

# Veterinary Endocrinology Laboratory

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Louisiana Animal Disease Diagnostic Laboratory

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[www.lsu.edu/vetmed/laddl/vel/vel.php](http://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
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History, clinical signs, exam findings:

Adrenal therapy (trilostane, mitotane, pergolide) Med: _____ Dose: _____ Freq: _____	Thyroid therapy (thyroxine, methimazole, y/d®) Med: _____ Dose: _____ Freq: _____
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No. of tubes: Serum \_\_\_\_\_ Plasma \_\_\_\_\_ Urine \_\_\_\_\_

Results only  Interpretation (include history)

<p><b><u>Thyroid Function</u></b></p> <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> <p><b><u>Therapeutic Monitoring</u></b></p> <p><input type="checkbox"/> Post-pill ( _____ hr post)  <input type="checkbox"/> TT4 <input type="checkbox"/> FT4 <input type="checkbox"/> TSH</p> <p><input type="checkbox"/> Pre-pill ( _____ hr last dose)  <input type="checkbox"/> TT4 <input type="checkbox"/> FT4 <input type="checkbox"/> TSH</p>	<p><b><u>Adrenal Function</u></b></p> <p><input type="checkbox"/> Cortisol (resting/baseline)  <input type="checkbox"/> Urine Cortisol/Creatinine Ratio  <input type="checkbox"/> Dexamethasone Suppression Test  <input type="checkbox"/> Low-dose <input type="checkbox"/> High-dose              _____ hours post dexamethasone              _____ hours post dexamethasone</p> <p><input type="checkbox"/> ACTH Stimulation Test              _____ hours post ACTH              _____ hours post ACTH</p>	<p><b><u>Trilostane Monitoring</u></b></p> <p><input type="checkbox"/> Cortisol (resting)              <input type="checkbox"/> Pre-Pill <input type="checkbox"/> Post-Pill              _____ hours since last dose</p> <p><input type="checkbox"/> ACTH Stimulation Test (Post-trilostane)              _____ hours post-trilostane              _____ hours post-ACTH              _____ hours post-ACTH</p>
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<p><b><u>Pituitary Function</u></b></p> <p><input type="checkbox"/> ACTH (resting/baseline)  <input type="checkbox"/> IGF-1 (feline)- research only;                  call before submission</p>	<p><b><u>Equine Pituitary/Adrenal Function</u></b></p> <p><input type="checkbox"/> ACTH (resting/baseline)  <input type="checkbox"/> Dexamethasone Suppression Test              _____ hours post-dexamethasone</p> <p><input type="checkbox"/> TRH Stimulation Test              _____ min post TRH              _____ min post TRH</p>
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