

Virginia Dept of Agriculture and Consumer Services
 LRAHL
 Lynchburg Regional Animal Health Laboratory
 VA
 Phone: (434) 200-9988 Fax: (434) 947-2577

Report Date: 2/8/2022

Preliminary Report

Date Submitted: 2/4/2022 **Case Coordinator:** Jessica Walters, DVM, PhD, DACPV **Accession No:** L2203101

TIDEWATER EQUINE CLINIC
 P.O. BOX 700
 NORGE VA 23127

Phone: (757) 253-8048
 Fax: (757) 253-8067
 Email: tidewaterequineclinic@verizon.net

Associated Parties

Vet Practice	Tidewater Equine Clinic
Owner	Newton

Lab Findings

All Testing done at LRAHL unless otherwise indicated

Mammalian Serology

Specimen	Gender	Caprine Arthritis Encephalitis (ELISA) <i>(Test Performed at YRAHL)</i>	Caseous Lymphadenitis ELISA <i>(Test Performed at YRAHL)</i>	Johne's Disease (ELISA) <i>(Test Performed at YRAHL)</i>
Lola - Serum - 1	Female	Negative	Negative	0.027 Negative
Annie - Serum - 2	Female	Negative	Negative	0.003 Negative

Johne's Disease(ELISA):

INTERPRETIVE COMMENTS:

Johne's ELISA Interpretation:

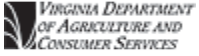
Negative: (S/P Ratio 0.00 – 0.44) Antibodies to M. paratuberculosis were not detected. The animal is either not infected or in a very early, undetectable stage of infection. Retesting in 6-12 months will increase the confidence that the animal is free of infection.

Suspect: (S/P Ratio 0.45 – 0.54) Very low level of serum antibodies; slightly above normal background levels. The animal may be in the early stages of the infection. Animals with an ELISA result in this range are roughly 10 times more likely to be infected than the ELISA-negative animals.

Positive: (S/P Ratio \geq or \equiv 0.55) Moderate level of serum antibodies to M. paratuberculosis. Animals with this level of ELISA result are roughly 15 times more likely to be infected than ELISA-negative animals.

Caseous Lymphadenitis ELISA

The method of testing is for the detection of antibodies in the animal to Caseous Lymphadenitis (CL). Positive or suspect CL results do not necessarily reflect a current active infection. These results indicate there has been an immune response due to a CL infection, exposure to an infected animal, or to a prior CL vaccination. It does not mean the animal is a carrier/shedder or infected by this organism. Please consult a veterinarian if the animal exhibits any clinical signs/symptoms of CL. It is recommended that any symptomatic animals yielding suspect results be retested after at least 45 days from initial blood draw.



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Preliminary	Email	tidwaterequineclinic@verizon.net	2/8/2022 3:42 PM

Bulletin(s)

Note: Condition of the sample(s) was adequate unless otherwise noted. For an explanation of the decision rule used for the above testing, please contact Laboratory Management.

Test Report authorized by Jessica Walters, DVM, PhD, DACPV
Laboratory Director, Lynchburg RAHL