Biochemistry test report

Patient:	Nicky	Species:	Canine	Patient ID:	2503281
Client:	Maricl Sunga	Gender:	Female	Sample No.:	2
Doctor:		Age stage:	Adult	Time of analysis:	2025/03/28 09:42

	Item		Current result		Ref. Ranges	
Protein	**TP**		**5.51**	g/dL	5.31-7.92	
Protein	**ALB**	↓	**2.25**	g/dL	2.34-4.00	
Protein	**GLOB**		**3.26**	g/dL	2.54-4.40	
Protein	**A/G**		**0.7**			
Liver and gallbladder	**ALT**		**35.2**	U/L	10.1-100.3	
Liver and gallbladder	**AST**		**31.8**	U/L	21.0-51.7	
Liver and gallbladder	**AST/ALT**		**0.90**			
Liver and gallbladder	**ALP**		**66.7**	U/L	15.5-125.0	
Liver and gallbladder	**GGT**		**4.0**	U/L	0.0-15.9	
Liver and gallbladder	**TBIL**		**<0.10**	mg/dL	0.00-0.88	
Pancreas	**AMY**		**814.8**	U/L	397.7-1285.1	
Kidneys	**BUN**		**11.31**	mg/dL	7.02-27.45	
Kidneys	**CREA**		**0.63**	mg/dL	0.38-1.40	
Kidneys	**BUN/CREA**		**17.9**			
Cardiovasc./Muscle	**CK**	↑	**412.2**	U/L	66.4-257.5	
Cardiovasc./Muscle	**LDH**		**49.2**	U/L	36.4-143.6	
Energy metabolism	**GLU**		**70.8**	mg/dL	68.5-113.3	
Energy metabolism	**TC**		**151.0**	mg/dL	103.2-324.1	
Minerals	**Ca**	↓	**<4.00**	mg/dL	9.20-11.88	
Minerals	**PHOS**	↓	**1.97**	mg/dL	3.10-6.81	
Minerals	**CaxP**		********	mmol/L^2		
Electrolytes	**tCO2**	↓	**10.86**	mmol/L	13.14-25.13	
Electrolytes	**Na+**	↓	**<110.0**	mmol/L	141.6-160.0	
Electrolytes	**K+**	↑	**7.1**	mmol/L	3.5-5.9	
Electrolytes	**Na/K**		********			
Electrolytes	**Cl-**	↓	**<70.0**	mmol/L	102.7-125.0	

Operator:

Comprehensive Diagnosis Panel **QC QC Fail**

HEM(Hemolysis degree):	0	LIP(Lipemia degree):	0	ICT(Jaundice degree):	0

The results only applies to this test sample. Test Instrument:Mindray vetXpert C5 Time of Printing:2025-03-28 09:56:07

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Report Explan.

ALB	↓	Increase is commonly associated with dehydration and corticosteroid administration, etc. Reduction is commonly associated with excessive infusion, malnutrition, hepatic insufficiency or failure, nephropathy, and protein-losing enteropathy.
CK	↑	Increase is commonly associated with trauma, increased muscle activity (such as tetanus and convulsion), myocarditis, and myocardial infarction, etc.
Ca	↓	Increase is commonly associated with hypoadrenocorticism, lymphoma, and nephropathy, etc. Reduction is commonly associated with low calcium diet, hypoalbuminemia, nephropathy, and vitamin D deficiency, etc.
PHOS	↓	Increase is commonly associated with nephropathy, bone healing period, and hyperthyroidism. Decreased in hyperparathyroidism, tumor, etc.
tCO2	↓	Increase is commonly associated with metabolic alkalosis and respiratory acidosis; Reduction is commonly associated with metabolic acidosis, respiratory alkalosis
Na+	↓	Increase is commonly associated with salt intoxication, hypertonic NaCl solution rehydration, hyperaldosteronism, and severe dehydration, etc. Reduction is commonly associated with hypoadrenocorticism, diuretic therapy, etc.
K+	↑	Increase is commonly associated with high potassium fluid replacement, diabetes, adrenocortical hypofunction, and acute kidney injury, etc. Reduction is commonly associated with low potassium or potassium-free fluid replacement, vomiting, diarrhea, and hypercorticalismus, etc.
Cl-	↓	Increase is commonly associated with salt intoxication, hypertonic NaCl solution rehydration, small intestinal diarrhea, etc. Reduction is commonly associated with vomiting, diuretic therapy, etc.

Note: Due to the complexity and individuality of disease diagnosis, the report interpretation is only for your reference. Please consult your doctors for clinical diagnosis results.

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