

Veterinary Endocrinology Laboratory

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LSU, River Road, Room 1043
 Baton Rouge, LA 70803

Date Samples Taken: _____ House Officer: _____ Faculty: _____ Hospital: <u>LSU Veterinary Teaching Hospital</u> PG # _____	Weight _____
No. of tubes: Serum ____ Plasma ____ Urine ____	Thyroid therapy (thyroxine, methimazole, y/d®) Med: _____ Dose: _____ Freq: _____ Adrenal therapy (trilostane, mitotane, pergolide) Med: _____ Dose: _____ Freq: _____
History, clinical signs, exam findings:	<input type="checkbox"/> Results only <input type="checkbox"/> Interpretation with results (include history, clinical signs)

<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 TT4 <input type="checkbox"/> Post pill TT4 + TSH <input type="checkbox"/> Post pill TT4 + FT4 <input type="checkbox"/> Post pill TT4 + FT4 + TSH <input type="checkbox"/> Pre pill TT4 + Post pill TT4 <input type="checkbox"/> Pre & Post pill TT4 + TSH <input type="checkbox"/> Pre pill TT4 <p><u>Equine</u></p> <input type="checkbox"/> TRH Stimulation Test <input type="checkbox"/> TT4, Pre <input type="checkbox"/> TT4, Post _____ hr post TRH	<p><u>Adrenal/Pituitary Function</u></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> ACTH Stimulation Test <input type="checkbox"/> Cortisol, Pre <input type="checkbox"/> Cortisol, Post _____ hr post ACTH _____ hr post ACTH </div> <div style="width: 48%;"> <input type="checkbox"/> Cortisol (resting/baseline) <input type="checkbox"/> Urine Cortisol:Creatinine Ratio <input type="checkbox"/> ACTH (resting/baseline) </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 48%;"> <input type="checkbox"/> Low-dose Dex Suppression Test <input type="checkbox"/> Cortisol, Pre <input type="checkbox"/> Cortisol, Post _____ hr post dex _____ hr post dex </div> <div style="width: 48%;"> <input type="checkbox"/> High-dose Dex Suppression Test <input type="checkbox"/> Cortisol, Pre <input type="checkbox"/> Cortisol, Post _____ hr post dex _____ hr post dex </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 48%;"> <input type="checkbox"/> Equine TRH Stimulation Test <input type="checkbox"/> ACTH, Pre <input type="checkbox"/> ACTH, Post _____ min post TRH _____ min post TRH </div> <div style="width: 48%;"> <input type="checkbox"/> Equine Dex Suppression Test <input type="checkbox"/> Cortisol, Pre <input type="checkbox"/> Cortisol, Post _____ hr post dex </div> </div>
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