



PATIENT NAME: Rusty Seiloff
SPECIMEN ID: 479114
SPECIES: Canine
GENDER: Male Neutered
AGE: 8.3
WEIGHT: 116 lb
BREED: Golden Retriever

MRN: 1101246
DRAW DATE: 8-Feb-23
RECEIVED DATE: 10-Feb-23
REPORT DATE: 13-Feb-23
SAMPLE TYPE: Dried Serum - 2

VETERINARIAN:
FACILITY:

Pre-Stem Cell Therapy Panel

REPORT DATE: 13-Feb-2023

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®

Equivocal

5.3

Index

Negative: <5.3
Equivocal: 5.3
Positive: 5.4 - 8.9
High Positive: ≥ 9.0

TK1

High

10.1

U/L

Normal: ≤ 3.0
Equivocal: < 9.0
High (H): 9.0 - 24.9
Highly Elevated (HE): ≥ 25

cCRP

Normal

<0.5

mg/L

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

Interpretive Comments

Equivocal flag because TK1 is elevated with no concurrent inflammation (CRP) as expected in cancer. Possible reasons are: 1) Severe joint disease; 2) early stage neoplasia (particularly LSA); 3) Suppressed CRP (eg, corticosteroids, NSAIDs); 4) vector-borne disease; 5) severe B12 deficiency.

Interpretive Comments

TK1 values >9U/L but less than 15U/L can be seen in dogs with advancing joint disease. Evaluate patient for enlarged LN, rule-out B12 deficiency/VBD. If clear, proceed with stem cell therapy. Otherwise, retest in 3-4 weeks for further increases in TK1 consistent with neoplasia.

Interpretive Comments

The use of corticosteroids, NSAIDs, or other anti-inflammatory agents can suppress CRP.

Hyaluronic Acid

Normal

19.3

ng/mL

Normal: ≤20
Positive: >20

Comments

Hyaluronic acid is within the reference interval and not indicative of degenerative joint disease

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

code 131



Hyaluronic Acid Report

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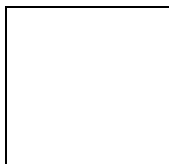
PH:
FAX:

Hyaluronic Acid (ng/mL)

Normal
19.3

Normal: ≤20
Positive: >20

Change from Previous



Patient History

ID	Date	Result ng/mL

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

Hyaluronic acid is within the reference interval and not indicative of degenerative joint disease.

*In cases of Severe DJD, chondrocyte death will lead to low levels of sHA since the joint is no longer producing HA.

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. CRP: 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. CRP: 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. CRP: Mild inflammation may be present in moderate OA, IVDD, due to mechanical damage inside the joint. IMPA presents with elevated CRP.	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. CRP: Moderate to high inflammation may be present in OA, IVDD. Elevated CRP in IMPA.
No clinical signs present, but dog may be predisposed or at high risk of DJD.	Dog may begin showing some stiffness or rigidity. Doesn't interfere with day-to-day activity, but gait may change during exercise.	Dog may be showing noticeable pain, stiffness, lethargy with dog being uncomfortable, crying, or becoming increasingly reluctant to walk around.	Dog 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
Trixsyn® Canine Hyaluronan	Sodium Hyaluronate	13mg/pump	not required	not required
Trixsyn® Canine Performance	Sodium Hyaluronate Astaxanthin	13mg/pump 1mg/pump	not required	not required
Other	_____			

Vitamin D Report

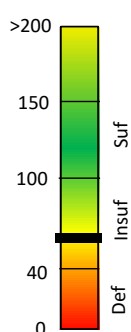


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4685 Runway St. Ste K Simi Valley, CA 93063
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25(OH)D (ng/mL)

Insufficient
60.2

Deficient: ≤ 40.0
Insufficient: 40.1 - 99.9
Sufficient: 100 - 150
Elevated: ≥ 150

Dose at time of draw:

0 IU/day

Increase dose by:

4500 IU/day



New Recommended Dose Range

Low End Sufficiency (~100 ng/mL)	High End Sufficiency (~130 ng/mL)
4500 IU/day	7900 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:		4500 IU/day	↔	7900 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"/> 1.5 mL/day	<input type="checkbox"/> 2.75 mL/day
RxD3 Forte <i>Rx Vitamins</i>	500 IU/ drop	Liquid Drops <i>Applied to food</i>	<input type="checkbox"/> 9 drops/day	<input type="checkbox"/> 0.5 mL/day

Retest NO SOONER THAN: April 24, 2023