Louisiana Animal Disease Diagnostic Laboratory
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Fax (225)578-9784 **River Road, Room 1043**
Website www.laddl.org **Baton Rouge, LA 70803**

LSU DIAGNOSTICS
LSU SCHOOL OF VETERINARY MEDICINE

Endocrinology Submission Form

Veterinarian _____
Clinic _____ **Acct #** _____
Address _____
City/ST/Zip _____
Phone _____ **Fax** _____
Email _____

Animal Name/ID _____
Owner Name _____
Species _____ **Breed** _____
Age _____ **Weight** _____ **Sex:** ☐ **M** ☐ **F** ☐ **MC** ☐ **FS**
No. of Tubes **Serum** _____ **Plasma** _____ **Urine** _____
Date Collected _____
Previous Accessions _____

SPECIMEN REQUIREMENTS: ***Submit serum and plasma separated in plain tubes with no additive. DO NOT send whole blood.***
History, medication, clinical signs, exam findings:

All tests include interpretation provided by ACVIM Boarded Internal Medicine Specialists of the LSU Vet Med.

Thyroid Function

(canine, feline, other)

Screening

☐ TT4 ☐ FT4 ☐ TSH
☐ Thyroid Profile (TT4, FT4, TSH)

Therapeutic Monitoring

Therapy: (thyroxine, methimazole, y/d®)
Med _____
Dose: _____ Freq: _____
☐ TT4 ☐ FT4 ☐ TSH
_____hours post therapy

Pituitary Function-Screening

☐ Endogenous ACTH (EDTA-plasma) (canine)

Equine Pituitary/Adrenal Function

☐ Cortisol, baseline
☐ Dexamethasone Suppression Test
_____hours post-DEX
☐ Endogenous ACTH (EDTA-plasma)
☐ Equine Panel 1, eACTH and Insulin
☐ Insulin
☐ TT4 ☐ FT4 ☐ TSH
☐ Thyroid Profile (TT4, FT4, TSH)
☐ TRH Stimulation Test, ACTH (EDTA-plasma)
(Measuring ACTH for PPID/Equine Cushing's)
✓Pre ☐10 min *(required)* ☐30 min *(optional)*
☐ TRH Stimulation Test, TT4 for hypothyroidism
✓Pre ☐ 2 hr post TRH *(optional)* ☐ 4 hr post TRH
☐ Oral Sugar Test 1 (pre, 60 min post)
☐ Oral Sugar Test 2 (pre, 60 & 90 min post)
☐ Urine Cortisol/Creatinine Ratio
List Therapy _____

Adrenal Function

(canine, feline, other)

Screening

☐ Cortisol, baseline
☐ ACTH Stimulation Test
✓Cortisol, baseline
_____hours post ACTH (2 sample)
_____hours post ACTH (3 sample)
☐ Dexamethasone Suppression Test
(Hyperadrenocorticism/Cushing's Disease)
☐ Low-dose ☐ High-dose
✓Cortisol, baseline
_____hours post DEX
_____hours post DEX
☐ Urine Cortisol/Creatinine Ratio

Therapeutic Monitoring

Therapy: (trilostane, mitotane, other)
Med _____
Dose: _____ Freq: _____
☐ Cortisol, baseline
☐ ACTH Stimulation Test
✓ Cortisol _____ hours post Trilostane
_____hours post ACTH (2 sample)
_____hours post ACTH (3 sample)

Detailed sample collection procedures for each test are available on our website: www.laddl.org.