

Test	Results	Adult Reference Range	
<b>Superchem</b>			
Total Protein	7.4 g/dL	5.2-8.8	
Albumin	3.4 g/dL	2.5-3.9	
Globulin	4.0 g/dL	2.3-5.3	
A/G Ratio	0.9	0.35-1.5	
AST (SGOT)	15 IU/L	10-100	
ALT (SGPT)	22 IU/L	10-100	
Alk Phosphatase	17 IU/L	6-102	
GGT	1 IU/L	1-10	
Total Bilirubin	0.1 mg/dL	0.1-0.4	
BUN	34 mg/dL	14-36	
<b>Creatinine</b>	<b>2.6 mg/dL</b>	<b>0.6-2.4</b>	<b>HIGH</b>
BUN/Creatinine Ratio	13	4-33	
Phosphorus	3.4 mg/dL	2.4-8.2	
Glucose	135 mg/dL	64-170	
Calcium	10.1 mg/dL	8.2-10.8	
Magnesium	1.6 mEq/L	1.5-2.5	
Sodium	154 mEq/L	145-158	
Potassium	4.2 mEq/L	3.4-5.6	
Na/K Ratio	37	32-41	
Chloride	115 mEq/L	104-128	
Cholesterol	141 mg/dL	75-220	
Triglyceride	119 mg/dL	25-160	
Amylase	634 IU/L	100-1200	
Lipase	47 IU/L	0-205	
CPK	65 IU/L	56-529	

**Comment**

Hemolysis 1+ No significant interference.

**CBC**

<b>WBC</b>	<b>23.5 10<sup>3</sup>/uL</b>	<b>3.5-16.0</b>	<b>HIGH</b>	
RBC	5.8 10 <sup>6</sup> /uL	5.92-9.93	LOW	
HGB	10.3 g/dL	9.3-15.9		
HCT	30 %	29-48		
MCV	52 fL	37-61		
MCH	17.6 pg	11-21		
MCHC	34 g/dL	30-38		

Blood Parasites None Seen

Parasite suspect. Pending pathologist's review.

RBC Comment

RBC Morphology Normal

Platelet Count	428 10 <sup>3</sup> /uL	200-500	
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Platelet count reflects the minimum number due to platelet clumping.

Platelet Est Adequate

Differential	Absolute	%	
<b>Neutrophils</b>	<b>19,270 /uL</b>	<b>82</b>	<b>2500-8500</b> <b>HIGH</b>
Bands	%	0	0-3
Lymphocytes	1,410 /uL	6	1200-8000

Test	Results	Adult Reference Range
Monocytes	1,645 /uL	7 0-600 HIGH
Eosinophils	1,175 /uL	5 0-1000 HIGH
Basophils	0 /uL	0 0-150

**Comment**

Blood smear reviewed by technologist.

**Path Review**

I have reviewed the blood smear and agree with the CBC findings. A neutrophilia is present with a monocytosis. This can be caused by inflammation, a stress response, or steroid administration. A slight eosinophilia is present which may be a nonspecific part of the inflammatory reaction. Although, allergic hypersensitivity reactions or parasitic infections can also cause an eosinophilia. No blood parasites are present. Platelets appear adequate.  
 PATHOLOGIST:

REVIEWED BY:  
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**Total T4**

T4	1.9 ug/dL	0.8-4.0
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**Add-On Urinalysis**

**Collection Method**

Not Stated

Color	YELLOW	
Appearance	CLOUDY	
Specific Gravity	1.034	1.015-1.060
pH	6.0	5.5-7.0
Protein	1+	NEGATIVE HIGH

Microalbuminuria testing is recommended (if sediment is inactive) to help determine the clinical significance of proteinuria.

Glucose-Strip	NEGATIVE	NEGATIVE
Ketones	NEGATIVE	NEGATIVE
Bilirubin	NEGATIVE	NEGATIVE
Occult Blood	NEGATIVE	NEGATIVE
WBC	2-3 HPF	0-3
RBC	0-1 HPF	0-3
Casts/LPF	NONE SEEN LPF	Hyaline 0-3
Amorphous Urate Crystals	4-10 HPF	
Bacteria	NONE SEEN HPF	None Seen
Epithelial Cells	NONE SEEN HPF	

<u>Test</u>	<u>Result</u>	<u>Reference Interval</u>	<u>Assay Date</u>
<b>Cobalamin Fasting</b>	401 ng/L	290-1499	06/10/15
Interpretation: Result is within the reference interval.			
<b>Folate Fasting</b>	24 µg/L	9.7-21.6	06/10/15
Interpretation: Consistent with small intestinal dysbiosis. In patients with GI signs, but without systemic complications (i.e., severe weight loss, hypoalbuminemia, or other) consider trial therapies with prebiotics (e.g., a diet containing fructooligosaccharides (FOS)), probiotics, or antibiotics (e.g., tylosin at 10-15 mg/kg q 12 hrs PO for 6-8 weeks)			
<b>Pancreatic Lipase Immunoreactivity Fasting</b>	21.4 µg/L	≤3.5	06/09/15
Interpretation. Serum fPLI concentration is consistent with pancreatitis. Consider investigating for risk factors and concurrent diseases (e.g., IBD, cholangitis, diabetes mellitus). Periodic monitoring of fPLI may help assess response to management.			
<b>TLI Fasting</b>	50.1 µg/L	12-82	06/09/15
Interpretation. Result is within the reference interval.			

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**Comments:**

**Important Notices:**

**Improved cPLI assay information**

Please note. We have recently switched to a more advanced cPLI assay with an increased working range from 30-2000 µg/L. However, the reference interval (< 200 µg/L) and the cut-off value for pancreatitis (> 400 µg/L) have not changed. This revised assay should improve your ability to monitor patients with pancreatitis. Please let us know if you have any questions regarding this change.

**Ongoing Studies**

**Feline Hepatic Lipidosis**-Cats with feline hepatic lipidosis diagnosed by cytology or histology, who have not received cobalamin supplementation are eligible to be enrolled in an observational study. Please contact Dr Jonathan Lidbury at [jlidbury@cvm.tamu.edu](mailto:jlidbury@cvm.tamu.edu) if you have a cat that may be eligible.

**GI Lab Contact Information**

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