

Feline Wellness Report



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

PATIENT NAME: Jonas Yokoh
SPECIMEN ID: 472671
SPECIES: Feline
GENDER: Not Provided
AGE: 11.0
WEIGHT: 9.3 lb
BREED: DSH

MRN: 1100942
DRAW DATE: 27-Jan-23
RECEIVED DATE: 3-Feb-23
REPORT DATE: 6-Feb-23
SAMPLE TYPE: Dried Serum - 2

VETERINARIAN:
FACILITY:
PH:
FAX:

Wellness Dashboard

Vitamin D Insufficient 44.7 Sufficiency: 100-150 ng/mL	B12 Normal 552.9 Normal: 268-1478 pg/mL	Magnesium Normal 2.4 Normal: 2.0-2.7 mg/dL	tCa Normal: 8.2 - 10.8 mg/dL
PTH¹⁻⁸⁴ Normal: 1 - 14 pg/mL	Folate Low 6.5 Normal: 7.3 - 21.6 ng/mL		

Inflammation (HPT) High 161.1 Decreased (D): < 25 Normal: 25 - 64.9 Mild Inflammation: 65 - 140 High Inflammation: ≥ 140.1 (mg/dL)	Previous 	Chemistries
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Patient is in a moderate inflammatory state. Refer to differential list for possible source.

Additional Tests

Cancer Risk Elevated 5.3 Very Low Risk: ≤ 2.1 Low Risk: 2.2 - 5.2 Elevated Risk: 5.3 - 8.9 Highly Elevated Risk: ≥ 9.0 Patient's CRA score is elevated with a heightened likelihood there may be an occult cancerous process.	Osteoarthritis Positive 135.5 Normal: <34 Positive: ≥35 (ng/mL) Hyaluronic acid is above the reference interval and is indicative of degenerative joint disease, however, severe liver disease can elevate hyaluronic acid. Evaluate liver function.
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4.3

need consult? email consult@vdiilab.com

Differential List



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The following differential list is modified based on:

- Outside Ref Interval
- Within Ref Interval
- Not Performed
- Impacts List

Specialty

- Cancer Risk
- CRP
- HPT
- HA
- B12
- Folate
- PTH 1-84

Chemistries

- ALB
- ALT
- ALP
- BUN
- Creatinine
- Glucose
- Total Protein
- Globulin
- AG Ratio
- Calcium
- BUN/Creat Ratio
- Total Bili

Other Modifiers

- Age
- Breed
- Medication
- N/A

The list of possible sources are common inflammatory diseases that correspond to the level of inflammation in this patient. Potential actions below may aid in further differential diagnosis. **BASED UPON CLINICAL PRESENTATION, SOME SOURCES CAN BE IMMEDIATELY EXCLUDED.**

Possible Source

(in decreasing probability)

- IMPA
- Liver disease (non cancer)
- IBD
- Cancer
- Fungal
- Myositis
- Kidney disease (non-cancer)

Potential Action based on clinical relevance

Actions are organized by least invasive/expensive first

- imaging, synovial fluid analysis
- liver function tests, imaging
- rule-in through exclusion (CRP/HPT α severity), imaging, biopsy
- TK1 Cancer Panel (VDI), imaging, biopsy
- serological panel, culture, imaging
- physical examination
- creat (VDI), PU/PD, urine analysis, SDMA, UP/UC ratio, imaging

Potential Action

code

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Comments and recommendations are made in the absence of clinical background on the patient. The list of inflammatory diseases and diagnostic procedures are not exhaustive. For more detailed discussion regarding results, comments, or recommendations, please contact VDI at 805-577-6742.



Hyaluronic Acid Report

PATIENT NAME: Jonas Yokoh
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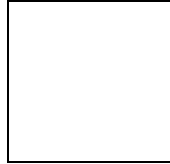
Hyaluronic Acid (ng/mL)

Positive

135.5

Normal: <35
Positive: ≥35

Change from Previous



Patient History

ID	Date	Result ng/mL

Interpretive Comments - need consult? email consult@vdi lab.com

Hyaluronic acid is above the reference interval and is indicative of degenerative joint disease, however, severe liver disease can elevate hyaluronic acid. Evaluate liver function. sHA may be elevated in wounds, ACL/CCL injury, severe liver disease, and in patients being treated with PSGAG (ie, Adequan) and oral HA supplement. Supplementing with oral HA has been shown to improve joint function. Follow recommendations below.

Phases of Degenerative Joint Disease			
Pre-/Early	Mild	Moderate	Severe
HA: Serum HA (sHA) below the positive cutoff. HA is being produced and maintained inside the joints. HPT: Typically absent, except in IMPA	HA: sHA above positive cutoff. HA is being produced but early degeneration allows some HA to leak into peripheral blood. HPT: Typically absent, except in IMPA.	HA: Moderate to high levels of sHA increasing with disease severity. HA is being produced but significant degeneration causes HA to leak into peripheral blood. Joint cushioning & lubrication is negatively affected. HPT: Mild inflammation may be present in moderate OA, IVDD, due to mechanical damage inside the joint. IMPA presents with elevated HPT.	HA: High to declining sHA levels. In severe DJD, chondrocyte cell death limits the production of HA. HA that is produced is leaked into the peripheral blood. Joint cushioning & lubrication is severely affected. HPT: Moderate to high inflammation may be present in OA, IVDD. Elevated HPT in IMPA.
No clinical signs present, but cat may be predisposed or at high risk of DJD.	Cat may begin showing some stiffness or rigidity. Doesn't interfere with day-to-day activity, but gait may change during exercise.	Cat may be showing noticeable pain, stiffness, lethargy with cat being uncomfortable, crying, or becoming increasingly reluctant to walk around.	Cat is typically reluctant to walk, go to the bathroom, or perform daily activities due to increased pain that has become unbearable.

Supplementation Guide

Dosing Guidelines - Twice Per Day				
PRODUCT NAME	Active Ingredient	PRODUCT STRENGTH	# of Pumps	mL/Day
Trixyn® Feline Hyaluronan	Sodium Hyaluronate	4 mg/mL	N/A	1mL, twice per day
Other	_____			

Vitamin D Report



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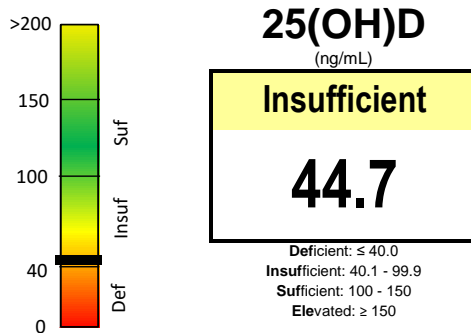
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SAMPLE TYPE: Dried Serum - 2

FAX:

BREED: DSH



Dose at time of draw:

0 IU/day

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

600 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 - need consult? email consult@vdlab.com

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:

300 IU/day

600 IU/day

*Choose only one product for supplementation

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"/> 6 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"/> 1 drop/day

Retest NO SOONER THAN:

April 17, 2023

B12 (Cobalamin) Report

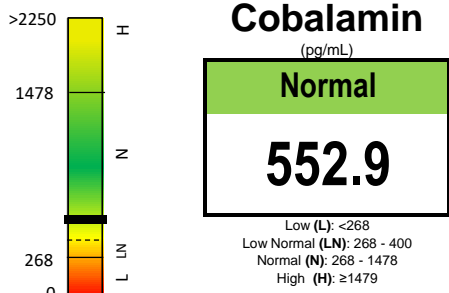


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In unfasted patients, actual B12 values may be lower, which may impact dose recommendation.

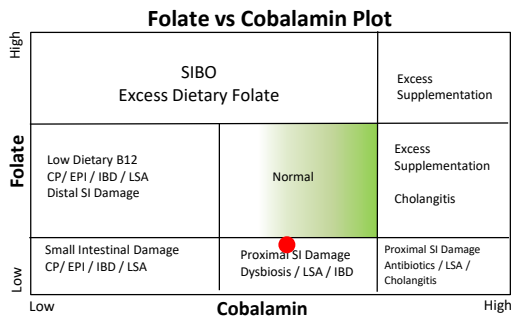
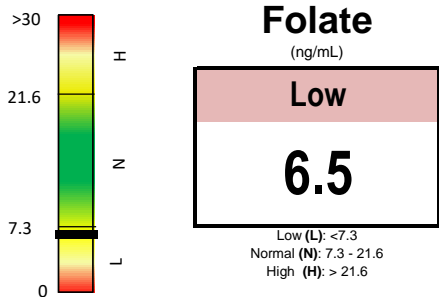


chart assumes unsupplemented patient

B12 Dose at time of draw: 0 mcg/day
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.	

Patient History

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

need consult? email consult@vdlab.com

Comments

Patient has normal B12 with low Folate levels. This combination can be seen in disease affecting the proximal small intestine, use of antibiotics, or bacterial dysbiosis.

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"/>

*Choose only one product for supplementation

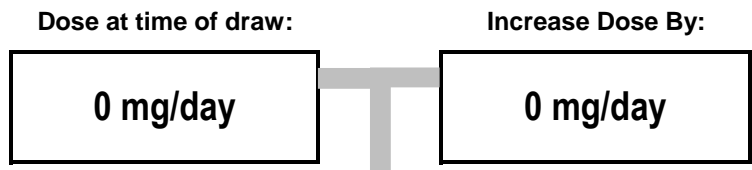
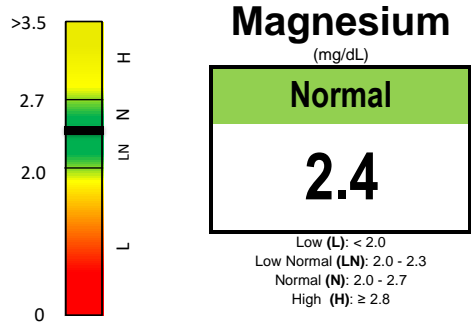


Magnesium Report

PATIENT NAME: Jonas Yokoh
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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 m g/dL	Known Dose mg/day

Interpretive Comments - need consult? email consult@vdilab.com

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Patient has Normal Magnesium levels. Maintain current diet and 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: