

Gastrointestinal Disease Report



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

PATIENT NAME: Little Bean Dunning
SPECIMEN ID: 172467
SPECIES: Feline
GENDER: Male Neutered
AGE: 13.8
WEIGHT: 10.4 lb
BREED: DSH

MRN: 1078833
DRAW DATE: 15-Feb-22
RECEIVED DATE: 18-Feb-22
REPORT DATE: 10-Mar-22
SAMPLE TYPE: Frozen Serum

VETERINARIAN:
FACILITY:
PH:
FAX:

Gastrointestinal Disease - Dashboard

HPT High 308.7 Normal: 25 - 64.9	B12 Low 163.0 Normal: 268-1478 pg/mL	Folate Normal 9.8 Normal: 7.3 - 21.6 ng/mL	Vitamin D Insufficient 91.8 Sufficiency: 100-150 ng/mL
TK1 High 8.3 Normal: <3.0 U/L	Neoplasia Index High Positive 8.2 Negative: ≤ 5.2	fPL Positive Positive Idexx SNAP fPL	Magnesium Normal 2.4 Normal: 2.0-2.7 mg/dL
Total Protein Normal 6.5 Range: 6.3 - 8.8 g/dL	Albumin Normal 3.2 Range: 2.5 - 3.9 g/dL	Globulin Normal 3.3 Range: 2.9 - 5.9 g/dL	A/G Ratio Normal 1.0 Range: 0.4 - 1.5

Interpretation of results based upon patient exhibiting GI signs

Chronic Enteropathy 3632

LSA	High Confidence
Pattern is consistent with LSA. Patient has a positive Neoplasia Index and should be evaluated. An ultrasound is recommended. See report for details.	

Pancreatitis 2133

Detected	Moderate Confidence
While pancreatic lipase is positive, it may be concurrent with other disease.	

Protein Losing Enteropathy 2111

Normal	No Action
There is no evidence the patient has PLE.	

Essential Vitamins 2131

Deficiencies Detected	Suppl Warranted
Patient has been found to have deficiencies with recommended supplementation on attached report.	

Reviewer Comments



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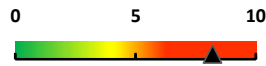
Relevant Context (provided on TRF)

<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"/> Yes Enlarged Node	<input type="checkbox"/> B12 Deficiency
<input type="checkbox"/>	<input type="checkbox"/> Chemotherapy	<input type="checkbox"/> Yes GI Signs	<input type="checkbox"/> Fever	<input type="checkbox"/> Known Disease

Neoplasia Index™

NI fGILSA

High Positive
8.2
 Index



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

TK1

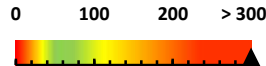
High
8.3
 U/L



Normal: ≤ 3.0
 Equivocal: ≤ 6.6
 High (H): 6.6 - 25.0
 Highly Elevated (HE): ≥ 25.1

HPT

High
308.7
 mg/dL



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

Cobalamin

Low
163.0
 pgm/L

Folate

Normal
9.8
 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 corticosteroid use, is consistent with large cell lymphoma*. An ultrasound is recommended.

Interpretive Comments

High TK1 with a high inflammatory response is commonly found in large cell lymphoma. Corticosteroid use will suppress the inflammatory response, therefore the inflammation level may actually be higher.

Interpretive Comments

Patient has low B12 and normal Folate levels, sometimes associated with Low dietary intake, or damage to the distal portion of the small intestines. Disease such as EPI, IBD, or LSA may cause the SI damage. Supplement as indicated and retest in 8-10 weeks.

Contextual Comments (If needed)

profile code 42321 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

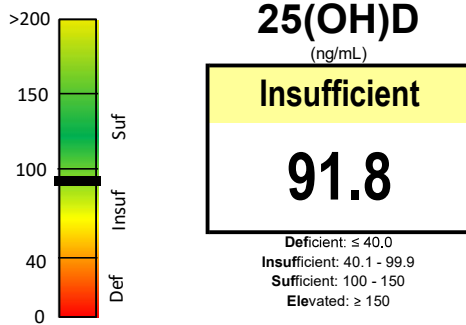


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Dose at time of draw:

0 IU/day

Increase dose by:

100 IU/day



New Recommended Dose Range

Low End Sufficiency
(~100 ng/mL)

High End Sufficiency
(~130 ng/mL)

100 IU/day

200 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:

100 IU/day

200 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"/> 1 drop/day	<input type="checkbox"/> 2 drops/day
RxD3 Forte <i>Rx Vitamins</i>	500 IU/ drop	Liquid Drops <i>Applied to food</i>	<input type="checkbox"/>	<input type="checkbox"/>

Retest NO SOONER THAN:

May 19, 2022

B12 (Cobalamin) Report

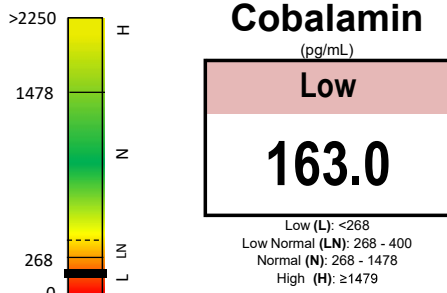


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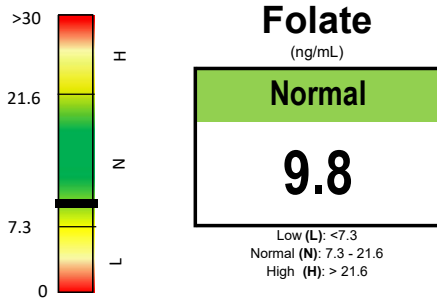
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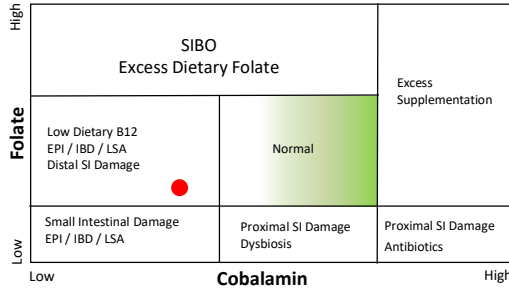
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In unfasted patients, actual B12 values may be lower, which may impact dose recommendation.



Folate vs Cobalamin Plot



B12 Dose at time of draw: 0 mcg/day
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 low B12 and normal Folate levels, sometimes associated with Low dietary intake, or damage to the distal portion of the small intestines. Disease such as EPI, IBD, or LSA may cause the SI damage. Supplement as indicated and 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"/>

Retest NO SOONER THAN: April 29, 2022

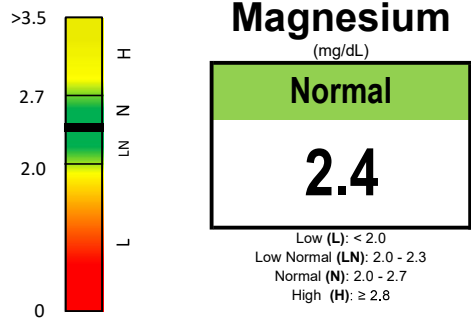


Magnesium Report

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Dose at time of draw:

0 mg/day

Increase Dose By:

0 mg/day



New Recommended Dose

MagRatio	Not Available
0 mg/day	
Magnesium dosing recommendations are for daily supplementation. Continue indefinitely unless changes in health or diet require modification.	

Patient History

ID	Date	Result mg/dL	Known Dose mg/day

Interpretive Comments

313

Patient has Normal Magnesium levels. Maintain current diet and supplementation retest in 1 year unless diet or health changes occur.

Supplementation Guide

Total Dose Recommended:		0 mg/day		
PRODUCT NAME	PRODUCT STRENGTH	PUMP VOLUME	PRODUCT FORMAT	Dose
Magnesium Lotion for Pets <i>Magnum Solace</i>	50 mg/mL	0.23 mL/pump 11.5 mg/pump	Topical Lotion	<input type="checkbox"/>
Other				<input type="checkbox"/>

Retest NO SOONER THAN: