



Lab Report For:

PATIENT NAME: Rosie Stephanus

VETERINARIAN: Dr. Michael Brown

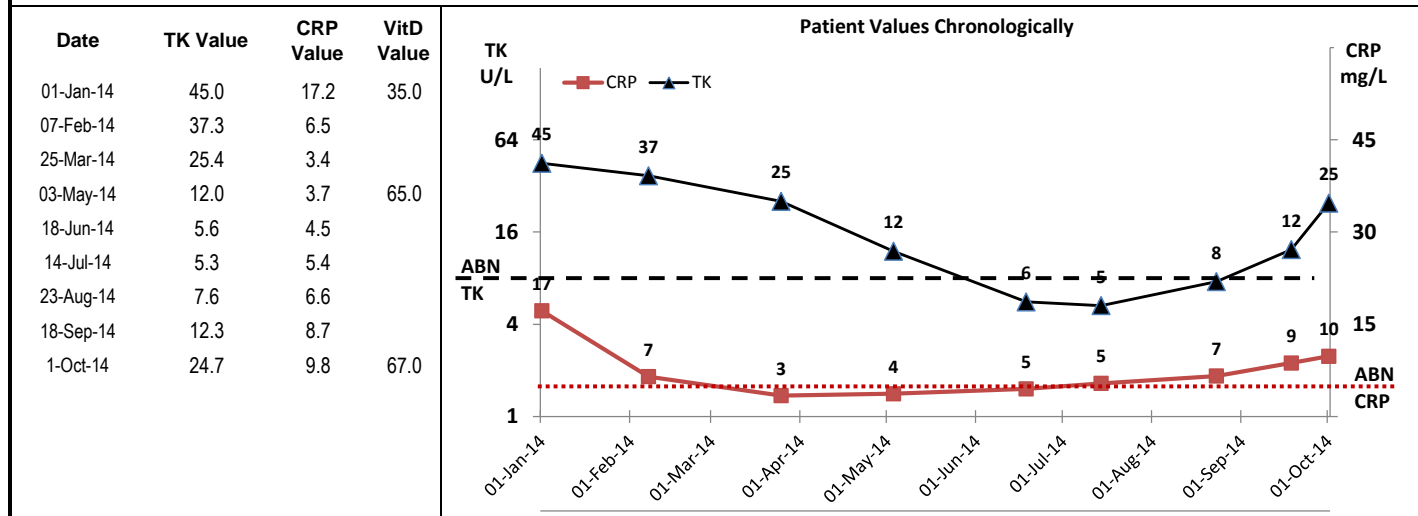
SPECIMEN ID #: 145555  
SPECIES: Canine  
GENDER: Male Neutered  
BREED: Australian Shepherd  
AGE: 5.0  
WEIGHT: 59 lb  
DRAW DATE: 30-Sep-14  
RECEIVED DATE: 1-Oct-14  
SAMPLE TYPE: Serum  
COMMENTS: none  
PATIENT STAGE: unknown  
TREATMENT: none

FACILITY: Main Street Animal Hospital  
11 Main Street  
Fairview, CA 99999  
PH: 555-555-5151  
FAX: 555-555-5252

TKCANINE CANCER PANEL

REPORT DATE: 3-Oct-2014

TEST NAME	RESULT	UNITS	FLAG	REFERENCE INTERVAL
<b>TK1</b> thymidine kinase, type 1	<b>24.7</b>	U/L	<b>H</b>	Normal: ≤ 1.9 Equivocal (E): 2.0 - 8.9 High (H): ≥ 9.0
<b>c-CRP</b> canine specific c-reactive protein	<b>9.8</b>	mg/L	<b>L</b>	Normal: ≤ 3.9 Low Inflamm (L): 4 - 9.9 Mod Inflamm (M): 10 - 39.9 High Inflamm (H): ≥ 40
<b>Neoplasia Index</b>	<b>9.9</b>	index	<b>High Positive</b> Positive Predictive Value 0.96	Negative: <5.3 Equivocal: 5.3 Positive: 5.4 - 8.9 High Positive: ≥ 9.0



VitDCANINE

VitD	84.3	ng/mL	Insuff	Deficient (Def): ≤ 24.9 Insufficient (Insuff): 25.0 - 99.9 Sufficient: 100 - 120
25 hydroxy-vitamin D				
<b>Dosing Guidelines</b>		Vitamin D3 dosing guideline is based upon the weight of the animal and is a recommendation for routine supplementation. Equilibrium is achieved in about 4-6 weeks and should be re-tested to ensure proper levels. Advise the pet owner not to over-supplement. Ongoing supplementation is required to maintain vitamin D sufficiency and should not require modification unless diet changes or annual testing confirms a change is warranted. Serum calcium should be evaluated prior to supplementation.		
<b>Weight</b>	<b>Dose</b>			
59 lb	420 IU/day			

Interpretive Comment

Patient Stage: unknown

Diagnostic Code: 323

Initial diagnostic workup	Monitored cancer patient
Patient has sufficient elevation in TK and CRP for high risk of neoplasia. Full diagnostic workup is recommended. If a mass has been identified, there is a high probability the mass is malignant.	Patient has sufficient elevation in TK and CRP for high risk of disease recurrence especially if there is a sudden spike in both parameters. It is advised that infection is ruled out as this is a common complication of immuno-suppressed patients. As a side effect, intolerance to chemotherapy may cause inflammation. Patient should continue to be monitored for further elevations.

Interpretive comments are general in nature and in absence of detailed knowledge of patient status or treatment. For more information on specific cases, please contact VDI.

Tech: RR