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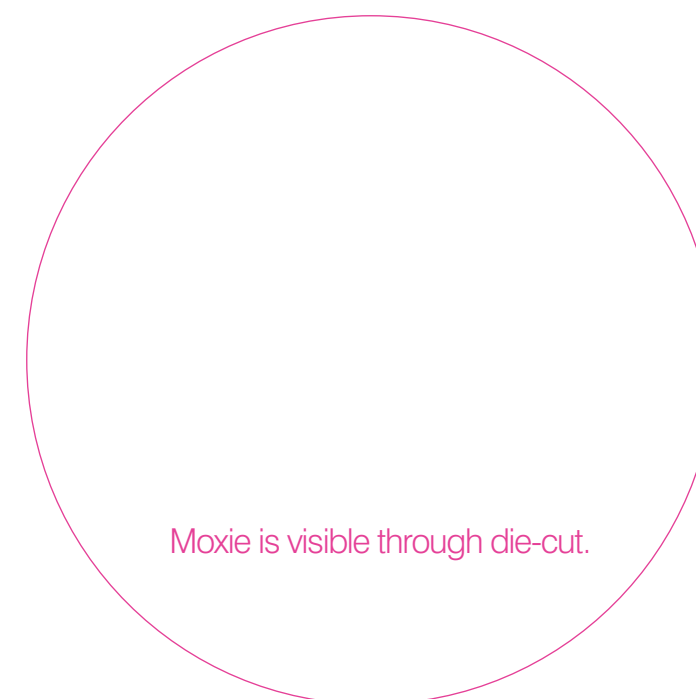
Practice what's possible®



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Meet Moxie.
Moxie looks great.



Moxie is visible through die-cut.

Looks can be deceiving.

Practice what's possible®



hematology

urinalysis

Kaiser's just not himself.



Boris is losing weight.



And Moxie's not alone.

At IDEXX, we know that every day your waiting room is filled with all kinds of patients with a wide range of needs—from healthy patients in for wellness visits to emergency patients, and even sick patients showing no visible signs at all. What you need is fast, accurate diagnostic information for every patient.

endocrinology

electrolytes

Moxie needs his annual exam.



chemistry

Manny has dental disease.



Zippy's vomiting occasionally.



IDEXX Laboratories—helping veterinarians practice what's possible®

The IDEXX VetLab® Suite helps you uncover underlying causes of illness and focus your attention on easily missed signs—so you won't miss a thing. You get test results in-house, in minutes, so you can address the right issues with your patients and clients right away.

Healthier patients, stronger, more trusting relationships with your clients and a more profitable business—the IDEXX VetLab Suite helps you practice medicine the way you always imagined.

blood gas

IDEXX VetLab® Suite

Hematology • Chemistry • Urinalysis • Electrolytes • Endocrinology • Blood Gas

Veterinary-specific diagnostics—designed for you and your patients

Ever-expanding product line—continually bringing more medical capabilities and better technologies in-house

Flexibility—more options so testing and diagnostic choices are yours to make

Comprehensive information—the most complete medical data for the best treatment decisions

All test results in a single report—a clear picture of each patient's health status

Help anytime day or night—medical and technical assistance 24/7

IDEXX VetLab® Station

Laboratory Information Management System

An unprecedented level of information consolidation that offers you seamless integration of patient and medical data.

Save time with autofilling of patient information.

Easily run all instruments from one patient screen.

Print all test results in one easy-to-read report.

Share a professional printout with clients to help explain diagnoses.

Access all historical patient results for easy graphing and assessment of trends.

Connect to Cornerstone® and many other practice management systems.



IDEXX VetLab® Station

Laboratory Information Management System

SNAP® Reader

T₄, Cortisol, Bile Acids

VetTest®

Chemistry Analyzer



LaserCyte®

Hematology Analyzer

IDEXX StatSpin®

High-Speed Centrifuge

VetLyte®

Electrolyte Analyzer



IDEXX VetAutoread™

Hematology Analyzer

IDEXX VetLab® Report

All your test results in a single easy-to-read report



IDEXX VetLab® UA™

Urine Analyzer



VetStat®

Electrolyte and Blood Gas Analyzer

Splenic Hemangiosarcoma

Splenic Hemangiosarcoma

Kaiser, a 6-year-old male neutered German shepherd, just not himself and not chasing his tennis ball



IDEXX VetLab[®] Station



VetTest[®] Chemistry Analyzer and SNAP[®] Hematology Analyzer



LaserCyte[®] Hematology Analyzer

In-house absolute reticulocyte count and five-part leukocyte differential allowed immediate life-saving intervention for Kaiser



LaserCyte[®] Hematology Analyzer

Kaiser's hemogram results showed decreased hematocrit, elevated absolute reticulocyte count, high mean corpuscular volume (MCV), decreased mean corpuscular hemoglobin concentration (MCHC) and increased red cell distribution (RDW)—all of which indicated regenerative anemia and which were indications for blood film analysis. Leukocytosis with monocytosis indicated inflammation, and thrombocytopenia indicated a need to assess blood clotting.

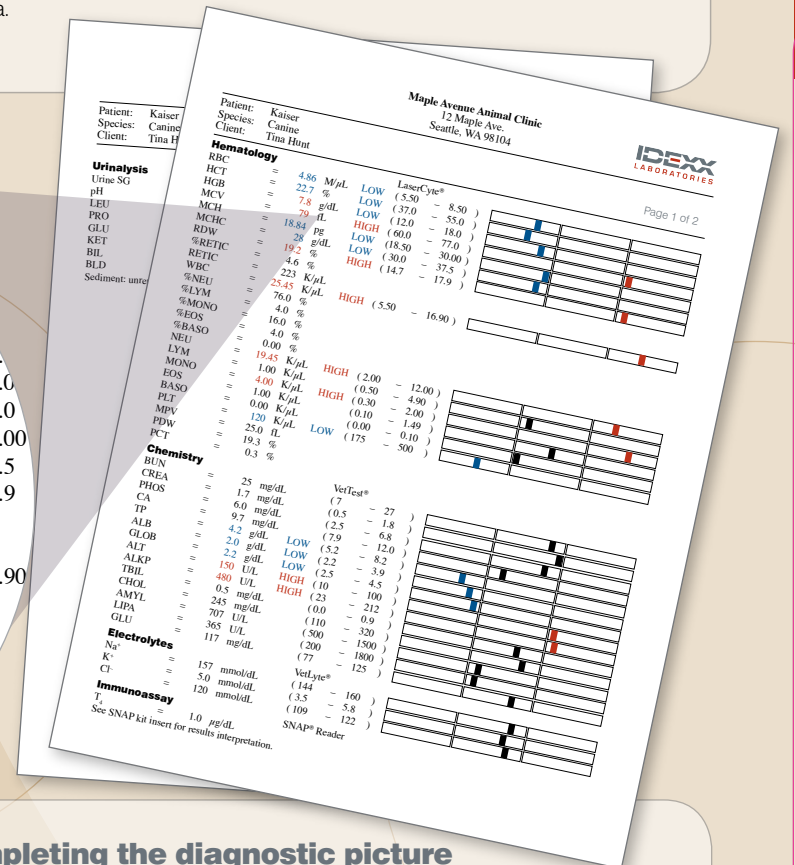


A brief review of the blood film confirmed the thrombocytopenia and revealed few schistocytes and numerous acanthocytes, which are frequently associated with splenic disease (especially splenic hemangiosarcoma) and liver disease in dogs.

VetTest[®] Chemistry Analyzer

Kaiser's chemistry panel revealed mildly elevated liver enzymes, low total protein and low albumin levels, which are consistent with blood-loss anemia.

Kaiser		LaserCyte [®]	
Species:	Canine		
Client:	Tina Hunt		
Hematology			
RBC	= 4.86 M/ μ L	LOW	(5.50 - 8.50)
HCT	= 22.7 %	LOW	(37.0 - 55.0)
HGB	= 7.8 g/dL	LOW	(12.0 - 18.0)
MCV	= 79 fL	HIGH	(60.0 - 77.0)
MCH	= 18.84 pg	LOW	(18.50 - 30.00)
MCHC	= 28 g/dL	LOW	(30.0 - 37.5)
RDW	= 19.2 %	HIGH	(14.7 - 17.9)
%RETIC	= 4.6 %		
RETIC	= 223 K/ μ L		
WBC	= 25.45 K/ μ L	HIGH	(5.50 - 16.90)
%NEU	= 76.0 %		
%LYM	= 4.0 %		
%MONO	= 16.0 %		
%EOS	= 4.0 %		
%BASO	= 0.00 %		
PLT	= 19.45 K/ μ L	HIGH	(2.00 - 100.00)
MPV	= 1.00 K/ μ L		(0.50 - 1.00)
PDW	= 4.00 K/ μ L	HIGH	(0.00 - 1.00)
CT	= 1.00 K/ μ L		



Completing the diagnostic picture

Digital radiography revealed splenomegaly and the suggestion of abdominal fluid. Cardiac size appeared normal with no evidence of metastatic disease. Abdominocentesis revealed blood-tinged fluid that failed to clot. Kaiser received a blood transfusion and an exploratory laparotomy after stabilization.

Diagnosis

The doctor's working diagnosis for Kaiser was splenic hemangiosarcoma.

Treatment

Kaiser's doctor surgically removed the spleen, which contained a bleeding mass on the cranial pole. The final histologic diagnosis from IDEXX Reference Laboratories pathology service was splenic hemangiosarcoma.

IDEXX VetLab[®] Station

Kaiser's CBC was repeated in 24 hours. The IDEXX VetLab Station trending function graphically illustrated improvement in Kaiser's CBC results, allowing the staff to easily monitor his treatment. His owners opted for chemotherapy despite the poor long-term prognosis. They reported that Kaiser was chasing tennis balls again three weeks after surgery.

Renal Disease

Renal Disease

Boris, a 13-year-old long-haired Maine coon cat mix, presented for anorexia and mild weight loss



Quick identification of a nonregenerative anemia allowed prompt treatment decisions to help slow the advance of Boris's kidney disease



VetTest® Chemistry Analyzer

A chemistry panel revealed elevated BUN and creatinine levels, which prompted Boris's veterinarian to focus her investigation toward kidney problems with a decreased glomerular filtration rate.



IDEXX VetAutoread™ Hematology Analyzer

The Buffy Coat Profile generated by the IDEXX VetAutoread analyzer did not show a reticulocyte response, indicating a nonregenerative anemia typical of chronic renal failure (CRF) patients.

VetLyte® Electrolyte Analyzer

Boris's electrolyte panel revealed a decreased potassium level, which is a frequent finding with CRF. Consequently, potassium supplementation is needed and serial monitoring of potassium levels during and following supplementation is required for successful treatment.

VetStat® Electrolyte and Blood Gas Analyzer

Knowing that renal failure can cause metabolic acidosis, Boris's doctor collected a sample for a VetStat Analyzer acid-base evaluation. The finding of a decreased pH and a decreased HCO₃ with an increased anion gap supported the presence of metabolic acidosis.

IDEXX VetLab® UA™ Analyzer

The automated results from the UA analyzer indicated elevated protein in Boris's urine. The complete urinalysis revealed a non-concentrated (isosthenuric) urine specific gravity with azotemia, which supports renal insufficiency.

VetTest® Chemistry Analyzer

In order to better assess Boris's urine protein levels, his doctor used the IDEXX Urine P:C Ratio. This quantitative result, in combination with other urinalysis findings, confirmed renal origin proteinuria.

Diagnosis

Boris was diagnosed with chronic renal failure on the basis of his presenting history and physical examination findings, azotemia, isosthenuric urine specific gravity, nonregenerative anemia, metabolic acidosis and renal origin proteinuria.

IDEXX VetLab® Station

All of Boris's diagnostic results were easily accessible on one report from the IDEXX VetLab Station, providing an organized, integrated picture of Boris's overall health status and helping his doctor make a definitive diagnosis.

Treatment

Boris was hospitalized for three days while his doctor instituted intravenous fluid therapy including potassium supplementation, phosphorus restriction, erythropoietin therapy and dietary management.

Follow-Up

Boris returned in five days for repeat CBC, BUN, creatinine, phosphorus and electrolytes tests. His doctor noted improvement and had routine rechecks scheduled.

Michelle Dewey

Chemistry

UPRO = 26 mg/dL
UCRE = 47 mg/dL
UPC = 0.55

UPC Ratio = urine protein divided by urine creatinine

Test results should be assessed in accordance with proteinuria and degree of azotemia.

LOCALIZATION: Causes of proteinuria
Prerenal: evaluate for Bence Jones proteinuria
Renal: determine level of azotemia
Postrenal: evaluate urine sediment

Apopka Veterinary Hospital
112 East Palm Drive
Apopka, FL 32703

Patient: Boris
Species: Feline
Client: Michelle Dewey

Hematology

HCT = 21.0 %
HGB = 7.2 g/dL
MCHC = 34.3 g/dL
WBC = 3.3 x10⁹/L
PRO = 6.7 %
LAM = 2 %
KET = 33.0 %
UBG = 67.0 %
BLD = 10.1 K⁺/L
RETIC = 360 K⁺/L

Chemistry

BUN = 90 mg/dL
CREA = 4.3 mg/dL
PHOS = 14.3 mg/dL
TP = 10.0 mg/dL
ALB = 6.2 g/dL
GLOB = 2.5 g/dL
GGT = 3.7 g/dL
TBL = 23 U/L
ALP = 260 U/L
CHOL = 2 U/L
GLU = 200 mg/dL
pH = 7.22
PCO₂ = 31 mmHg
AnGap = 27.5 mmol/L
Na = 137 mmol/L
K = 1.57 mmol/L
Cl = 3.2 mmol/L
Bunp = 120 mmol/L
Specimen Type = Blood
Specimen Source = Venous
Temp = 37.0 C

Electrolytes

pH = 7.22
PCO₂ = 31 mmHg
AnGap = 27.5 mmol/L
Na = 137 mmol/L
K = 1.57 mmol/L
Cl = 3.2 mmol/L
Bunp = 120 mmol/L
Specimen Type = Blood
Specimen Source = Venous
Temp = 37.0 C

Immunology

T₄ = 2.5 pg/dL

See SNAP kit insert for results interpretation.

Pancreatitis

Zippy, a 5-year-old neutered male pug, presented for "not being himself" and vomiting

In-house lipase analysis helped diagnose Zippy's pancreatitis and allowed immediate treatment



VetTest® Chemistry Analyzer

Vomiting is a frequent clinical sign with many possible causes. Zippy's plasma was lipemic and slightly hemolyzed, which is frequent in pancreatitis patients. The VetTest analyzer's dry slide technology is designed to handle these types of interfering substances to ensure accurate results. Lipase in Zippy's serum was extremely elevated, which is highly specific for pancreatitis. Dilution of the sample, which can be performed easily on the VetTest analyzer, would be required to determine the actual lipase level. Liver profile changes support liver cell injury and cholestasis and there is a minimal increased glucose and decreased total calcium, which are commonly seen with active pancreatitis.



VetStat® Electrolyte and Blood Gas Analyzer

The VetStat analyzer offered Zippy's doctor immediate analysis of important electrolytes, including ionized calcium. Zippy's ionized calcium was decreased, which is additional support for pancreatitis, as many dogs with pancreatitis have low ionized calcium.

LaserCyte® Hematology Analyzer

The technician also performed a CBC with absolute reticulocyte count and a five-part white blood cell differential on the LaserCyte® Analyzer. Zippy had a mild leukocytosis with neutrophilia, monocytosis and a low within-reference-interval lymphocyte count consistent with inflammation and superimposed glucocorticoid effect (stress). A minimal nonregenerative anemia commonly seen with inflammation was also present.

SNAP® Reader

Zippy's doctor ran a SNAP® T₄ Test on the SNAP Reader. Zippy's thyroid levels were normal; there was no support for canine hypothyroidism.

VetTest® Chemistry Analyzer and SNAP® Reader



Completing the diagnostic picture

The IDEXX-DR™ Digital Radiography System helped rule out foreign body obstruction. A sample was submitted to the IDEXX Reference Laboratory for a confirmatory Spec cPL™ (canine specific pancreatic lipase) Test.

Treatment

The lipase elevation measured on the VetTest analyzer was highly supportive of active pancreatitis and gave Zippy's doctor enough information to immediately begin administering critical IV fluids, analgesics and anti-emetics.

Diagnosis

The results from the Spec cPL Test confirmed that Zippy's diagnosis was canine pancreatitis.

IDEXX VetLab® Station

The staff was able to easily access and print interpretive information that helped Zippy's family better understand the role lipase played in helping to diagnose Zippy's pancreatitis.

Follow-Up

After three days of treatment, further testing on the VetTest analyzer for amylase, lipase, ALKP, TBIL and GGT, along with a Spec cPL Test, showed Zippy responding well to treatment. He was discharged with instructions for an easily digestible low-fat diet and an appointment to recheck laboratory results in one week.

Chemistry	Result	Reference Range	VetTest®
BUN	22 mg/dL	(7 - 27)	(7)
CREA	1.3 mg/dL	(0.5 - 1.8)	(0.5)
PHOS	5.3 mg/dL	(2.5 - 6.8)	(2.5)
CA	7.8 mg/dL	(7.9 - 12.5)	LOW (7.9)
TP	5.5 g/dL	(5.2 - 8.2)	(5.2)
ALB	2.8 g/dL	(2.2 - 3.9)	(2.2)
GLOB	2.7 g/dL	(2.5 - 4.5)	(2.5)
ALT	275 U/L	(10 - 100)	HIGH (10)
ALKP	845 U/L	(23 - 212)	HIGH (23)
GGT	14 mg/dL	(0 - 7)	HIGH (0)
TBIL	1.9 mg/dL	(0.0 - 0.9)	HIGH (0.0)
AMYL	707 U/L	(500 - 1500)	(500)
LIPA	> 6000 U/L	(200 - 1800)	HIGH (200)
GLU	145 mg/dL	(77 - 125)	HIGH (77)

Orange County Veterinary Clinic 1300 Grove Rd. Irvine, CA 92614		IDEXX LABORATORIES
Patient: Zippy Species: Canine Client: Kathy Palmer		
Electrolytes		
Na ⁺	152 mEq/L	
K ⁺	3.4 mEq/L	
Cl ⁻	118 mEq/L	
Ca ²⁺	1.20 mEq/L	
BUN	22 mg/dL	
CREA	1.3 mg/dL	
PHOS	5.3 mg/dL	
CA	7.8 mg/dL	
TP	5.5 g/dL	
ALB	2.8 g/dL	
GLOB	2.7 g/dL	
ALT	275 U/L	
ALKP	845 U/L	
GGT	14 mg/dL	
TBIL	1.9 mg/dL	
AMYL	707 U/L	
LIPA	> 6000 U/L	
GLU	145 mg/dL	
Hematology		
RBC	4.81 M/μL	LOW (5.50 - 8.50)
HCT	35.1 %	LOW (37.0 - 55.0)
HGB	11.2 g/dL	LOW (12.0 - 18.0)
MCV	73.0 fL	(80.0 - 110.0)
MCH	23.28 pg	(18.50 - 30.00)
MCHC	31.9 g/dL	(30.0 - 37.5)
RDW	14.9 %	(14.7 - 17.9)
%RETIC	0.4 %	
RETIC	19.2 K/μL	
WBC	20.7 K/μL	HIGH (5.50 - 16.90)
%NEU	81.3 %	
%SEU	4.4 %	
%EOS	14.2 %	
%BASO	0.0 %	
NEU	16.92 K/μL	
LYM	1.50 K/μL	
MONO	2.89 K/μL	
BASO	0.00 K/μL	
PLT	467 K/μL	
MPV	15.2 fL	
PDW	15.2 %	
PCT	0.6 %	
Chemistry		
BUN	22 mg/dL	
CREA	1.3 mg/dL	
PHOS	5.3 mg/dL	
CA	7.8 mg/dL	
TP	5.5 g/dL	
ALB	2.8 g/dL	
GLOB	2.7 g/dL	
ALT	275 U/L	
ALKP	845 U/L	
GGT	14 mg/dL	
TBIL	1.9 mg/dL	
AMYL	707 U/L	
LIPA	> 6000 U/L	
GLU	145 mg/dL	

Hyperthyroidism

Manny, an 8-year-old neutered male cat, presented for dental cleaning

In-house T₄ testing allowed Manny's doctor to diagnose hyperthyroidism and postpone anesthesia



SNAP[®] Reader

Manny's doctor routinely performs preanesthetic T₄ testing on cats seven years of age and older. Manny's SNAP[®] T₄ Test on the SNAP Reader was high, confirming that Manny was hyperthyroid.

LaserCyte[®] Hematology Analyzer

Manny's CBC results revealed a mild polycythemia, which his doctor knew could be associated with feline hyperthyroidism.



VetTest[®] Chemistry Analyzer

Manny's chemistry panel results showed mild increases in creatinine and ALT. Since azotemia and liver enzyme elevations are relatively common findings in hyperthyroid cats, these findings were also consistent with hyperthyroidism.

The Cat Doctor
33 Brook Dr.
Fairhaven, MA 02719

Patient: Manny
Species: Feline
Client: Dave Sergot

Page 1

Hematology		LaserCyte [®]
RBC	= 9.61 MptL	(5.50 - 10.00)
HGB	= 47.4 g/dL	(30.0 - 45.0) HIGH
MCV	= 49.3 fL	(90.0 - 151)
MCH	= 32.1 pg	(12.0 - 58.0)
RDW	= 18.2 %	(29.0 - 37.5)
%RETIC	= 0.4 %	(17.3 - 22.0)
RETIC	= 38.4 KptL	
%NEU	= 66.2 %	
%LYM	= 21.2 %	
%MONO	= 12.1 %	
%EOS	= 2.5 %	
%BASO	= 0 %	
WBC	= 10.85 KptL	(5.50 - 19.50)
LYM	= 6.74 KptL	(2.50 - 12.50)
MONO	= 2.23 KptL	(0.40 - 6.80)
EOS	= 1.27 KptL	(0.15 - 1.70)
BASO	= 0.25 KptL	(0.10 - 0.79)
PLT	= 360 KptL	(175 - 600)
MPV	= 16.7 fL	
PDW	= 15.2 %	
PCT	= 0.6 %	

Chemistry		VetTest [®]
BUN	= 35 mg/dL	(16 - 36)
CREA	= 2.5 mg/dL	(0.8 - 2.4) HIGH
PHOS	= 4.3 mg/dL	(3.1 - 11.3)
TP	= 10.0 mg/dL	(5.7 - 8.9)
ALB	= 6.2 g/dL	(2.2 - 4.0)
GLOB	= 2.5 g/dL	(14 - 111)
ALT	= 3.7 g/dL	(0.0 - 10)
ALKP	= 145 U/L	(65 - 225)
GGT	= 10 U/L	(76 - 145)
TBIL	= 1 U/L	
CHOL	= 0.2 mg/dL	
GLU	= 200 mg/dL	

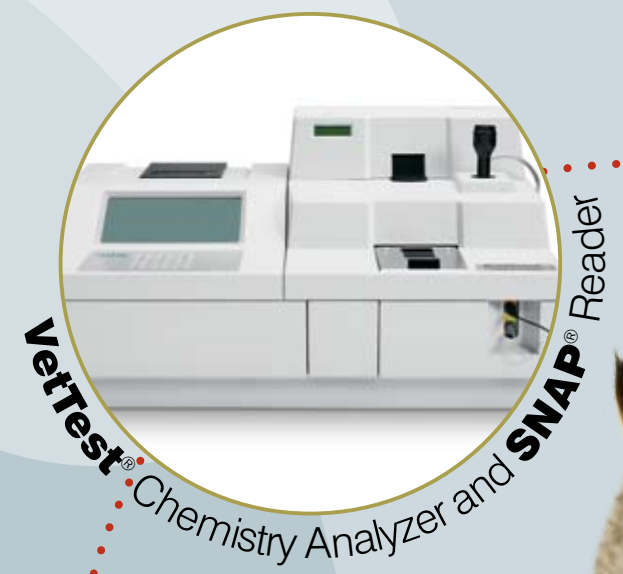
Electrolytes		VetLyte [®]
Na ⁺	= 159 mmol/dL	(150 - 160)
K ⁺	= 3.8 mmol/dL	(3.5 - 5.8)
Cl ⁻	= 121 mmol/dL	(112 - 122)

Immunoassay		SNAP [®] Reader
T ₄	= 6.9 µg/dL	(112 - 122)

See SNAP kit insert for results interpretation.

TP	= 10.0 mg/dL	(14 - 18)
ALB	= 3.7 g/dL	(2.5 - 5.5)
ALP	= 145 U/L	(100 - 250) HIGH
GGT	= 1 U/L	(0 - 10)
TBIL	= 0.2 mg/dL	(0.0 - 1.0)
CHOL	= 200 mg/dL	(65 - 250)
GLU	= 125 mg/dL	(76 - 180)
Electrolytes		
Na ⁺	= 159 mmol/dL	(150 - 160)
K ⁺	= 3.8 mmol/dL	(3.5 - 5.8)
Cl ⁻	= 121 mmol/dL	(112 - 122)
Immunoassay		
T ₄	= 6.9 µg/dL	(112 - 122)

See SNAP kit insert for results interpretation.



VetTest[®] Chemistry Analyzer and SNAP[®] Reader



IDEXX VetLab[®] Station



LaserCyte[®] Hematology Analyzer



Hyperthyroidism

Diagnosis

The results of Manny's tests indicated that he was hyperthyroid.

IDEXX VetLab[®] Station

The connection between the IDEXX VetLab Station and Cornerstone[®] practice management software saved the technician's time by eliminating multiple data entry. It also ensured that all diagnostic work was included in Manny's invoice.

Treatment

Hyperthyroidism is a definite contraindication for anesthesia, so Manny's dental cleaning was postponed. His doctor prescribed methimazole treatment with instructions to recheck CBC, kidney panel, liver enzymes and T₄ in two weeks.

Follow-Up

When Manny's owner returned two weeks later, test results showed improvement in Manny's T₄ and normalized ALT. His doctor wanted to be sure to monitor his methimazole treatment because side effects could be serious. Manny's dental cleaning was rescheduled for one month later, with recheck bloodwork to precede it.

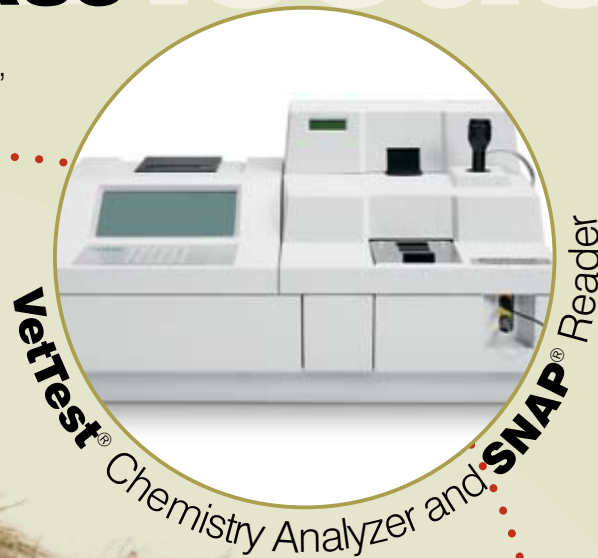
Cushing's Disease

Cushing's Disease

Moxie, an 8-year-old male wire-haired dachshund, presented for annual exam and vaccines



LaserCyte[®] Hematology Analyzer



VetTest[®] Chemistry Analyzer and SNAP[®] Reader



IDEX VetLab[®] Station



In-house cortisol tests offered timely diagnosis of Cushing's disease for Moxie



LaserCyte[®] Hematology Analyzer

Moxie's CBC indicated mild leukocytosis with neutrophilia, lymphopenia and eosinopenia consistent with a stress leukogram (glucocorticoid influence). There was a minimal erythrocytosis, which can be associated with slight dehydration or a glucocorticoid effect.



VetTest[®] Chemistry Analyzer

Moxie's chemistry panel revealed moderately increased ALKP and slightly increased ALT. Other abnormalities included slightly increased glucose and cholesterol.

SNAP[®] Reader

Further discussion with his owner revealed that Moxie had been drinking more water and panting somewhat more than usual over the past several weeks, but it had been attributed to warmer weather. This information, along with Moxie's clinical signs and laboratory test abnormalities, prompted the doctor to conduct a low-dose dexamethasone suppression test using the SNAP[®] Cortisol Test on the SNAP Reader.

Diagnosis

The low-dose dexamethasone suppression test provided the information Moxie's doctor needed to confirm a diagnosis of hyperadrenocorticism (Cushing's disease), most likely of pituitary origin (cortisol suppression at four hours).

IDEX VetLab[®] Station

The IDEX VetLab Station's trending feature allowed the staff to print a chart illustrating Moxie's dexamethasone suppression test, making it easier for them to discuss Moxie's diagnosis with his owner.

Treatment

Moxie's doctor prescribed Lysodren to decrease adrenal cortisol production. She was optimistic that finding the disease in its early stages and regular monitoring would help keep Moxie comfortable and improve the prognosis for his remaining years.

Follow-Up

The doctor had Moxie return in one week for an ACTH stimulation test to monitor the effectiveness of his medication. When he came back, his owner reported that he had been a little "up and down," seeming more comfortable one day and less the next. His cortisol levels did appear to be lower than the target range, so the doctor decreased the Lysodren dosage slightly. She will continue to monitor Moxie's progress.

Animal Medical Center
123 Main St.
Altoona, PA 16602
Page 2 of 2

Patient: Moxie
Species: Canine
Client: Charlie Pollock

Immunossay
T₄ = 0.5 µg/dL
See SNAP kit insert for results interpretation.
CORT = 6.5 µg/dL
Baseline Cortisol—See SNAP kit insert for interpretation
CORT = 2.4 µg/dL
4 hour post low dose dex—See SNAP kit insert for interpretation
CORT = 4 µg/dL
8 hour post low dose dex—See SNAP kit insert for interpretation

Urinalysis
Urine SG = 1.020
pH = 6.0
LEU = 0 neg
PRO = 0 neg
GLU = 0 neg
KET = 0 neg
BLD = 0 Ery
Sediment: unremarkable

Animal Medical Center
123 Main St.
Altoona, PA 16602
Page 1 of 2

Patient: Moxie
Species: Canine
Client: Charlie Pollock

Hematology

RBC	= 8.08 M/µL	HIGH (5.50 - 8.50)
HCT	= 37.3 %	HIGH (37.0 - 55.0)
HGB	= 18.9 g/dL	HIGH (12.0 - 18.0)
MCV	= 66 fL	(18.50 - 30.90)
MCH	= 21.77 pg	(30.0 - 37.5)
MCHC	= 33 g/dL	(14.7 - 17.9)
RDW	= 15.3 %	
%RETIC	= 0.1 %	
RETIC	= 8.70 K/µL	HIGH (5.50 - 16.90)
WBC	= 21.10 K/µL	
%NEU	= 91.8 %	
%LYM	= 2.1 %	
%MONO	= 6.1 %	
%EOS	= 0.0 %	
%BASO	= 0.0 %	
NEU	= 19.37 K/µL	HIGH (2.00 - 12.00)
LYM	= 0.44 K/µL	LOW (0.50 - 4.90)
MONO	= 1.29 K/µL	(0.30 - 2.00)
EOS	= 0.00 K/µL	LOW (0.10 - 1.49)
BASO	= 0.00 K/µL	(0.00 - 0.10)
PLT	= 350 K/µL	(175 - 500)
MPV	= 17.1	
PDW	= 20.3	
PCT	= 0.6	

Chemistry

BUN	= 18 mg/dL	(7 - 27)
CREA	= 0.8 mg/dL	(0.5 - 1.8)
PHOS	= 2.6 mg/dL	(2.5 - 6.8)
CA	= 8.2 mg/dL	(7.9 - 12.0)
TP	= 7.1 g/dL	(5.2 - 8.2)
ALB	= 3.1 g/dL	(2.2 - 3.9)
GLOB	= 4.0 g/dL	(2.2 - 4.5)
ALT	= 158 U/L	HIGH (10 - 100)
ALP	= 2000 U/L	HIGH (23 - 212)
TBL	= 0.5 mg/dL	(0.0 - 0.7)
CHOL	= 350 mg/dL	HIGH (110 - 320)
AMYL	= 1378 U/L	(500 - 1400)
GLU	= 156 mg/dL	HIGH (77 - 125)

Electrolytes

Na	= 159 mmol/dL	(144 - 160)
K	= 3.8 mmol/dL	(3.5 - 5.8)
Cl	= 121 mmol/dL	(109 - 122)

Animal Medical Center
123 Main St.
Altoona, PA 16602
Page 1 of 2

Patient: Moxie
Species: Canine
Client: Charlie Pollock

Immunossay

T ₄	= 0.5 µg/dL	SNAP [®] Reader
CORT	= 6.5 µg/dL	
CORT	= 2.4 µg/dL	
CORT	= 4 µg/dL	

Urinalysis

Urine SG	= 1.020	IDEX VetLab [®] UA
pH	= 6.0	
LEU	= 0 neg	
PRO	= 0 neg	
GLU	= 0 neg	
KET	= 0 neg	
BLD	= 0 neg	

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The recommendations contained in these case studies are intended to provide general guidance only. As with any diagnosis or treatment, you should use clinical discretion with each patient based on a complete evaluation of the patient, including history, physical examination and complete laboratory data profile. With respect to any drug therapy or monitoring program, you should refer to product inserts for a complete description of dosages, indications, interactions and cautions.

