



Lab Report For:

PATIENT NAME: Rosie Stephanus

VETERINARIAN: Dr. Michael Brown

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

FACILITY: Main Street Animal Hospital
11 Main Street
Fairview, CA 99999
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CRPCANINE

REPORT DATE: 3-Oct-2014

TEST NAME	RESULT	UNITS	FLAG	REFERENCE INTERVAL
c-CRP canine specific c-reactive protein	9.8	mg/L	L	Optimum ≤ 1.9 Normal: ≤ 3.9 Low Inflamm (L): 4 - 9.9 Mod Inflamm (M): 10 - 39.9 High Inflamm (H): ≥ 40

Flag Interpretation

Low to Moderate: inflammatory diseases such as cancer, IBD, heart, kidney disease

High: diseases that cause severe inflammatory response such as cancer, IBD, infection, and autoimmune conditions such as IMHA. Infection and autoimmune disorders such as IMHA often trigger CRP levels in excess of 30 mg/dL.

General Comments

CRPcanine measures canine-specific C-reactive protein (c-CRP), a major acute phase protein, produced mainly in the liver as a response to inflammation and the release of cytokines. Serum CRP has been shown to be an effective measure of general inflammation. The concentration of CRP correlates to both the severity and duration of the inflammatory stimuli.

Acute phase proteins constitute a group of proteins (e.g., CRP, haptoglobin, serum amyloid A) which are part of the innate host defense system. Their blood concentration changes rapidly in response to any tissue damaging causes such as infection, immune-mediated disorders, neoplasia, trauma, and others. CRP is produced "de novo" with no storage reserves (i.e., low risk of false release). CRP decreases rapidly when inflammatory stimulation is no longer present thus making it very effective in therapeutic monitoring.

CRP measurements may be useful for:

Preventative Care Health Screen: The high sensitivity and low specificity of the acute phase response allows for potential detection of subclinical or pre-clinical inflammatory disorders. An elevated CRP indicates the presence, but not the cause, of an inflammatory disease state.

Peri-operative Monitoring: CRP levels are expected to increase post-operatively, with the magnitude of increase related to the intensity of the surgical trauma. Normalization of CRP within 1-2 weeks post-operatively has been suggested as being more effective in monitoring post-surgical progress than WBC counts.

Monitoring Disease Progression/Response to Treatment: CRP has been shown to be an effective marker for disease activity and response to therapy in canine inflammatory bowel disease, pancreatitis, and immune-mediated polyarthritis. CRP was also shown to be potentially more useful than a WBC count

Tech: RR