



Gastrointestinal Disease Report

VDI Lab Services
9420 Topanga Cyn Blvd #100 Chatsworth, CA 91311
ph: 805-577-6742 fax: 805-426-8115

PATIENT NAME: Roxie White
SPECIMEN ID: 179663
SPECIES / SEX: Canine / FS
AGE: 8.0
WEIGHT: 28 kg
BREED: Golden Retriever Mix

MRN: 1198797
DRAW DATE: 10-Jan-24
RECEIVED DATE: 12-Jan-24
REPORT DATE: 12-Jan-24
SAMPLE TYPE: Frozen Serum

VETERINARIAN:
FACILITY:

Gastrointestinal Disease - Dashboard

Gastrointestinal Disease - Dashboard				Related Tests	
B12 <div style="background-color: green; color: white; padding: 2px;">Normal</div> <div style="border: 1px solid black; padding: 5px; text-align: center;">824.4</div> <small>Normal: 220-1080 pg/mL</small>	Folate <div style="background-color: red; color: white; padding: 2px;">Low</div> <div style="border: 1px solid black; padding: 5px; text-align: center;">4.3</div> <small>Normal: 4.3 - 21.0 ng/mL</small>	Vitamin D <div style="background-color: yellow; padding: 2px;">Insufficient</div> <div style="border: 1px solid black; padding: 5px; text-align: center;">54.9</div> <small>Sufficiency: 100-150 ng/mL</small>	Magnesium <div style="background-color: lightgreen; padding: 2px;">Low Normal</div> <div style="border: 1px solid black; padding: 5px; text-align: center;">1.7</div> <small>Normal: 1.7-2.9 mg/dL</small>	Allergies <div style="border: 1px solid black; padding: 5px; text-align: center;">Not Tested</div>	
CRP <div style="background-color: orange; padding: 2px;">Moderate</div> <div style="border: 1px solid black; padding: 5px; text-align: center;">16.5</div> <small>Normal: ≤ 4.0</small>	TK1 <div style="background-color: orange; padding: 2px;">Highly Elevated</div> <div style="border: 1px solid black; padding: 5px; text-align: center;">39.6</div> <small>Normal: <3.0 U/L</small>	Neoplasia Index <div style="background-color: red; color: white; padding: 2px;">High Positive</div> <div style="border: 1px solid black; padding: 5px; text-align: center;">8.7</div> <small>Negative: ≤ 5.2</small>	cPL <div style="background-color: green; color: white; padding: 2px;">Normal</div> <div style="border: 1px solid black; padding: 5px; text-align: center;"><50</div> <small>Normal: <200 ng/mL</small>		Addison's Cortisol <div style="border: 1px solid black; padding: 5px; text-align: center;">Not Tested</div> <small>Normal: 2 - 6 ug/dL</small>
Total Protein <div style="background-color: red; color: white; padding: 2px;">Low</div> <div style="border: 1px solid black; padding: 5px; text-align: center;">4.9</div> <small>Range: 5.8 - 8.8 g/dL</small>	Albumin <div style="background-color: red; color: white; padding: 2px;">Low</div> <div style="border: 1px solid black; padding: 5px; text-align: center;">2.4</div> <small>Range: 2.9 - 4.3 g/dL</small>	Globulin <div style="background-color: red; color: white; padding: 2px;">Low</div> <div style="border: 1px solid black; padding: 5px; text-align: center;">2.5</div> <small>Range: 2.7 - 4.6 g/dL</small>	A/G Ratio <div style="background-color: green; color: white; padding: 2px;">Normal</div> <div style="border: 1px solid black; padding: 5px; text-align: center;">1.0</div> <small>Range: 0.7 - 1.5</small>		

Interpretation of results based upon patient exhibiting GI signs

Chronic Enteropathy 7610

GI LSA or Multicentric LSA	High Positive		
LSA clinical score: 3 out of 4 <small>✓Wt Loss, ✓Vomiting, ✓Diarrhea, ✓Inappetance</small>			
<table border="0" style="width: 100%;"> <tr> <td style="width: 60%; vertical-align: top;"> Pattern consistent with advanced GI LSA and/or multicentric lymphoma. An ultrasound is recommended. </td> <td style="width: 40%; vertical-align: top;"> Confidence Factors pos NI high TK1 pos inflam 3+ score </td> </tr> </table>		Pattern consistent with advanced GI LSA and/or multicentric lymphoma. An ultrasound is recommended.	Confidence Factors pos NI high TK1 pos inflam 3+ score
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Pancreatitis 1411

Not Detected	No Action
Pancreatitis clinical score: 1 out of 4 <small>✓Wt Loss, ✓Lethargy, ✓Vomiting, ✓Abd pain</small>	
Negative pancreatic lipase and other parameters are not supportive of pancreatitis.	

Protein Losing Enteropathy 2222

Suspicious	Monitor
Suspicious but not definitive. While Albumin is low, other parameters are not fully supportive. Recommend monitoring patient.	

Essential Vitamins 2213

Deficiencies Detected	Suppl Warranted
Insufficient VitD can be assoc with GI disease or the use of corticosteroids & NSAIDS. Low normal Mg can affect VitD status as well. Low Folate seen in overuse of antibiotics, damage to the proximal SI from LSA, or cholangitis. Suppl per therapeutic recommendations on dosing pg(s).	

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

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GI Lymphoma Panel

PATIENT NAME: Roxie White
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Relevant Context (provided on TRF)

GI Signs Yes
 Diarrhea, Inappetance, Weight Loss,

Suspected Mass
Enlarged Node

Recommended Action
 possible multicentric LSA - ultrasound to confirm, monitor if inconclusive

Neoplasia Index®
cGI.LSA

High Positive
8.7
 Index

Negative: ≤ 5.2
 Equivocal: 5.3
 Positive: 5.4 - 8.1
 High Positive: ≥ 8.2

TK1

Highly Elevated
39.6
 U/L

Normal: ≤ 3.0
 Equivocal: < 6.6
 High: 6.6 - 25.0
 Highly Elevated: ≥ 25.1

c-CRP

Moderate
16.5
 mg/L

Normal: ≤ 3.9
 Mild Inflammation: 4 - 9.9
 Moderate Inflammation: 10 - 39.9
 High Inflammation: ≥ 40

Cobalamin

Normal
824.4
 pgm/L

Low: <220
 Low Normal: 220 - 400
 Normal: 220 - 1080
 High: ≥1080

Folate

Low
4.3
 ng/mL

Low: <4.3
 Normal: 4.3 - 21.0
 High: >21.0

Treatment:

Antibiotic may be Ineffective

Antibiotics,
 Treatment efficacy evaluation best with 2 or more timepoints

Interpretive Comments

Results are consistent with LSA

Patient has a positive Neoplasia Index indicative of LSA. This profile of TK1/ CRP/ B12 is consistent with Advanced GI LSA and/or multicentric lymphoma - patient should be evaluated. An ultrasound is recommended.

Interpretive Comments

Highly elevated TK1 (>25U/L) can be found in GI lymphoma and/or multicentric lymphoma.

Trending and Treatment Comments

High levels of TK1 and inflammation is indicative therapy may be ineffective. Evaluate patient and continue to monitor. Infections effectively treated with antibiotics will reduce the inflammatory response and CRP.

Interpretive Comments

Low Folate seen in dysbiosis, overuse of antibiotics, or damage to the proximal SI from LSA. Recommend Microbiome panel test code #740.

[Click for more on Microbiome Test Recommendations](#)

Contextual Comments (If needed)

need consult? consult@vdilab.com

395

profile code 44340

ADV GI LSA and/or MULTICENTRIC LSA

* The classification of LSA is based upon test result profiling and should not be considered definitive. It is most reliable in the untreated cat. Patient disease classification will be affected if the patient is on corticosteroids or other anti-inflammatory or anti-proliferative medications. An ultrasound is always recommended and should be supportive of test results. If ultrasound and test results conflict, it is recommended the test be repeated in 3-4 weeks with the patient off of corticosteroids. If the test requisition indicates the patient is on corticosteroids, the Neoplasia Index will be adjusted for the effect medication may have on TK1/HPT. For definitive disease classification (eg, small cell, large cell), a biopsy is required.

Vitamin D Report

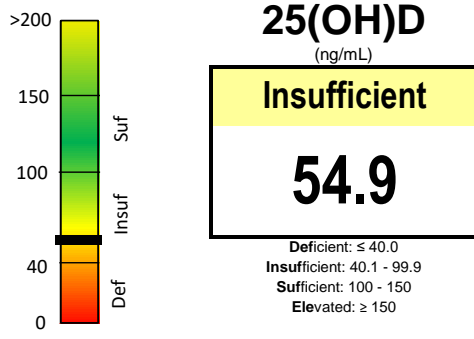


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GENDER: Female Spayed
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Dose at time of draw:

0 IU/day

Increase dose by:

2600 IU/day



New Recommended Dose Range

Low End Sufficiency
(~100 ng/mL)

High End Sufficiency
(~130 ng/mL)

2600 IU/day

4200 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:

2600 IU/day

4200 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"/> 0.75 mL/day	<input type="checkbox"/> 1.5 mL/day
RxD3 Forte <i>Rx Vitamins</i>	500 IU/ drop	Liquid Drops <i>Applied to food</i>	<input type="checkbox"/> 5 drops/day	<input type="checkbox"/> 8 drops/day

Retest NO SOONER THAN:

March 22, 2024

B12 (Cobalamin) Report

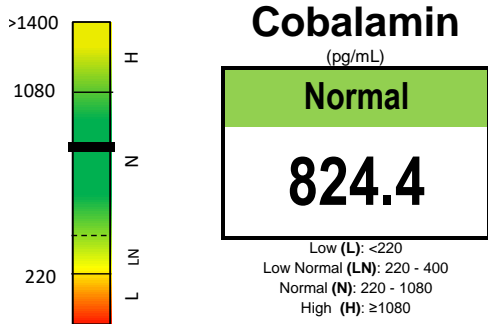


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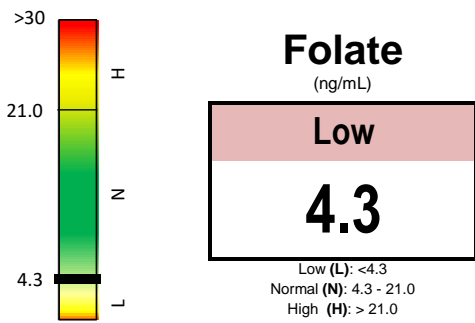
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In unfasted patients, actual B12 values may be lower, which may impact dose recommendation.



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

Folate vs Cobalamin Plot

Folate	High	SIBO Excess Dietary Folate	Normal	Excess Suppl or TC II/TC I imbalance
		Low Dietary B12 CP / EPI / IBD / LSA Distal SI Damage		Excess Suppl or TC II/TC I imbalance due to Cholangitis, CKD, Cancer
	Low	Small Intestinal Damage CP / EPI / IBD / LSA	Proximal SI Damage Dysbiosis Antibiotics	Proximal SI Damage Antibiotics / LSA / Cholangitis
	Low			High

Cobalamin
chart assumes unsupplemented patient

need consult? email consult@vdiilab.com

Comments

Patient has normal B12 levels with low Folate. This is seen with Dysbiosis, damage to the proximal small intestine, and/or antibiotic use.

[Click for more info on Microbiome Testing](#)

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

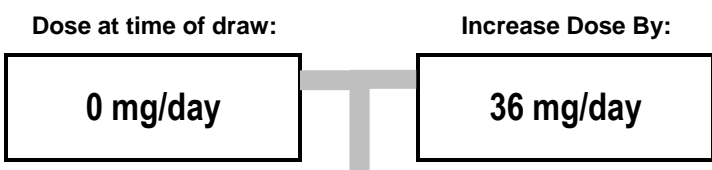
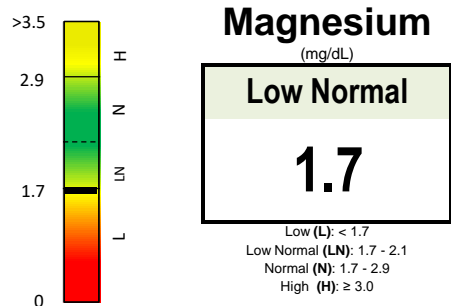


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New Recommended Dose

MagRatio	Not Available
36 mg/day	

Magnesium dosing recommendations are for daily supplementation. Continue indefinitely unless changes in health or diet require modification.

Patient History

ID	Date	Result mg/dL	Known Dose mg/day

Interpretive Comments - need consult? email consult@vdlab.com 214

Patient has low normal Magnesium levels. Supplement as indicated (Daily topical lotion is recommended). Restest in 90 days.

Supplementation Guide

Total Dose Recommended:		36 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"/> 3 pumps/day
Other				<input type="checkbox"/>

Additional Reviewer Comments - need consult? email consult@vdlab.com

Retest NO SOONER THAN: April 16, 2024