



PATIENT NAME: Zuri Gutierrez
SPECIMEN ID: 459734
SPECIES: Canine
GENDER: Female Spayed
AGE: 10.0
WEIGHT: 27.6 lb
BREED: Basenji

MRN: 1080314
DRAW DATE: 21-Mar-22
RECEIVED DATE: 25-Mar-22
REPORT DATE: 25-Mar-22
SAMPLE TYPE: Dried Serum - 2

VETERINARIAN:
FACILITY:
PH:
FAX:

REPORT DATE: 25-Mar-2022

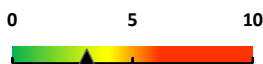
Relevant Context (provided on TRF)

<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

Neoplasia Index™

NI fGILSA

Negative
3.1
Index



Negative: ≤ 5.2
Equivocal: 5.3
Positive: 5.4 - 8.1
High Positive: ≥ 8.2

Interpretive Comments

Results are **INCONSISTENT** with GI LSA

Patient's Neoplasia Index is negative and inconsistent with intestinal lymphoma. This profile of TK1/ CRP/ B12 is consistent with inflammatory bowel disease. An ultrasound is recommended.

TK1
Equivocal
3.6
U/L



Normal: ≤ 3.0
Equivocal: ≤ 6.6
High (H): 6.6 - 24.9
Highly Elevated (HE): ≥ 25.0

Interpretive Comments

Results are consistent with: **IBD**

TK1 is very mildly elevated with a mild inflammatory response and commonly found in inflammatory bowel disease. If the patient is on corticosteroids, both TK1 and CRP may be higher as these medications suppress the inflammatory and proliferative response.

CRP
Mild
4.3
mg/L



Normal: ≤ 3.9
Mild Inflamm (m): 4 - 9.9
Mod Inflamm (M): 10 - 39.9
High Inflamm (H): ≥ 40

Cobalamin Normal 612.8 pgm/L	Folate Normal 11.4 ng/mL
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Low (L): <220
Low Normal (LN): 220 - 400
Normal (N): 220 - 1080
High (H): ≥1080

Low (L): <4.3
Normal (N): 4.3 - 21.0
High (H): > 21.0

Interpretive Comments

Patient has normal B12 and Folate levels. If supplementing, maintain current dose and retest in 1 year unless diet or health changes occur.

Contextual Comments (if needed)

profile code 11240 IBD

* The classification of LSA is based upon test result profiling and should not be considered definitive. It is most reliable in the untreated dog. 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.

B12 (Cobalamin) Report

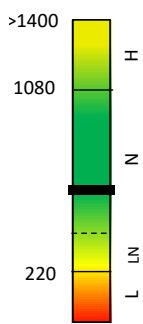


VDI Lab Services
4685 Runway St. Ste K Simi Valley, CA 93063
ph: 805-577-6742 fax: 805-426-8115

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Cobalamin (pg/mL)

Normal
612.8

Low (L): <220
Low Normal (LN): 220 - 400
Normal (N): 220 - 1080
High (H): ≥1080

In unfasted patients, actual B12 values may be lower, which may impact dose recommendation.

B12 Dose at time of draw:

Not Provided

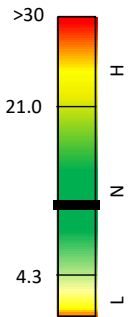
Increase B12 dose by:

0 mcg/day



New Recommended B12 Dose

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



Folate (ng/mL)

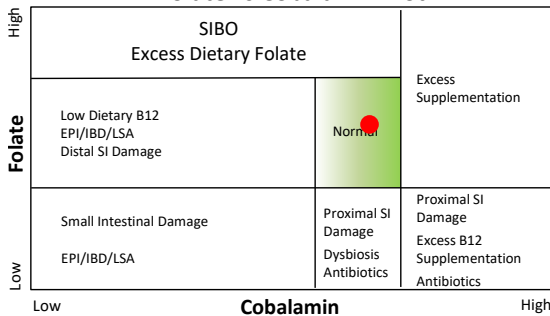
Normal
11.4

Low (L): <4.3
Normal (N): 4.3 - 21.0
High (H): > 21.0

Patient History

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

Folate vs Cobalamin Plot



Comments

Patient has normal B12 and Folate levels. If supplementing, maintain current dose and retest in 1 year unless diet or health changes occur.

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"/>

Vitamin D Report

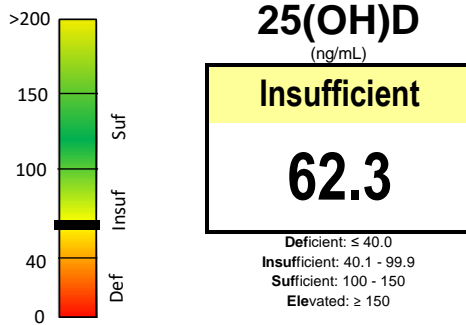


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Dose at time of draw:

Not Provided

Increase dose by:

800 IU/day



New Recommended Dose Range

Low End Sufficiency (~100 ng/mL)	High End Sufficiency (~130 ng/mL)
800 IU/day	1500 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. 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)
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:		800 IU/day ↔ 1500 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"/> 8 drops/day	<input type="checkbox"/> 0.5 mL/day
RxD3 Forte <i>Rx Vitamins</i>	500 IU/ drop	Liquid Drops <i>Applied to food</i>	<input type="checkbox"/> 2 drops/day	<input type="checkbox"/> 3 drops/day

Retest NO SOONER THAN:

June 3, 2022