



**PATIENT NAME:** Pippa Woodard  
**SPECIMEN ID:** 176626  
**SPECIES:** Canine  
**GENDER:** Female Spayed  
**AGE:** 12.0  
**WEIGHT:** 45.3 lb  
**BREED:** Shetland Sheepdog

**MRN:** 1102336  
**DRAW DATE:** 6-Mar-23  
**RECEIVED DATE:** 9-Mar-23  
**REPORT DATE:** 9-Mar-23  
**SAMPLE TYPE:** Frozen Serum - LV

**VETERINARIAN:**  
**FACILITY:**  
**PH:**  
**FAX:**

## Wellness Dashboard

<p><b>Vitamin D</b></p> <p>Deficient</p> <p><b>28.7</b></p> <p>Sufficiency: 100-150 ng/mL</p>	<p><b>B12</b></p> <p>Normal</p> <p><b>632.0</b></p> <p>Normal: 220-1080 pg/mL</p>	<p><b>Magnesium</b></p> <p></p> <p>Normal: 1.7-2.9 mg/dL</p>	<p><b>tCa</b></p> <p></p> <p>Normal: 8.5 - 12.0 mg/dL</p>
<p><b>PTH<sup>1-84</sup></b></p> <p></p> <p>Normal: 4 - 38 pg/mL</p>	<p><b>Folate</b></p> <p></p> <p>Normal: 4.3 - 21.0 ng/mL</p>		

<p><b>Inflammation (CRP)</b></p> <p>Optimal</p> <p><b>1.4</b></p> <p>Optimal: ≤ 2.0 Normal: ≤ 3.9              Mild Inflammation: 4 - 9.9              Moderate Inflammation: 10 - 39.9              High Inflammation: ≥ 40 (mg/L)</p> <p>Patient's inflammatory state is at an optimal level.</p>	<p><b>Previous</b></p> <p></p>	<p><b>Chemistries</b></p> <p>Albumin Normal</p> <p><b>CAR: 0.5</b></p> <p>Patient CRP/Albumin Ratio (CAR) is within normal limits.</p>
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## Additional Tests

<p><b>Cancer Risk</b></p> <p>Low</p> <p><b>4.2</b></p> <p>Very Low Risk: ≤ 2.1              Low Risk: 2.2 - 5.2              Elevated Risk: 5.3 - 8.9              Highly Elevated Risk: ≥ 9.0</p> <p>Patient's CRA score is low with an unlikely chance of occult cancer however other conditions may be present - see differential list.</p>	<p><b>Previous</b></p> <p></p>	<p><b>Osteoarthritis (HA)</b></p> <p></p> <p>Normal: ≤ 20              Positive: &gt; 20 (ng/mL)</p>	<p><b>Previous</b></p> <p></p>
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# Differential List



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

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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

CAR Ratio  
0.5

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)

Vector-borne  
Degenerative Joint Disease



## Potential Action based on clinical relevance

Actions are organized by least invasive/expensive first

serological panel  
Hyaluronic Acid (VDI), imaging, synovial fluid analysis, sfLDH

Potential Action

code 2112

- 1) CRA score should be considered low risk for cancer provided the patient is NOT on anti-inflammatory medication (eg, corticosteroids, NSAIDS).
- 2) Testing profile can be associated with vector borne disease.
- 3) Supplement Vitamin D levels according the recommendations on the Vitamin D report.

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.

# Vitamin D Report

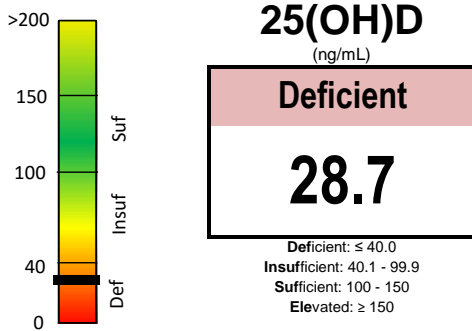


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**Dose at time of draw:**

**Not Provided**

**Increase dose by:**

**3800 IU/day**



## New Recommended Dose Range

<b>Low End Sufficiency</b> (~100 ng/mL)		<b>High End Sufficiency</b> (~130 ng/mL)
<b>3800 IU/day</b>	↔	<b>5400 IU/day</b>
<small>For most patients without underlying conditions, or taking corticosteroids</small>		<small>For patients that warrant a higher VitD level and/or those on corticosteroids.</small>

### 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 deficient. Deficiency greatly increases risk of developing other serious diseases. Current supplementation was not provided, so increase (or start) patient on D3 per recommendations and retest in 8-10 weeks or 4 months for obese patients.

- ▶ Recommend evaluating serum magnesium level when Vitamin D is below 40ng/mL- Contact VDI
- ▶ Vitamin D levels below 30ng/mL in patients with GI disorders or kidney disease are often associated with PLE/PLN. Please evaluate patient accordingly.

**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 Dose Recommended:** **3800 IU/day** ↔ **5400 IU/day**

\*Choose only one product for supplementation

PRODUCT NAME	PRODUCT STRENGTH	PRODUCT FORMAT	Low End Dose	High End Dose
<b>RxD3</b> <i>Rx Vitamins</i>	100 IU/ drop	Liquid Drops <i>Applied to food</i>	<input type="checkbox"/> 1.25 mL/day	<input type="checkbox"/> 1.75 mL/day
<b>RxD3 Forte</b> <i>Rx Vitamins</i>	500 IU/ drop	Liquid Drops <i>Applied to food</i>	<input type="checkbox"/> 8 drops/day	<input type="checkbox"/> 11 drops/day

**Retest NO SOONER THAN: May 18, 2023**

# B12 (Cobalamin) Report

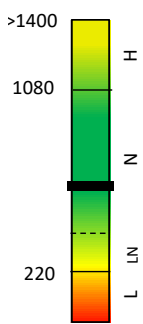


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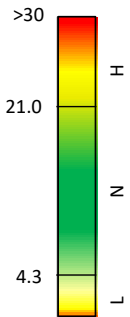


## Cobalamin (pg/mL)

**Normal**  
**632.0**

Low (L): <220  
Low Normal (LN): 220 - 400  
Normal (N): 220 - 1080  
High (H): ≥1080

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



## Folate (ng/mL)

Low (L): <4.3  
Normal (N): 4.3 - 21.0  
High (H): > 21.0

### Folate vs Cobalamin Plot

Folate	High	SIBO Excess Dietary Folate	Normal	Excess Supplementation
	Low	Low Dietary B12 CP / EPI / IBD / LSA Distal SI Damage	Normal	Excess Supplementation Cholangitis
	Low	Small Intestinal Damage CP / EPI / IBD / LSA	Proximal SI Damage Dysbiosis Antibiotics	Proximal SI Damage Antibiotics / LSA / Cholangitis

**Cobalamin**  
chart assumes unsupplemented patient

B12 Dose at time of draw:

**Not Provided**

Increase B12 dose by:

**0 mcg/day**



### New Recommended B12 Dose

<b>Fasted Sample?</b>	<b>unknown</b>
<b>0 mcg/day</b>	
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@vdiilab.com](mailto:consult@vdiilab.com)

### Comments

Patient has normal B12 levels. Retest in 1 year unless diet or health changes occur.

## Total B12 Dose Recommended:

**0 mcg/day**

PRODUCT NAME	PRODUCT STRENGTH	PRODUCT FORMAT	Drops Dose	mL Dose
<b>RxB12</b> <i>Rx Vitamins</i>	<b>250 mcg/mL</b> 6.5 mcg/drop	<b>Liquid Drops</b> <i>Applied to food</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>RxB12 Forte</b> <i>Rx Vitamins</i>	<b>1000 mcg/mL</b> 33 mcg/drop	<b>Liquid Drops</b> <i>Applied to food</i>	<input type="checkbox"/>	<input type="checkbox"/>

\*Choose only one product for supplementation