

Gastrointestinal Disease Report



PATIENT NAME: Chloe Oramas

SPECIMEN ID: 179229 SPECIES / SEX: Canine / FS

> AGE: 13.0 WEIGHT: 27 lb

BREED: Cocker Spaniel MRN: 1056113

DRAW DATE: 8-Jan-24 RECEIVED DATE: 12-Jan-24 REPORT DATE: 12-Jan-24

SAMPLE TYPE: Frozen Serum

VETERINARIAN:

FACILITY:

Gastrointestinal Disease - Dashboard



Normal: 220-1080 pg/mL

CRP

Normal

1.6

Normal: ≤ 4.0

Folate Normal

18.7 Normal: 4.3 - 21.0 ng/mL

TK1

High

12.5

Normal: <3.0 U/L

Vitamin D

Sufficient 126.0

Sufficiency: 100-150 ng/mL

Neoplasia Index

Negative

3.0

Negative: ≤ 5.2

Magnesium

Normal 2.4

Normal: 1.7-2.9 mg/dL

cPL

Positive

869.0

Normal: <200 ng/mL

Total Protein Albumin

Normal 8.1

Range: 5.8 - 8.8 g/dL

Normal 3.5

Range: 2.9 - 4.3 g/dL

Globulin

Normal 4.6

Range: 2.7 - 4.6 g/dL

5213

A/G Ratio Normal

8.0

Range: 0.7 - 1.5

Related Tests

ergies Not Tested

Cortisol Addison's Not Tested

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

No Action Negative LSA clinical score: Clinical signs not provided on TRF Pattern is inconsistent with IBD or LSA: pancreatitis is indicated. An ultrasound is recommended. Use of corticosteroids can suppress values yielding a possible false negative. Please review patient records.

Protein Losing Enteropathy

1111 No Action Normal There is no evidence the patient has PLE.

Pancreatitis

Detected **High Confidence** Pancreatitis clinical score: **Confidence Factors** Clinical signs not provided on TRF

Pattern and positive pancreatic lipase are consistent with pancreatitis.

pos cPL TK1/CRP pattern

3210

1111

Essential Vitamins

No Action Normal

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

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

GI Lymphoma Panel



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Relevant Context (provided on TRF)

GI Signs
Clinical signs not provided on TRF

Suspected Mass Enlarged Node

Recommended Action

run additional tests - cPL, serum hyaluronic acid, vector borne testing (eg 4Dx) - call VDI to add

Neoplasia Index® cGI.LSA

Negative

Treatment:

Interpretive Comments

none or not indicated

Historical

Historical

5/10/23

16.3

5/10/23

15.5

Patient's Neoplasia Index is negative and inconsistent with intestinal lymphoma. This profile of TK1/ CRP are consistent with possible pancreatitis and other select conditions.

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

TK1

12.5

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

c-CRP

1.6mg/L

Normal: ≤ 3.9
Mild Inflam: 4 - 9.9

Mild Inflam: 4 - 9.9 Mod Inflam: 10 - 39.9 High Inflam: ≥ 40

Interpretive Comments

Results are consistent with: PANCREATITIS

Results are INCONSISTENT with GILSA

Elevated TK1 with a normal inflammatory is consistent with pancreatitis.

Trending and Treatment Comments

Both TK1 and CRP improved significantly from prior . In the unmedicated patient declining TK1 is generally inconsistent with cancer. Corticosteroids or uncontrolled Cushings, can suppress both TK1 and CRP. Other anti-inflammatory medication can suppress CRP. Confirm patient is untreated.

Cobalamin Folate

Normal	Normal
655.4	18.7
pgm/L	ng/mL

Low: <220 Low Normal: 220 - 400 Normal: 220 - 1080 High: ≥1080 Low: <4.3 Normal: 4.3 - 21.0 High: >21.0

Interpretive Comments

Normal B12 and Folate indicating proper nutitional source and absorption.

Contextual Comments (If needed) need consult? consult@vdilab.com

profile code 13140 PANCREATITIS

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^{*} 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



MRN: 1056113

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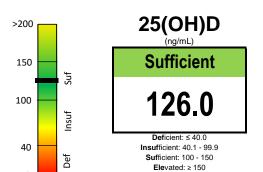
SPECIMEN ID: 179229 SPECIES: Canine GENDER: Female Spayed

> AGE: 13.0 WEIGHT: 27 lb

BREED: Cocker Spaniel

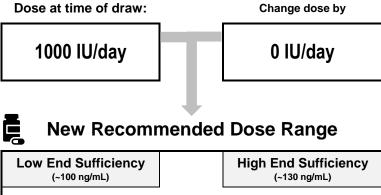
VETERINARIAN:

FACILITY:



Patient History

ID	Date	<i>Result</i> ng/mL	Known Dose iu/day
422210	5/18/2020	77.7	0
463991	5/9/2022	65.5	0
178028	5/10/2023	128.2	1000



Low End Sufficiency (~100 ng/mL)	High End Sufficiend (~130 ng/mL)	
1000 IU/day	1100 IU/day	
For most patients without underlying conditions, or taking corticosteroids		For patients that warrant a higher VitD level and/or those on corticosteroids.

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

Your patient is found to be sufficient. Continue on the same diet and supplementation 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 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 Dos	e Recommended:	1000 IU/day	1100 IU	l/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	☐ 10 drops/day	☐ 11 drops/day
RxD3 Forte Rx Vitamins	500 IU/ drop	Liquid Drops Applied to food	☐ 2 drops/day	☐ 2 drops/day

B12 (Cobalamin) Report

z

220



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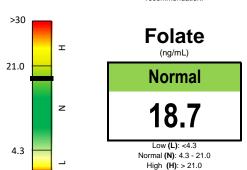
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655.4

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 vs Cobalamin Plot

High	SIBO Excess Dietary Folate		Excess Suppl or TC II/TC I imbalance
Folate	Low Dietary B12 CP / EPI / IBD / LSA Distal SI Damage	Normal	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

B12 Dose at time of draw: Increase B12 dose by: 0 mcg/day 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	rolate ng/mL	Known B12 Dose mcg/day
178028	5/10/2023	472.4	3.6	0

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:		nended:	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

ph: 805-577-6742 fax: 805-426-8115



Magnesium Report

PATIENT NAME: Chloe Oramas SPECIMEN ID: 179229

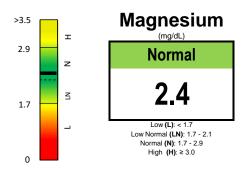
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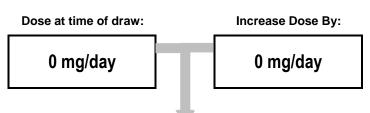
VETERINARIAN:

FACILITY:



Patient History

ID	Date	Result m g/dL	Known Dose mg/day		
422210	5/18/2020	1.5	0		
178028	5/10/2023	2.2	0		



New Recommended Dose

MagRatio	Not Available		
0 mg/day			
Magnesium dosing recommendations are for daily supplementation. Continue indefinitely unless changes in health or diet require modification.			

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

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Patient has Normal Magnesium levels. Maintain current diet and retest in 1 year unless diet or health changes occur.

Supplementation Guide

Total Dose	e Recommended:	0 mg/day			
PRODUCT NAME	PRODUCT STRENGTH	PUMP VOLUME	PRODUCT FORMAT	Dose	
Magnesium Lotion for Pets Magnum Solace	50 mg/mL	0.23 mL/pump 11.5 mg/pump	Topical Lotion		
Other					

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