Gastrointestinal Disease Report



PATIENT NAME: Guineure Barrow

SPECIMEN ID: 463116

BREED:

AGE: 1.0 45 lb WEIGHT:

SPECIES: Canine GENDER: Female Spayed

MRN: 1102157 **VETERINARIAN:** DRAW DATE: 25-Feb-23 FACILITY:

REPORT DATE: 6-Mar-23 SAMPLE TYPE: Dried Serum - 2

RECEIVED DATE: 6-Mar-23

Gastrointestinal Disease - Dashboard

Poodle Mix

B12 Normal 660.3

Normal: 220-1080 pg/mL

CRP

Normal

1.4

Normal: ≤ 4.0

Total Protein

Normal

7.2

Range: 5.8 - 8.8 g/dL

Normal 17.5

Folate

Normal: 4.3 - 21.0 ng/mL

TK1

Not Tested

Normal: <3.0 U/L

Albumin

Normal

3.5

Range: 2.9 - 4.3 g/dL

Vitamin D

Sufficient 126.9

Sufficiency: 100-150 ng/mL

Neoplasia Index

Not Tested

Negative: ≤ 5.2

Globulin

Magnesium

Not Tested

Normal: 1.7-2.9 mg/dL

cPL Not Tested

Normal: <200 ng/mL

A/G Ratio

Normal

3.7 Range: 2.7 - 4.6 g/dL

1111

Normal

0.9 Range: 0.7 - 1.5 **Related Tests**

Allergies Not Tested Suggest testing

Cortisol Addison Not Tested Suggest **Testing**

Normal: 2 - 6 ug/dL

ALT **ALP** Cholangitis Not Tested ALT range: 10-110 U/L

ALP range: 9-160 U/L

Interpretation of results based upon patient exhibiting GI signs

Chronic Enteropathy

Negative No Action Provided the patient is not on any corticosteroids or other anti-inflammatory medication, IBD or LSA is not indicated. This does not rule-out pancreatitis.

Protein Losing Enteropathy

No Action Normal

There is no evidence the patient has PLE.

Pancreatitis 410

Essential Vitamins Normal

No Action

Patient has no deficiencies detected indicating proper nutrition and intestinal absorption.

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

Provided the patient is NOT on anti-inflammatory medication, this patient's GI signs may be due to food allergies or insensitivities, Addison's disease, or other pathology. AUS is recommended.

1011

Vitamin D Report

ID

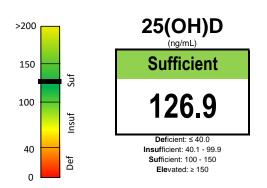


PATIENT NAME: Guineure Barrow VETERINARIAN:

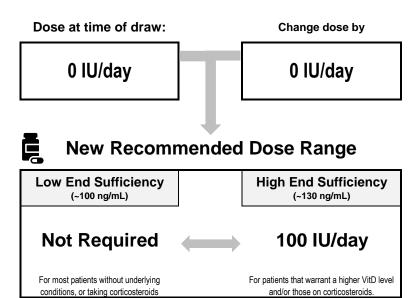
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BREED: Poodle Mix



Patient History Result Known Dose Date ng/mL iu/day



FACILITY:

PH:

FAX:

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

Your patient is found to be sufficient. Continue on the same diet and retest in 1 year unless one of the conditions below is met.

If any of the following occur, wait 2 months from the date of change, then retest:

Major Diet Change Supplementation is stopped for longer than 4 weeks Change in Health Status (eg PLE) Patient is put on Corticosteroids Change of Vitamin D supplement or daily treats Patient is put on NSAIDS

Supplementation Guide

Total Dos	e Recommended:	Not Required	100 IU/	day
*Choose only one propuct NAME	oduct for supplementation PRODUCT STRENGTH	PRODUCT FORMAT	Low End Dose	High End Dose
RxD3 Rx Vitamins	100 IU/ drop	Liquid Drops Applied to food		☐ 1 drop/day
RxD3 Forte Rx Vitamins	500 IU/ drop	Liquid Drops Applied to food		

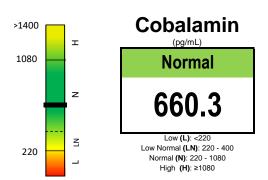
B12 (Cobalamin) Report

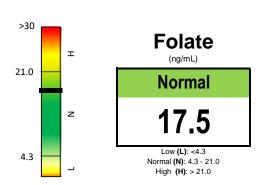


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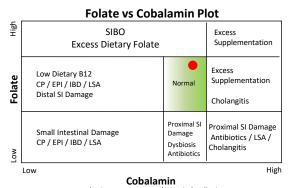


chart assumes unsupplemented patient

B12 Dose at time of draw: Increase B12 dose by: 0 mcg/day 0 mcg/day

PH:

New Recommended B12 Dose

Fasted Sample?	Fasted				
0 mcg/day					
	r daily supplementation. Continue indefinitely unless alth or diet require modification.				

Patient History

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

need consult? email consult@vdilab.com

Comments

Patient has normal B12 and Folate levels. Maintain current diet and supplementation and retest in 1 year unless health or diet changes occur.

Total B12 Dose Recommended:			0 mcg/day		
PRODUCT NAME	PRODUCT STRENGTH	PRODUCT FORMAT	Drops Dose	mL Dose	
RxB12 Rx Vitamins	250 mcg/mL 6.5 mcg/drop	Liquid Drops Applied to food			
RxB12 Forte Rx Vitamins	1000 mcg/mL 33 mcg/drop	Liquid Drops Applied to food			

^{*}Choose only one product for supplementation