



Gastrointestinal Disease Report

PATIENT NAME: Rosie Gibbs-Codes

MRN: 1072828

VETERINARIAN:

SPECIMEN ID: 172505

DRAW DATE: 7-Mar-22

FACILITY:

SPECIES: Canine

RECEIVED DATE: 10-Mar-22

GENDER: Female Spayed

REPORT DATE: 26-Aug-22

AGE: 3.5

SAMPLE TYPE: Frozen Serum

PH:

WEIGHT: 59 lb

FAX:

BREED: Pitbull Mix

Gastrointestinal Disease - Dashboard

Related Tests

<p>B12</p> <p>Low Normal</p> <p>393.9</p> <p>Normal: 220-1080 pg/mL</p>	<p>Folate</p> <p>Normal</p> <p>6.9</p> <p>Normal: 4.3 - 21.0 ng/mL</p>	<p>Vitamin D</p> <p>Insufficient</p> <p>92.5</p> <p>Sufficiency: 100-150 ng/mL</p>	<p>Magnesium</p> <p>Low Normal</p> <p>2.0</p> <p>Normal: 1.7-2.9 mg/dL</p>	<p>Allergies</p> <p>Not Tested</p>	
<p>CRP</p> <p>Normal</p> <p>2.3</p> <p>Normal: ≤ 3.0</p>	<p>TK1</p> <p>Equivocal</p> <p>6.2</p> <p>Normal: <3.0 U/L</p>	<p>Neoplasia Index</p> <p>Negative</p> <p><1.0</p> <p>Negative: ≤ 5.2</p>	<p>cPL</p> <p>Positive</p> <p>515.0</p> <p>Normal: <200 ng/mL</p>		<p>Addison's</p> <p>Cortisol</p> <p>Not Tested</p> <p>Normal: 1-6 ug/dL</p>
<p>Total Protein</p> <p>Normal</p> <p>6.7</p> <p>Range: 5.8 - 8.8 g/dL</p>	<p>Albumin</p> <p>Normal</p> <p>3.5</p> <p>Range: 2.9 - 4.3 g/dL</p>	<p>Globulin</p> <p>Normal</p> <p>3.2</p> <p>Range: 2.7 - 4.6 g/dL</p>	<p>A/G Ratio</p> <p>Normal</p> <p>1.1</p> <p>Range: 0.7 - 1.5</p>		<p>Cholangitis</p> <p>ALT ALP</p> <p>Not Tested</p> <p>ALT range: 10-110 U/L ALP range: 9-160 U/L</p>

Interpretation of results based upon patient exhibiting GI signs

Chronic Enteropathy 5123

Negative	No Action
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Pattern is inconsistent with IBD or LSA; pancreatitis is indicated. An ultrasound is recommended. Use of corticosteroids can suppress values yielding a possible false negative. Please review patient records.

Pancreatitis 3321

Detected	High Confidence
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Pattern and positive pancreatic lipase are consistent with pancreatitis.

Protein Losing Enteropathy 2111

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

Essential Vitamins 2221

Deficiencies Detected	Suppl Warranted
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Patient has been found to have deficiencies with recommended supplementation on attached report. Low normal B12 may be due to patient's pancreatitis. Please follow dosing recommendations.

Reviewer Comments



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SPECIMEN ID: 172505 **DRAW DATE:** 7-Mar-22 **FACILITY:**
SPECIES: Canine **RECEIVED DATE:** 10-Mar-22
GENDER: Female Spayed **REPORT DATE:** 26-Aug-22
AGE: 3.5 **SAMPLE TYPE:** Frozen Serum **PH:**
WEIGHT: 59 lb **BREED:** Pitbull Mix **FAX:**

REPORT DATE: 26-Aug-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

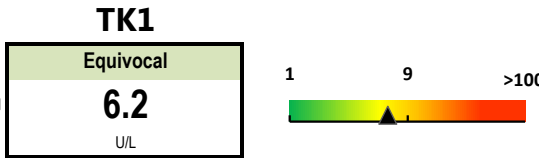
Neoplasia Index®



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

Interpretive Comments

Results are INCONSISTENT with GI LSA
 Patient has a negative Neoplasia Index index and inconsistent with GI lymphoma. This profile of TK1/ CRP/ B12 is consistent with possible pancreatitis*. An ultrasound is recommended.

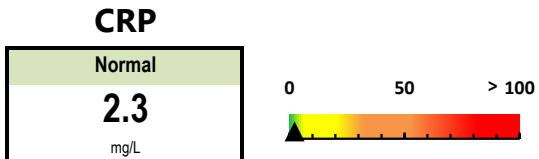


Normal: ≤ 3.0
 Equivocal: ≤ 6.6
 High (H): 6.6 - 24.9
 Highly Elevated (HE): ≥ 25.0

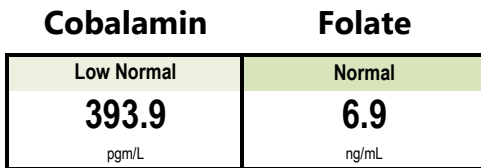
Interpretive Comments

Results are consistent with: possible PANCREATITIS

Elevated TK1 with a normal inflammatory response can sometimes be found in pancreatitis. However, if the patient is on corticosteroids, it will suppress the inflammatory response potentially yielding a false negative - please check patient medication.



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



Low (L): <220 Low (L): <4.3
 Low Normal (LN): 220 - 400 Normal (N): 4.3 - 21.0
 Normal (N): 220 - 1080 High (H): > 21.0
 High (H): ≥1080

Interpretive Comments

Patient has low normal B12 and normal Folate. Increase supplement as indicated and retest in 8-10 weeks.

Contextual Comments (If needed)

profile code 11130 possible PANCREATITIS

* 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.

Vitamin D Report



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

PATIENT NAME: Rosie Gibbs-Codes

VETERINARIAN:

SPECIMEN ID: 172505

MRN: 1072828

FACILITY:

SPECIES: Canine

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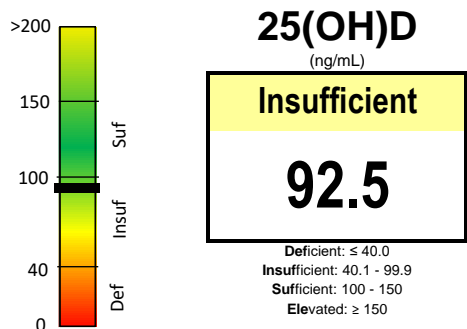
PH:

WEIGHT: 59 lb

SAMPLE TYPE: Frozen Serum

FAX:

BREED: Pitbull Mix



Dose at time of draw:

Not Provided

Increase dose by:

300 IU/day



New Recommended Dose Range

Low End Sufficiency (~100 ng/mL)	High End Sufficiency (~130 ng/mL)
300 IU/day	1300 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
450122	9/9/2021	134.4	0

Interpretive Comments

Your patient is found to be insufficient with current supplementation. Insufficiency greatly increases risk of developing other serious diseases. If patient is on medications such as Corticosteroids or NSAIDs, it may impact Vitamin D metabolism and/or absorption. Increase dose 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:		300 IU/day ↔ 1300 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"/> 3 drops/day	<input type="checkbox"/> 13 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"/> 3 drops/day

Retest NO SOONER THAN: November 4, 2022

B12 (Cobalamin) Report

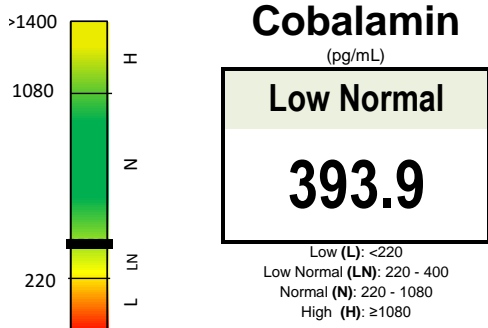


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PATIENT NAME: Rosie Gibbs-Codes
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SPECIES: Canine
GENDER: Female Spayed
AGE: 3.5
WEIGHT: 59 lb
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MRN: 1072828
DRAW DATE: 7-Mar-22
RECEIVED DATE: 10-Mar-22
REPORT DATE: 26-Aug-22
SAMPLE TYPE: Frozen Serum

VETERINARIAN:
FACILITY:
PH:
FAX:



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

B12 Dose at time of draw:

Not Provided

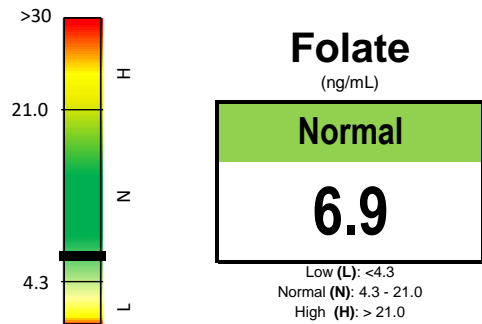
Increase B12 dose by:

313 mcg/day



New Recommended B12 Dose

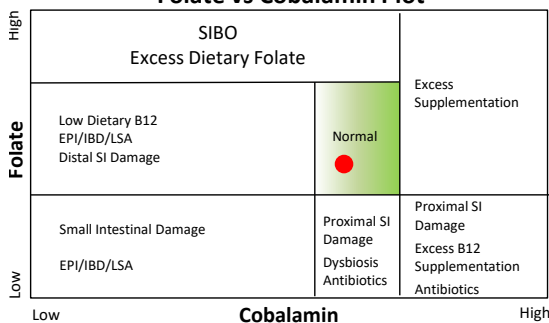
Fasted Sample?	unknown
313 mcg/day	
B12 dosing recommendations are for daily supplementation. Continue indefinitely unless changes in health or diet require modification.	



Patient History

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

Folate vs Cobalamin Plot



Comments

Patient has low normal B12 and normal Folate. Increase supplement as indicated and retest in 8-10 weeks.

Total B12 Dose Recommended:

313 mcg/day

PRODUCT NAME	PRODUCT STRENGTH	PRODUCT FORMAT	Drops Dose	mL Dose
RxB12 <i>Rx Vitamins</i>	250 mcg/mL <i>6.5 mca/drop</i>	Liquid Drops <i>Applied to food</i>	<input type="checkbox"/> use mL dose	<input type="checkbox"/> 1.25 mL/day
RxB12 Forte <i>Rx Vitamins</i>	1000 mcg/mL <i>33 mcg/drop</i>	Liquid Drops <i>Applied to food</i>	<input type="checkbox"/> 10 drops/day	<input type="checkbox"/> 0.25 mL/day

Retest NO SOONER THAN: May 19, 2022

Magnesium Report

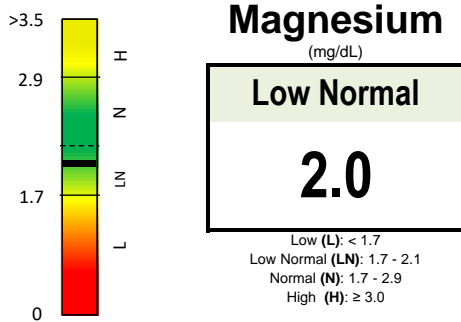


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VETERINARIAN:
FACILITY:
PH:
FAX:



Dose at time of draw:

Not Provided

Increase Dose By:

21 mg/day



New Recommended Dose

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

Patient History

ID	Date	Result m g/dL	Known Dose mg/day

Interpretive Comments

224

Patient has low normal Magnesium levels. Supplement as indicated. (Daily topical lotion is recommended). Retest in 90 days

Supplementation Guide

Total Dose Recommended:		21 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 checked="" type="checkbox"/> 2 pumps/day
Other	_____			<input type="checkbox"/>

Retest NO SOONER THAN: June 13, 2022