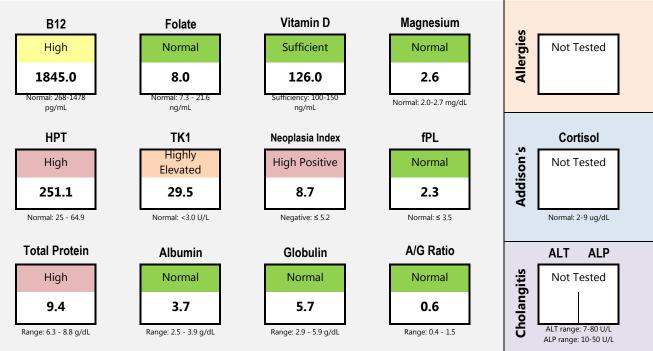


**Related Tests** 

SPECIMEN ID: SPECIES:		MRN: DRAW DATE: RECEIVED DATE: REPORT DATE:	13-Jan-22	VETERINARIAN: FACILITY:	
AGE: WEIGHT:	5.0	SAMPLE TYPE:	-	PH: FAX:	

# **Gastrointestinal Disease - Dashboard**



4641

## Interpretation of results based upon patient exhibiting GI signs

Chronic	Entero	pathy
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Adv LSA/ LSA Thorax	High Positive					
	d LSA and/or LSA of the thorax. An ghly elevated TK1 in young, FeLV+ x - please evaluate patient.					
Protein Losing Enteropathy 1311						
Normal No Action						

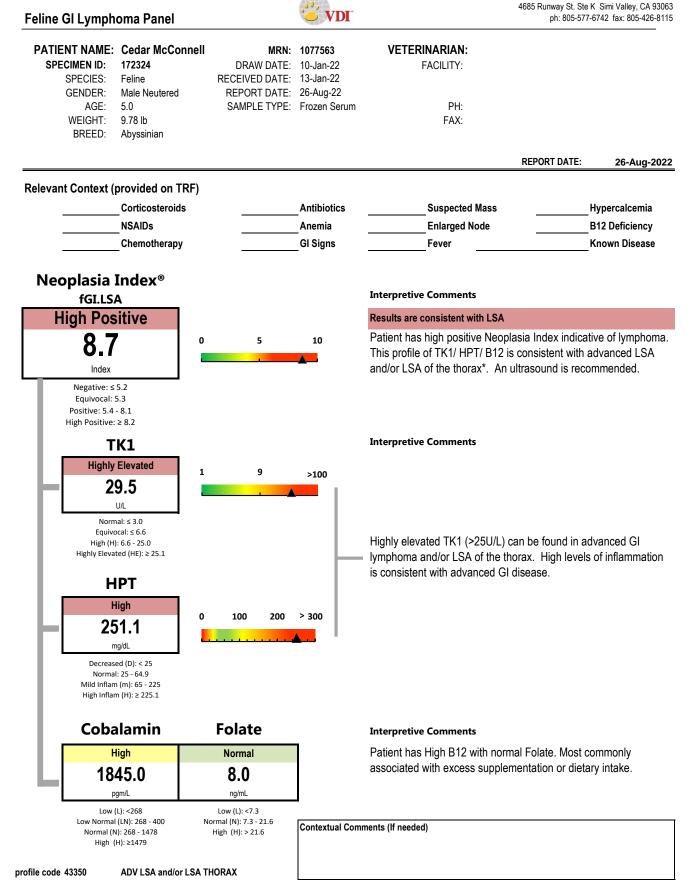
Normal	No Action
There is no evidence the patient	has PLE.

Pancreatitis	1143
Not Detected	No Action
Pattern and negative pa pancreatitis. Essential Vitamir	ncreatic lipase are inconsistent with
Normal	No Action
supplementation on atta	to have deficiencies with recommended ched report. Low normal B12 may be ng GI disease. Elevated B12 may be

#### **Reviewer Comments**

Lab Director: Randy Ringold,	MT(ASCP), MBA
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disease.



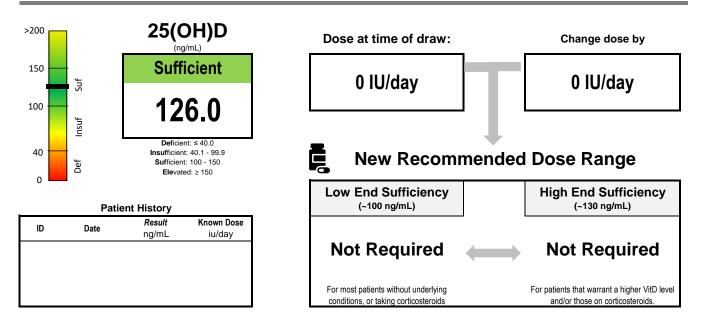
\* The classification of LSA is based upon test result profiling and should not be considered definitive. It is most reliable in the untreated cat. Patient disease classification will be affected if the patient is on corticosteroids or other anti-inflammatory or anti-proliferative medications. An ultrasound 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.

**VDI Lab Services** 



# Vitamin D Report

PATIENT NAME: SPECIMEN ID:	Cedar McConnell 172324	MRN:	1077563	VETERINARIAN: FACILITY:
SPECIES:	Feline	DRAW DATE:	10-Jan-22	
GENDER:	Male Neutered	RECEIVED DATE:	13-Jan-22	
AGE:	5.0	REPORT DATE:	26-Aug-22	PH:
WEIGHT:	9.78 lb	SAMPLE TYPE:	Frozen Serum	FAX:
BREED:	Abyssinian			



### **Interpretive Comments**

Your patient is found to be sufficient. Continue on the same di	et and retest in 1 year unless one of the conditions below is met.
If any of the following occur, wait 2 months from th	e date of change, then retest:
If any of the following occur, wait 2 months from th Major Diet Change	ne date of change, then retest: Supplementation is stopped for longer than 4 weeks
•	•

## Supplementation Guide

Total Dos	e Recommended	d: Not Required	Not R	equired
PRODUCT NAME	PRODUCT STRENGTH	PRODUCT FORMAT	Low End Dose	High End Dose
<b>RxD3</b> Rx Vitamins	100 IU/ drop	Liquid Drops Applied to food		
<b>RxD3 Forte</b> Rx Vitamins	500 IU/ drop	Liquid Drops Applied to food		







Applied to food

 $\Box$ 

33 mcg/drop

Rx Vitamins



# **Magnesium Report**

PATIENT NAME SPECIMEN ID: SPECIES: GENDER: AGE: WEIGHT: BREED:	E: Cedar McConnell 172324 Feline Male Neutered 5.0 9.78 lb Abyssinian	MRN: DRAW DATE: RECEIVED DATE: REPORT DATE: SAMPLE TYPE:	10-Jan-22 13-Jan-22 26-Aug-22	<b>/ETERINARIAN:</b> FACILITY: PH: FAX:	
>3.5 	Magnesiu (mg/dL)	um	Dose at time of drav	w:	Increase Dose By:
2.7	Normal		0 mg/day		0 mg/day
2.0	2.6				
-	Low <b>(L)</b> : < 2.0 Low Normal <b>(LN)</b> : 2.0 Normal <b>(N)</b> : 2.0 - 2. High <b>(H)</b> : ≥ 2.8	- 2.3 7	New R	ecommen	ded Dose
0 Pa	tient History		MagRatio		Not Available
ID Date		<b>yn Dose</b> g/day		0 mg/da	ay

Magnesium dosing recommendations are for daily supplementation. Continue indefinitely unless changes in health or diet require modification.

### **Interpretive Comments**

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

### **Supplementation Guide**

Total Dose	e Recommended:	0 mg/day			
PRODUCT NAME	PRODUCT STRENGTH	PUMP VOLUME	PRODUCT FORMAT	Dose	
Magnesium Lotion for Pets Magnum Solace	50 mg/mL	0.23 mL/pump 11.5 mg/pump	Topical Lotion		
Other					

# **Retest NO SOONER THAN:**

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