



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*

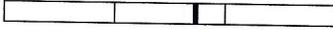
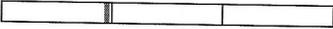
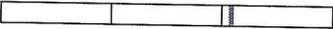
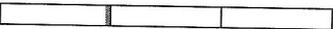
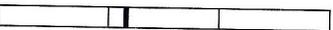
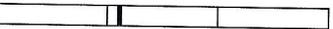
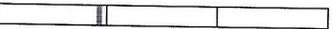
6/29/18 (Order Received)
6/29/18 7:02 AM (Last Updated)

| TEST | RESULT | REFERENCE VALUE | |
|----------------|---------------------------------|-------------------------|---|
| RBC | 7.12 | 7.12 - 11.46 M/ μ 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/ μ L | |
| WBC | 13.6 | 3.9 - 19 K/ μ 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/ μ L | |
| Bands | 136 | 0 - 300 /uL | |
| Lymphocytes | 0.68 | 0.85 - 5.85 K/ μ L | L |
| Monocytes | 0.408 | 0.04 - 0.53 K/ μ L | |
| Eosinophils | 2.856 | 0.09 - 2.18 K/ μ L | H |
| Basophils | ^a 0 | 0 - 0.1 K/ μ L | |
| Platelets | 233 | 155 - 641 K/ μ L | |
| Remarks | SLIDE REVIEWED MICROSCOPICALLY. | | |

^a 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 | ^a 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 | ^b N | | |
| Lipemia Index | ^c N | | |

^a 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 Index of N, 1+, 2+ exhibits no significant effect on chemistry values.

^c 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 | ^a 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 | |

^a 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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BRPED:
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**

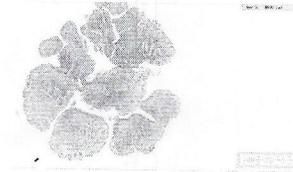
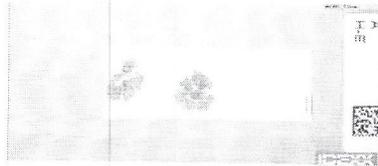
IDEXX Services: **Biopsy without Microscopic Description (1 Site/Lesion)-Standard**

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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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: **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

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

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 | | | |

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:

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



SPUNKY WRIGHT

PET OWNER: **WRIGHT**
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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: 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**

*fecal
5/10/18*

Parasitology 

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 | ^a NEGATIVE |

^a 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).