Canine Cancer Panel Report



VDI Lab Services

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SPECIES: GENDER: AGE: WEIGHT:	Action 124 477316 Canine Male Neutered 8.0 7 kg Shih Tzu	DRAW DATE: 3-Mar-23 RECEIVED DATE: 10-Mar-23 REPORT DATE: 10-Mar-23 SAMPLE TYPE: Dried Serum - 2 PATIENT STAGE: Suspected	FACILITY: HOSPITAL #:		
Relevant Context (p	rovided on TRF)				
	Corticosteroids	Antibiotics	Suspected Mass	Hypercalcemia	
	NSAIDs	Anemia	Enlarged Node	B12 Deficiency	
	Chemotherapy	GI Signs	Fever	Known Disease	
Neoplasia I	ndex	Interpretive Comments			
Positive 8.2 Index Negative: <5. Equivocal: 5. Positive: 5.4 - 8 High Positive: ≥ Tk Highly E 34 U/ Normal Equivoca High (H): Highly Elevate	3 3 8.9 9.0 (1 Elevated ••2 L I: ≤ 3.0 al: ≤ 5.9 6.0 - 24.9	neoplasia, even though CR may be suppressed. If a mamalignant. Interpretive Comments	citive because there sufficient elevation P is normal. If the patient is on cortico ass has been identified, there is a high A (>25 U/L) most commonly occurs in	osteroids both TK1 and CRP in probability the mass is	
cCl	RP	Interpretive Comments			
_	Normal CRP is within the normal interval and below the critical threshold of 4mg/L. The use of corticosteroids, NSAIDS, or other anti-inflammatory agents can suppress CRP. Uncontrolled Cushing's with increased cortisol will also suppress CRP.				
ng Normal Mild Inflam Mod Inflam (High Inflan	l: ≤ 3.9 (m): 4 - 9.9 M): 10 - 29.9	CAR: 0.4	: Patient CRP/Albumin Ratio (CAR) is within	n normal limits.	
Contextual Comme	nts (if needed) -	need consult? email consult@ve	Normal Range <1.6 dilab.com code 240	Other Conditions to rule-out	

Patient Monitoring Provides Guidance

Thymidine Kinase, type 1 (TK1) is a DNA proliferation enzyme and is elevated in dividing cancer cells. During therapy (chemo/surgery) the source of TK1 is reduced/eliminated and serum TK1 (sTK1) levels will fall. Conversely, growing cancer cells during disease recurrence will increase sTK1 levels. Suspected undiagnosed patients can also be followed in the same manner. This makes the Cancer Panel an effective tool for patient monitoring. Need Consultation? email consult@vdilab.com

RETEST WINDOW

Depending upon the type of cancer different monitoring intervals are recommended (see below). Use the chart below to identify appropriate retest window for this patient. These windows may be adjusted by the presence of clinical signs or elevated CAR (CRP/Albumin Ratio). Repeat tests within 6 months of previous automatically receive a discounted rate.

Monitoring Purpose	Retest Window	Notes
Developing Disease, but unconfirmed		
Lymphoma, HSA, fast cancers	Mar 31 - Apr 14	Retest window is recommended based on common applications absent any context. For more case-specific guidelines,
Solid Tumors, slow/indolent cancers	May 02 - Jul 01	
Therapeutic Monitoring		
Lymphoma, HSA, fast cancers	Mar 31 - Apr 14	
Solid Tumors, slow/indolent cancers	May 02 - Jul 01	
Remission Monitoring		email: consult@vdilab.com
Lymphoma, HSA, fast cancers	Mar 31 - Apr 14	
Solid Tumors, slow/indolent cancers	May 02 - Jul 01	
Mass Removal/Metastatic Disease	Mar 31 - Apr 14	Allow for complete wound healing

INTERPRET THE REPORT

VDI Cancer Panel monitoring reports come with a number of important indicators. Use the key below to interpret what the results mean in context with your patient.

Significant Change

a change of 40% or more from prior. Studies show this level of change can precede cancer recurrence.

Indicator	What does it signify?	What does it mean?
1	, ·	Indicates therapy is effective in reducing or eliminating the tumor or inflammation
TK1 Only		Indicates the level of change is worth watching – changes in clinical status of the patient is important
1	critical thresholds	Studies show this level of change in TK1 often precedes cancer recurrence, or is consistent with malignant tumor growth.

Trending

2 or more data points in the same direction. Short-term trending events are the most valuable in confirming cancer recurrence.

Indicator	What does it signify?	What does it mean?
11	Significant trend of 2 or more data points in the reduction or improvement of biomarker	Downward trending provides confirmation of effective therapy
11	2 data points in the same direction of high biomarker levels	Upward trending has high probability of disease recurrence (TK1) or growing inflammation (CRP/HPT) and requires immediate intervention with either a change in therapy or rescue therapy
111	3 data points in the same direction of high biomarker levels	