

## FRITZ GLEASON

PET OWNER: **GLEASON**  
 SPECIES: Feline  
 BREED: Russian Blue  
 GENDER: Male  
 AGE: 9 Years  
 PATIENT ID: 4305


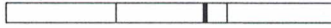












**NATURAL CARE INSTITUTE**  
 6315 S Rainbow Blvd Ste 104  
 702-617-3285  
 ACCOUNT #: 7850  
 ATTENDING VET: BRANDT,NANCY

LAB ID: 7500035158  
 ORDER ID: 27197032  
 COLLECTION DATE: **3/16/17**  
 DATE OF RECEIPT: **3/17/17**  
 DATE OF RESULT: **3/17/17**

IDEXX Services: **Total Health™ Plus with Free T4**

## Hematology

3/17/17 (Order Received)  
 3/18/17 2:57 AM (Last Updated)

TEST	RESULT	REFERENCE VALUE	
RBC	8.88	7.12 - 11.46 M/ $\mu$ L	
Hematocrit	47.4	28.2 - 52.7 %	
Hemoglobin	14.9	10.3 - 16.2 g/dL	
MCV	53	39 - 56 fL	
MCH	16.8	12.6 - 16.5 pg	H 
MCHC	31.4	28.5 - 37.8 g/dL	
% Reticulocyte	0.1	%	
Reticulocyte	9	3 - 50 K/ $\mu$ L	
WBC	11.1	3.9 - 19 K/ $\mu$ L	
% Neutrophil	71.2	%	
% Lymphocyte	20.9	%	
% Monocyte	5.0	%	
% Eosinophil	2.8	%	
% Basophil	0.1	%	
Neutrophil	7.903	2.62 - 15.17 K/ $\mu$ L	
Lymphocyte	2.32	0.85 - 5.85 K/ $\mu$ L	
Monocyte	0.555	0.04 - 0.53 K/ $\mu$ L	H 
Eosinophil	0.311	0.09 - 2.18 K/ $\mu$ L	
Basophil	0.011	0 - 0.1 K/ $\mu$ L	
Platelet	402	155 - 641 K/ $\mu$ L	
Remarks	SLIDE REVIEWED MICROSCOPICALLY.		

## Chemistry

3/17/17 (Order Received)  
3/18/17 2:57 AM (Last Updated)



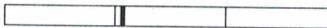
TEST	RESULT	REFERENCE VALUE	
Glucose	171	72 - 175 mg/dL	
IDEXX SDMA	<sup>a</sup> 8	0 - 14 µg/dL	
Creatinine	1.1	0.9 - 2.5 mg/dL	
BUN	29	16 - 37 mg/dL	
BUN:Creatinine Ratio	26.4		
Phosphorus	4.0	2.9 - 6.3 mg/dL	
Calcium	10.1	8.2 - 11.2 mg/dL	
Sodium	150	147 - 157 mmol/L	
Potassium	4.3	3.7 - 5.2 mmol/L	
Na:K Ratio	35	29 - 42	
Chloride	116	114 - 126 mmol/L	
TCO2 (Bicarbonate)	17	12 - 22 mmol/L	
Anion Gap	21	12 - 25 mmol/L	
Total Protein	8.1	6.3 - 8.8 g/dL	
Albumin	4.1	2.6 - 3.9 g/dL	<sup>H</sup>
Globulin	4.0	3.0 - 5.9 g/dL	
Alb:Glob Ratio	1.0	0.5 - 1.2	
ALT	36	27 - 158 U/L	
AST	28	16 - 67 U/L	
ALP	30	12 - 59 U/L	
GGT	1	0 - 6 U/L	
Bilirubin - Total	0.1	0.0 - 0.3 mg/dL	
Bilirubin - Unconjugated	0.0	0.0 - 0.2 mg/dL	
Bilirubin - Conjugated	0.1	0.0 - 0.2 mg/dL	
Cholesterol	252	91 - 305 mg/dL	
Amylase	1,184	623 - 2,239 U/L	
Lipase	281	11 - 242 U/L	<sup>H</sup>
Creatine Kinase	374	64 - 440 U/L	
Hemolysis Index	<sup>b</sup> N		

## Chemistry (continued)

TEST	RESULT	REFERENCE VALUE
Lipemia Index	<b>c</b> N	
	<b>a</b>	BOTH SDMA AND CREATININE ARE WITHIN THE REFERENCE INTERVAL which indicates kidney function is likely good. Evaluate a complete urinalysis and confirm there is no other evidence of kidney disease.
	<b>b</b>	Index of N, 1+, 2+ exhibits no significant effect on chemistry values.
	<b>c</b>	Index of N, 1+, 2+ exhibits no significant effect on chemistry values. SPECIMEN REQUIRED ULTRACENTRIFUGATION DUE TO GROSS LIPEMIA.

## Endocrinology

3/17/17 (Order Received)  
3/18/17 2:57 AM (Last Updated)

TEST	RESULT	REFERENCE VALUE	
Total T4	<b>a</b> 2.2	0.8 - 4.7 µg/dL	
Free T4 (ng/dL)	0.8	0.7 - 2.6 ng/dL	
Free T4 (pmol/L)	<b>b</b> 10.3	9.0 - 33.5 pmol/L	

**a** Interpretive ranges:  
 <0.8 Subnormal  
 0.8-4.7 Normal  
 2.3-4.7 Grey zone in old or symptomatic cats  
 >4.7 Consistent with hyperthyroidism

Cats with subnormal T4 values are almost exclusively euthyroid sick or overtreated for their hyperthyroidism. Older cats with consistent clinical signs and T4 values in the grey zone may have early hyperthyroidism or a concurrent non-thyroidal illness. Hyperthyroidism may be confirmed in these cats by adding on a free T4 or by performing a T3 suppression test. Following treatment with methimazole, T4 values will generally fall within the lower end of the reference range (0.8 - 2.3).

**b** In middle-aged to older cats with clinical signs of hyperthyroidism and a total T4 in the "grey zone" or upper end of the reference interval, an increased free T4 supports the diagnosis of hyperthyroidism. A normal free T4 makes the diagnosis of hyperthyroidism unlikely, but if a strong clinical suspicion remains, repeat thyroid testing in 6 to 8 weeks or a technesium scan is indicated.