

Veterinary Endocrinology Laboratory

Jon M. Fletcher, DVM, Dipl. ACVIM (SAIM)

Consultation: (225) 578-9040

Submissions: (225) 578-9777

Fax: (225) 578-9784

Email: endolab.laddl@gmail.com



Louisiana Animal Disease Diagnostic Laboratory

LSU, River Road, Room 1043

Baton Rouge, LA 70803

www.lsu.edu/vetmed/laddl/vel/vel.php

Date Samples Taken: _____ Veterinarian: _____ Hospital: _____ Phone: _____ Email: _____	Owner Name _____ Animal Name _____ Case# _____ Species _____ Breed _____ Age _____ Weight _____ Sex: <input type="checkbox"/> M/N <input type="checkbox"/> F/S <input type="checkbox"/> Male intact <input type="checkbox"/> Female intact
---	--

No. of tubes: Serum _____ Plasma _____ Urine _____ History, clinical signs, exam findings:	___ Thyroid therapy (thyroxine, methimazole, y/d®) Med: _____ Dose: _____ Freq: _____ ___ Adrenal therapy (trilostane, mitotane, pergolide) Med: _____ Dose: _____ Freq: _____ <input type="checkbox"/> Results only <input type="checkbox"/> Interpretation (include history and exam findings)
---	---

<p><u>Thyroid Function</u></p> <input type="checkbox"/> TT4 <input type="checkbox"/> TT4 + FT4 <input type="checkbox"/> TT4 + FT4 + TSH <input type="checkbox"/> TT4 + TSH <input type="checkbox"/> FT4 <input type="checkbox"/> FT4 + TSH <input type="checkbox"/> TSH <p><u>Therapeutic Monitoring</u></p> <input type="checkbox"/> Post pill (_____ hr post) <input type="checkbox"/> TT4 <input type="checkbox"/> FT4 <input type="checkbox"/> TSH <input type="checkbox"/> Pre pill (_____ hr last dose) <input type="checkbox"/> TT4 <input type="checkbox"/> FT4 <input type="checkbox"/> TSH	<p><u>Adrenal Function</u></p> <input type="checkbox"/> Cortisol (resting/baseline) <input type="checkbox"/> Urine Cortisol/Creatinine Ratio <input type="checkbox"/> Dexamethasone Suppression Test <input type="checkbox"/> Cortisol, Pre <input type="checkbox"/> Cortisol, Post _____ hr post dex _____ hr post dex <input type="checkbox"/> ACTH Stimulation Test <input type="checkbox"/> Cortisol, Pre <input type="checkbox"/> Cortisol, Post _____ hr post ACTH _____ hr post ACTH
---	---

Trilostane Monitoring

 Pre pill (_____ hrs after last dose)
 Cortisol (resting/baseline)

 Post pill (_____ hrs post pill)
 Cortisol (resting/baseline)
 Cortisol, Post ACTH
 _____ hr post ACTH
 _____ hr post ACTH

<p><u>Pituitary Function</u></p> <input type="checkbox"/> ACTH (resting/baseline) <input type="checkbox"/> IGF-1 (feline)- research only; call before submission	<p><u>Equine Pituitary/Adrenal Function</u></p> <input type="checkbox"/> ACTH (resting/baseline) <input type="checkbox"/> TRH Stimulation Test <input type="checkbox"/> ACTH, Pre <input type="checkbox"/> ACTH, Post _____ min post TRH _____ min post TRH <input type="checkbox"/> Dexamethasone Suppression Test <input type="checkbox"/> Cortisol, Pre <input type="checkbox"/> Cortisol, Post _____ hr post dex
---	--