L

Folate

Low
4.9
ng/mL

Low (L): <268
Low Normal (LN): 268 - 400
Normal (N): 268 - 1478
High (H): ≥1479

Low (L): <7.3
Normal (N): 7.3 - 21.6
High (H): > 21.6

Interpretive Comments

Results are consistent with LSA

Patient has high positive Neoplasia Index indicative of lymphoma. This profile of TK1/ HPT/ B12, adjusted for short term corticosteroid use, is consistent with large cell lymphoma*. An ultrasound is recommended.

Interpretive Comments

High TK1 with a heightened inflammatory response is commonly found in large cell lymphoma. Short term corticosteroid use will suppress both the inflammatory response and cellular proliferation, therefore both TK1 and HPT may actually be higher.

Interpretive Comments

Patient has high B12 most likely due to supplementation. Patient also has a suppressed Folate level. Patient should be evaluated and treated. Retest in 8-10 weeks.

Contextual Comments (if needed)

profile code 42351 LARGE CELL LSA

* The classification of LSA is based upon test result profiling and should not be considered definitive. It is most reliable in the untreated cat. Patient disease classification will be affected if the patient is on corticosteroids or other anti-inflammatory or anti-proliferative medications. An ultrasound is always recommended and should be supportive of test results. If ultrasound and test results conflict, it is recommended the test be repeated in 3-4 weeks with the patient off of corticosteroids. If the test requisition indicates the patient is on corticosteroids, the Neoplasia Index will be adjusted for the effect medication may have on TK1/HPT. For definitive disease classification (eg, small cell, large cell), a biopsy is required.

Vitamin D Report

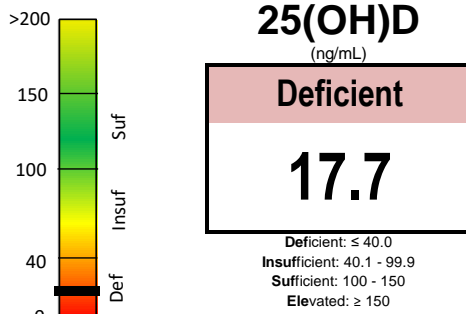


VDI Lab Services
4685 Runway St. Ste K Simi Valley, CA 93063
ph: 805-577-6742 fax: 805-426-8115

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Dose at time of draw:

Not Provided

Increase dose by:

400 IU/day



New Recommended Dose Range

Low End Sufficiency (~100 ng/mL)	High End Sufficiency (~130 ng/mL)
400 IU/day	900 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 deficient. Deficiency greatly increases risk of developing other serious diseases. Current supplementation was not provided, so increase (or start) patient on D3 per recommendations and retest in 8-10 weeks or 4 months for obese patients.

RECOMMEND EVALUATING SERUM MAGNESIUM LEVELS- CONTACT VDI

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

- | | |
|--|--|
| Major Diet Change | Supplementation is stopped for longer than 4 weeks |
| Change in Health Status (eg PLE/PLN) | Patient is put on Corticosteroids |
| Change of Vitamin D supplement or daily treats | Patient is put on NSAIDS |

Supplementation Guide

Total Dose Recommended:		400 IU/day	↔	900 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"/> 4 drops/day	<input type="checkbox"/> 9 drops/day
RxD3 Forte <i>Rx Vitamins</i>	500 IU/ drop	Liquid Drops <i>Applied to food</i>	<input type="checkbox"/> 1 drop/day	<input type="checkbox"/> 2 drops/day

Retest NO SOONER THAN:

November 22, 2021

B12 (Cobalamin) Report

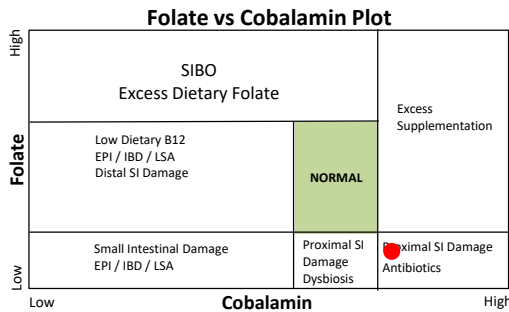
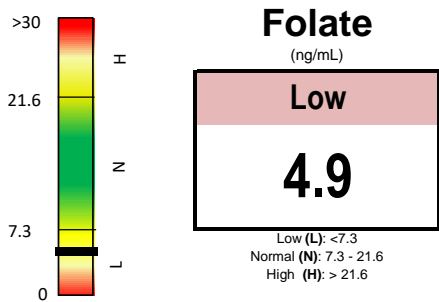
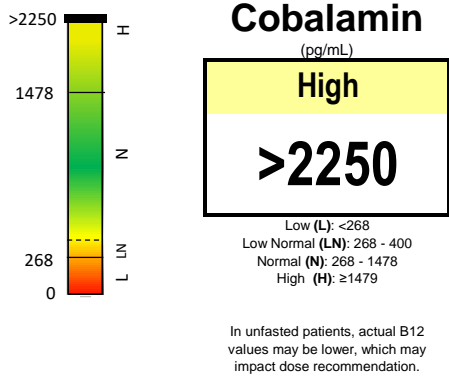


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B12 Dose at time of draw: **Not Provided**

Increase B12 dose by: **0 mcg/day**

New Recommended B12 Dose

Fasted Sample?	Unfasted
0 mcg/day	
B12 dosing recommendations are for daily supplementation. Continue indefinitely unless changes in health or diet require modification.	

Patient History

ID	Date*	B12 pg/mL	Folate ng/mL	Known B12 Dose mcg/day

*B12 results run prior to 9/7/21 use a different reference range and do not align with current reference range. Contact VDI with questions.

Comments

Patient has high B12 most likely due to supplementation. Patient also has a suppressed Folate level. Patient should be evaluated and treated. Retest in 8-10 weeks.

Total B12 Dose Recommended: **0 mcg/day**

PRODUCT NAME	PRODUCT STRENGTH	PRODUCT FORMAT	Drops Dose	mL Dose
RxB12 <i>Rx Vitamins</i>	250 mcg/mL 6.5 mcg/drop	Liquid Drops <i>Applied to food</i>	<input type="checkbox"/>	<input type="checkbox"/>
RxB12 Forte <i>Rx Vitamins</i>	1000 mcg/mL 33 mcg/drop	Liquid Drops <i>Applied to food</i>	<input type="checkbox"/>	<input type="checkbox"/>