

**SISTER HEATHERTON**

PET OWNER: **HEATHERTON**
SPECIES: Feline
BREED: Shorthair, Domestic
GENDER: Female Spayed
AGE: 15 Years
PATIENT ID: 22662

COPPER HILL ANIMAL CLINIC
26859 Bouquet Cyn Rd Suite C
Santa Clarita, CA 91350
661-296-8848
ACCOUNT #: 6347
ATTENDING VET: COPPER HILL ANIMAL CLINIC

LAB ID: 7808213775
ORDER ID: 225697895
COLLECTION DATE: **2/2/24**
DATE OF RECEIPT: **2/3/24**
DATE OF RESULT: **2/5/24**

IDEXX Services: **Urine Protein:Creatinine Ratio Add-on, Senior Screen Select**


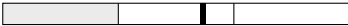

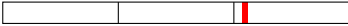






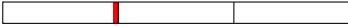
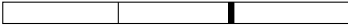




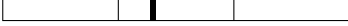









Hematology

2/3/24 (Order Received)

2/5/24 3:12 PM (Last Updated)

TEST	RESULT	REFERENCE VALUE	
RBC	9.42	7.12 - 11.46 M/ μ L	<div><div></div><div></div><div></div></div>
Hematocrit	43.3	28.2 - 52.7 %	<div><div></div><div></div><div></div></div>
Hemoglobin	14.1	10.3 - 16.2 g/dL	<div><div></div><div></div><div></div></div>
MCV	46	39 - 56 fL	<div><div></div><div></div><div></div></div>
MCH	15.0	12.6 - 16.5 pg	<div><div></div><div></div><div></div></div>
MCHC	32.6	28.5 - 37.8 g/dL	<div><div></div><div></div><div></div></div>
% Reticulocyte	0.4	%	
Reticulocytes	38	3 - 50 K/ μ L	<div><div></div><div></div><div></div></div>
Reticulocyte Hemoglobin	16.4	15.3 - 22.9 pg	<div><div></div><div></div><div></div></div>
WBC	9.1	3.9 - 19.0 K/ μ L	<div><div></div><div></div><div></div></div>
% Neutrophils	74.1	%	
% Lymphocytes	18.8	%	
% Monocytes	1.9	%	
% Eosinophils	5.0	%	
% Basophils	0.2	%	
Neutrophils	6.743	2.62 - 15.17 K/ μ L	<div><div></div><div></div><div></div></div>
Lymphocytes	1.711	0.85 - 5.85 K/ μ L	<div><div></div><div></div><div></div></div>
Monocytes	0.173	0.04 - 0.53 K/ μ L	<div><div></div><div></div><div></div></div>
Eosinophils	0.455	0.09 - 2.18 K/ μ L	<div><div></div><div></div><div></div></div>
Basophils	0.018	0 - 0.1 K/ μ L	<div><div></div><div></div><div></div></div>
Platelets	528	155 - 641 K/ μ L	<div><div></div><div></div><div></div></div>
Remarks	No abnormalities seen upon microscopic blood film review by technician.		

Chemistry**2/3/24** (Order Received)**2/5/24 3:12 PM** (Last Updated)

TEST	RESULT	REFERENCE VALUE	
Glucose	174	72 - 175 mg/dL	
IDEXX SDMA ^a	10	0 - 14 µg/dL	
Creatinine	1.6	0.9 - 2.3 mg/dL	
BUN	42	16 - 37 mg/dL	H 
IDEXX Cystatin B (Urine) ^b	<50	0 - 99 ng/mL	
BUN: Creatinine Ratio	26.3		
Phosphorus	4.3	2.9 - 6.3 mg/dL	
Calcium	9.8	8.2 - 11.2 mg/dL	
Sodium	150	147 - 157 mmol/L	
Potassium	4.4	3.7 - 5.2 mmol/L	
Na: K Ratio	34	29 - 42	
Chloride	112	114 - 126 mmol/L	L 
TCO2 (Bicarbonate)	22	12 - 22 mmol/L	
Anion Gap	20	12 - 25 mmol/L	
Total Protein	8.6	6.3 - 8.8 g/dL	
Albumin	3.6	2.6 - 3.9 g/dL	
Globulin	5.0	3.0 - 5.9 g/dL	
Albumin: Globulin Ratio	0.7	0.5 - 1.2	
ALT	55	27 - 158 U/L	
AST	25	16 - 67 U/L	
ALP	19	12 - 59 U/L	
GGT	2	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	217	91 - 305 mg/dL	
Creatine Kinase	786	64 - 440 U/L	H 



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Chemistry (continued)

TEST	RESULT	REFERENCE VALUE
Hemolysis Index	^c 2+	
Lipemia Index	^d N	
Urine Creatinine	67.3	mg/dL
Urine Protein	80.8	mg/dL
Urine Protein: Creatinine Ratio	1.2	
Color	^e Yellow	

- ^a SDMA and creatinine are within the reference interval: impairment of GFR is unlikely. Recommended next step: evaluate complete urinalysis.
- ^b In a patient that presented unwell, a result that is <100 ng/mL suggests that active kidney injury is not present. If an insult that may have caused kidney injury is suspected, rechecking functional kidney markers and cystatin B in 24-48 hours is recommended. Additional diagnostics such as imaging, urine protein: creatinine ratio and urine culture with susceptibility may be helpful. Note: Dehydration, subclinical illness and certain medications (e.g., NSAIDS) may contribute to kidney injury. Consider the risk/benefit of such medications in the overall management of the patient. For more information on Cystatin B, visit www.idexx.com/cystatinB
- ^c Index of N, 1+, 2+ exhibits no significant effect on chemistry values.
- ^d Index of N, 1+, 2+ exhibits no significant effect on chemistry values.
- ^e Renal proteinuria:
UPC < 0.2 non-proteinuric
UPC 0.2-0.4 borderline proteinuric
UPC > 0.4 proteinuric
The urine protein:creatinine ratio (UPC) should be interpreted along with a concurrent urinalysis. Pre-renal and post-renal proteinuria need to be ruled-out prior to evaluating renal proteinuria. Renal proteinuria requires proof of persistence by repeating UPC on at least three urine samples collected over a period of at least 2 weeks.

Additional interpretive guidelines and management recommendations are available in our online directory on www.vetconnectplus.com or www.iris-kidney.com.

Urinalysis



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TEST	RESULT	REFERENCE VALUE
Collection	CYSTOCENTESIS	
Color	Yellow	



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Urinalysis (continued)

TEST	RESULT	REFERENCE VALUE	
Clarity	CLEAR		
Specific Gravity	^a 1.014	>= 1.035	
pH	7.5	6.0 - 7.5	<div><div></div><div></div><div></div></div>
Urine Protein	2+		
Glucose	NEGATIVE		
Ketones	NEGATIVE		
Blood / Hemoglobin	NEGATIVE		
Bilirubin	NEGATIVE		
Urobilinogen	NORMAL		
White Blood Cells	0-2	HPF	
Red Blood Cells	0-2	HPF	
Bacteria	NONE SEEN		
Epithelial Cells	RARE (0-1)		
Mucus	NONE SEEN		
Casts	NONE SEEN		
Crystals	NONE SEEN		

^a Potentially inappropriate concentration. Consider hydration status and, if persistent and inappropriate, renal disease, endocrinopathies, and medications.

Endocrinology



2/3/24 (Order Received)

2/5/24 3:12 PM (Last Updated)

TEST	RESULT	REFERENCE VALUE	
Total T4	^a 3.1	0.8 - 4.7 µg/dL	<div><div></div><div></div><div></div></div>



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Endocrinology (continued)

- ^a Cats with no clinical signs of hyperthyroidism and a T4 within the reference interval are likely euthyroid. Older cats with consistent clinical signs and high normal (2.3-4.7) T4 may have early hyperthyroidism or a concurrent non-thyroidal illness. Hyperthyroidism may be further assessed in these cats by adding on a free T4 or by performing a T3 suppression test. Following treatment for hyperthyroidism, T4 results will generally fall within the lower end of the reference interval. However, high normal T4 may be appropriate if concurrent kidney disease is present.