

Veterinary Endocrinology Laboratory

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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: _____ PG#: _____	Weight _____
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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)
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<u>Thyroid Function</u> <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 <u>Therapeutic Monitoring</u> <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	<u>Adrenal Function</u> <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	<u>Trilostane Monitoring</u> <input type="checkbox"/> Pre pill (_____ hrs after last dose) <input type="checkbox"/> Cortisol (resting/baseline) <input type="checkbox"/> Post pill (_____ hrs post pill) <input type="checkbox"/> Cortisol (resting/baseline) <input type="checkbox"/> Cortisol, Post ACTH _____ hr post ACTH _____ hr post ACTH
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<u>Pituitary Function</u> <input type="checkbox"/> ACTH (resting/baseline) <input type="checkbox"/> IGF-1 (feline)- research only; call before submission	<u>Equine Pituitary/Adrenal Function</u> <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
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