

## SPUNKY WRIGHT

PET OWNER: WRIGHT

SPECIES: Feline

BREED:

GENDER: Female

AGE: 7 Years

PATIENT ID: 38937

Salem Valley VC

12 CENTRE ST

Salem, CT 06420

860-859-1649

ACCOUNT #: 13180

ATTENDING VET: SLATER, DVM SA, SARAH 31

LAB ID: 2302620508

ORDER ID: 112332803

COLLECTION DATE: 6/28/18

DATE OF RECEIPT: 6/29/18

DATE OF RESULT: 6/29/18

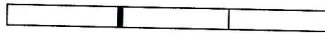
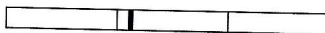










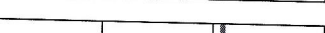
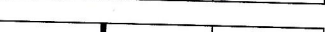
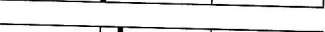
IDEXX Services: YGWLNS FECAL Dx GIARDIA UA, SAMPLE/TEST INFO NEEDED

## Hematology

pre: surgery  
on 6/28/18

6/29/18 (Order Received)

6/29/18 7:02 AM (Last Updated)

TEST	RESULT	REFERENCE VALUE	
RBC	7.12	7.12 - 11.46 M/ $\mu$ L	
Hematocrit	30.7	28.2 - 52.7 %	
Hemoglobin	10.1	10.3 - 16.2 g/dL	L 
MCV	43	39 - 56 fL	
MCH	14.2	12.6 - 16.5 pg	
MCHC	32.9	28.5 - 37.8 g/dL	
% Reticulocyte	0.1	%	
Reticulocytes	7	3 - 50 K/ $\mu$ L	
WBC	13.6	3.9 - 19 K/ $\mu$ L	
% Neutrophils	70.0	%	
% Bands	1.0	%	
% Lymphocytes	5.0	%	
% Monocytes	3.0	%	
% Eosinophils	21.0	%	
% Basophils	0.0	%	
Neutrophils	9.52	2.62 - 15.17 K/ $\mu$ L	
Bands	136	0 - 300 /uL	
Lymphocytes	0.68	0.85 - 5.85 K/ $\mu$ L	L 
Monocytes	0.408	0.04 - 0.53 K/ $\mu$ L	
Eosinophils	2.856	0.09 - 2.18 K/ $\mu$ L	H 
Basophils	<sup>a</sup> 0	0 - 0.1 K/ $\mu$ L	
Platelets	233	155 - 641 K/ $\mu$ L	
Remarks	SLIDE REVIEWED MICROSCOPICALLY.		

<sup>a</sup> AUTOMATED CBC

## Chemistry

6/29/18 (Order Received)  
6/29/18 7:02 AM (Last Updated)

TEST	RESULT	REFERENCE VALUE	
Glucose	119	72 - 175 mg/dL	
IDEXX SDMA	<sup>a</sup> 10	0 - 14 µg/dL	
Creatinine	1.8	0.9 - 2.5 mg/dL	
BUN	25	16 - 37 mg/dL	
BUN: Creatinine Ratio	13.9		
Sodium	145	147 - 157 mmol/L	L
Potassium	5.4	3.7 - 5.2 mmol/L	H
Chloride	113	114 - 126 mmol/L	L
Total Protein	6.8	6.3 - 8.8 g/dL	
Albumin	2.6	2.6 - 3.9 g/dL	
Globulin	4.2	3.0 - 5.9 g/dL	
Albumin: Globulin Ratio	0.6	0.5 - 1.2	
ALT	39	27 - 158 U/L	
ALP	11	12 - 59 U/L	L
Hemolysis Index	<sup>b</sup> N		
Lipemia Index	<sup>c</sup> N		

<sup>a</sup> 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.

<sup>b</sup> Index of N, 1+, 2+ exhibits no significant effect on chemistry values.

<sup>c</sup> Index of N, 1+, 2+ exhibits no significant effect on chemistry values.

## Urinalysis

6/29/18 (Order Received)  
6/29/18 7:02 AM (Last Updated)

TEST	RESULT	REFERENCE VALUE
Collection	CYSTOCENTESIS	
Color	DARK YELLOW	

sample drawn  
pre-surgery on  
6/28/18

## Urinalysis (continued)

TEST	RESULT	REFERENCE VALUE
Clarity	TURBID	
Specific Gravity	1.041	
pH	6.0	
Urine Protein	<sup>a</sup> TRACE	
Glucose	NEGATIVE	
Ketones	NEGATIVE	
Blood / Hemoglobin	NEGATIVE	
Bilirubin	NEGATIVE	
Urobilinogen	NORMAL	
White Blood Cells	0-2	0 - 5 HPF
Red Blood Cells	0-2	HPF
Bacteria	NONE SEEN	
Epithelial Cells	RARE (0-1)	
Mucus	PRESENT	
Casts	NONE SEEN	
Crystals	NONE SEEN	
Other	LIPID DROPLETS PRESENT	

<sup>a</sup> Protein test is performed and confirmed by the sulfosalicylic acid test.

## Other

6/29/18 (Order Received)  
6/29/18 7:02 AM (Last Updated)

TEST	RESULT
SAMPLE / TEST INFO NEEDED	A fecal specimen was not received. The remainder of requested testing has been performed. Thank you.



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BRFD:  
GENDER: Female  
AGE: 7 Years  
PATIENT ID: 38937

Salem Valley VC  
12 CENTRE ST  
Salem, CT 06420  
860-859-1649  
ACCOUNT #: 13180  
ATTENDING VET: BARATT, DVM  
SA-DENTAL, ROBERT

LAB ID: 2302467218  
ORDER ID: 112332369  
COLLECTION DATE: 6/28/18  
DATE OF RECEIPT: 6/29/18  
DATE OF RESULT: 7/6/18

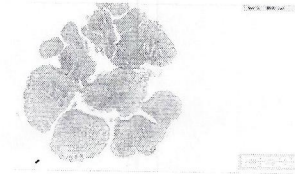
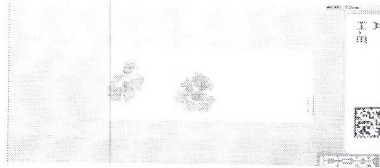
IDEXX Services: Biopsy without Microscopic Description (1 Site/Lesion)-Standard

## Pathology

Polyp  
Sample  
(removed  
6-28-18)

6/29/18 (Order Received)  
7/6/18 12:23 PM (Last Updated)

## Images



Download

Download

## Pathologist's Report - Biopsy

### SOURCE/HISTORY:

Fragments from a single lesion. From a mass deep within the external ear canal.

### MICROSCOPIC DESCRIPTION:

A microscopic evaluation was performed; if you would like to add a written microscopic description (code 655/653), please contact Customer Support.

### MICROSCOPIC INTERPRETATION:

Inflammatory polyp

### COMMENTS:

Proliferative inflammatory lesions this type may be attached at the base of the Eustachian tube or arise from the mucosa of the tympanic cavity. They can extend into the external ear canal and middle ear (aural inflammatory polyp) or into the pharynx and nasal cavity (nasopharyngeal inflammatory polyp). Surgical excision is the primary treatment. Incompletely excised polyps may recur. Bullae osteotomy is recommended cases in which there is radiographic evidence of involvement of the osseous bullae.

### PATHOLOGIST:

Kenneth Lance Batey, DVM  
Diplomate, American College of Veterinary Pathologists  
Direct: 207-556-9291  
1-888-433-9987, option 0, x69291  
E-mail: Kenneth-Batey@IDEXX.com

Thank you for submitting your pathology sample to our service. If you have any questions regarding this case, do not hesitate to contact us directly at the number(s) listed above.





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Salem Valley VC  
12 CENTRE ST  
Salem, CT 06420  
860-859-1649  
ACCOUNT #:  
ATTENDING VET: BARATT, DVM  
SA-DENTAL, ROBERT

LAB ID: 2302612203  
ORDER ID: 112332369  
COLLECTION DATE: 6/28/18  
DATE OF RECEIPT: 6/29/18  
DATE OF RESULT: 7/3/18

IDEXX Services: Aerobic Culture (ID and Susceptibility)\*

## Microbiology

6/29/18 (Order Received)  
7/3/18 9:58 AM (Last Updated)

Source: EAR

Culture Results: Status: FINAL

Isolate 1: Arcanobacterium sp. - 4+

There are no CLSI guidelines for the interpretation of zone size by disc diffusion. Therefore, susceptibility testing was not performed. Antimicrobials of choice include the following, in order of priority: Azithromycin, Clarithromycin, Doxycycline, Enrofloxacin, Clindamycin, and Penicillin.

Isolate 2: Staphylococcus lugdunensis - 4+

Isolate 3: Enterococcus faecalis - 4+

For Amoxicillin susceptible isolates, treatment with Amoxicillin, Ampicillin or Penicillin is recommended. Other antibiotics to which the isolate is susceptible should be considered as secondary options reserved for the treatment of Amoxicillin-resistant isolates. Although Fluoroquinolones MAY be effective in treating Enterococcal infections, in vitro susceptibility does NOT consistently predict clinical efficacy. Vancomycin should be reserved for the treatment of serious systemic infections and is NOT recommended for treatment of simple urinary tract infections. Trimethoprim/Sulfa, Clindamycin, Gentamicin and all Cephalosporins (including Cefovecin and Cefpodoxime), are NOT reported due to lack of correlation of in-vitro testing with clinical effectiveness and are not recommended for the treatment of Enterococcal infections.

	Isolate 1	MIC	Isolate 2	MIC
Florfenicol	N/I		S	
Neomycin	N/I		S	
Imipenem	N/I		S	
Cefovecin	N/I		S	
Amikacin	N/I		S	
Penicillin	N/I		R	>=0.5
Amoxicillin-Clavulanic Acid	N/I		S	<=2
Oxacillin	N/I		S	2
Cephalexin	N/I		S	<=2
Cefpodoxime	N/I		S	2
Gentamicin	N/I		S	<=0.5
Enrofloxacin	N/I		S	<=0.5
Marbofloxacin	N/I		S	<=0.5
Erythromycin	N/I		R	>=8
Clindamycin	N/I		R	>=4
Tetracycline	N/I		S	<=1
Mupirocin	N/I		S	<=1
Chloramphenicol	N/I		S	8
Rifampin	N/I		S	<=0.5
Trimethoprim/Sulphate	N/I		S	<=10
Amoxicillin	N/I		R	
Ciprofloxacin	N/I		S	
Azithromycin	N/I		R	
Ofloxacin	N/I		N/I	
	Isolate 3	MIC		
Florfenicol	S			
Neomycin	N/I			

Ear Culture  
sample  
taken  
pre-surgery  
- 6/28/18

**Microbiology (continued)**

Imipenem	N/I	
Cefovecin	N/I	
Amikacin	N/I	
Penicillin	N/I	
Amoxicillin-Clavulanic Acid	S	<=2
Oxacillin	N/I	
Cephalexin	N/I	
Cefpodoxime	N/I	
Gentamicin	N/I	
Enrofloxacin	S	<=0.5
Marbofloxacin	S	1
Erythromycin	R	
Clindamycin	N/I	
Tetracycline	R	>=16
Mupirocin	N/I	
Chloramphenicol	S	<=4
Rifampin	N/I	
Trimethoprim/Sulphate	N/I	
Amoxicillin	S	
Ciprofloxacin	S	
Azithromycin	R	
Ofloxacin	S	

**\*\*INTERPRETATION KEY for Antibiotic Susceptibility Results (when performed)\*\***

S = Sensitive. Organism is inhibited by usual recommended dose.

I = Intermediate. Organism is inhibited only by the maximum recommended dose.

R = Resistant. Organism is resistant to the maximum recommended dose.

These standards have been established by the Clinical and Laboratory Standards Institute (CLSI).

TF = To Follow. Susceptibility testing for this antibiotic is performed by Kirby-Bauer and results will follow shortly.

N/I = not indicated. This means that the drug is known to be clinically ineffective against the organism, regardless of the in vitro results.

MIC data will be left blank and not reported if:

- the growth requirements of the organism require the sensitivity testing to be performed by another method
- interpretive criteria are not available from CLSI (in this case, recommended antibiotics will be reported based on clinical efficacy studies); or
- certain antibiotics are not available due to limitations of our commercial laboratory system.

For more information on Minimum Inhibitory Concentration (MIC) please see the "Microbiology Guide to Interpreting Minimum Inhibitory Concentration (MIC)" section of the IDEXX Reference Laboratories Directory of Services or visit [www.idexx.com/MIC](http://www.idexx.com/MIC).



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GENDER: Female  
AGE: 7 Years  
PATIENT ID: 38937

**Salem Valley VC**  
12 CENTRE ST  
Salem, CT 06420  
860-859-1649  
ACCOUNT #: 13180  
ATTENDING VET: SLATER, DVM SA, SARAH 31

LAB ID: 2301516128  
ORDER ID: 111135972  
COLLECTION DATE: **5/9/18**  
DATE OF RECEIPT: **5/10/18**  
DATE OF RESULT: **5/10/18**

IDEXX Services: **FECAL DX PROF w/ GIARD**

## Parasitology

*fecal*  
*5/10/18*

5/10/18 (Order Received)  
5/10/18 5:04 AM (Last Updated)

TEST	RESULT
Ova & Parasites - Zinc Sulfate Centrifugation	Sample submitted in an improper container. Please submit in a solid plastic container or refer to the IDEXX reference laboratories directory of tests and services for approved submittal information. NO OVA OR PARASITES SEEN
Giardia Antigen	NEGATIVE
Hookworm Antigen	NEGATIVE
Whipworm Antigen	NEGATIVE
Roundworm Antigen	<sup>a</sup> NEGATIVE

<sup>a</sup> The IDEXX Fecal Dx antigen tests detect worm antigen and a positive indicates infection. Antigen-positive and egg-negative specimens can be seen during the pre-patent period, with single sex infections and due to intermittent egg shedding. Identification of eggs microscopically in antigen-negative specimens may be due to ingestion of infected feces (coprophagy) or because the amount of antigen is below the level of detection. Treatment should be considered for patients positive by either antigen or egg-detection. In cases of acute or chronic diarrhea also consider testing for viral, bacterial and protozoal infectious agents using RealPCR (canine diarrhea panel: test code 2625; feline diarrhea panel: test code 2627).