Biochemistry test report

Patient:	Twinkle	Species:	Canine	Patient ID:	
Client:	Melgie dela Cruz	Gender:	Female	Sample No.:	0000007
Doctor:		Age stage:		Time of analysis:	2025/03/28 18:33

	Item		Current result		Ref. Ranges	
Protein	**TP**	↓	**5.25**	g/dL	5.31-7.92	
Protein	**ALB**	↓	**<0.50**	g/dL	2.34-4.00	
Protein	**GLOB**		****	g/dL	2.54-4.40	
Protein	**A/G**		****			
Liver and gallbladder	**ALT**	↓	**<5.0**	U/L	10.1-100.3	
Liver and gallbladder	**AST**	↓	**<5.0**	U/L	21.0-51.7	
Liver and gallbladder	**AST/ALT**		****			
Liver and gallbladder	**ALP**	↑	**>2400.0**	U/L	15.5-125.0	
Liver and gallbladder	**GGT**		**<2.0**	U/L	0.0-15.9	
Liver and gallbladder	**TBIL**	↑	**3.96**	mg/dL	0.00-0.88	
Pancreas	**AMY**	↓	**152.2**	U/L	397.7-1285.1	
Kidneys	**BUN**		**10.03**	mg/dL	7.02-27.45	
Kidneys	**CREA**	↓	**<0.20**	mg/dL	0.38-1.40	
Kidneys	**BUN/CREA**		****			
Cardiovasc./Muscle	**CK**	↓	**6.6**	U/L	66.4-257.5	
Cardiovasc./Muscle	**LDH**		**81.4**	U/L	36.4-143.6	
Energy metabolism	**GLU**	↓	**<9.0**	mg/dL	68.5-113.3	
Energy metabolism	**TC**		**<19.3**	mg/dL	103.2-324.1	
Minerals	**Ca**	↓	**<4.00**	mg/dL	9.20-11.88	
Minerals	**PHOS**	↑	**>20.13**	mg/dL	3.10-6.81	
Minerals	**CaxP**		****	mmol/L^2		
Electrolytes	**tCO2**	↓	**<5.00**	mmol/L	13.14-25.13	
Electrolytes	**Na+**	↓	**<110.0**	mmol/L	141.6-160.0	
Electrolytes	**K+**	↓	**<1.0**	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:2025-04-12 13:18:42

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Report Explan.

TP	↓	Increase is commonly associated with dehydration and increased globulin. Reduction is commonly associated with blood loss, protein-losing enteropathy, and decreased albumin.
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.
ALT	↓	Increase is commonly associated with liver injury and muscle injury, etc.
AST	↓	Increase is commonly associated with liver injury and muscle injury, etc.
ALP	↑	Increase is commonly associated with fracture healing period, hepatobiliary diseases, hyperthyroidism, and osteosarcoma, etc.
TBIL	↑	Increase is commonly associated with hemolysis and hepatobiliary dysfunction. Reduction is commonly associated with decreased erythropoiesis, etc.
AMY	↓	Increase is commonly associated with gastroenteritis, pancreatitis, pancreatic tumor, etc.
CREA	↓	Increase is commonly associated with nephropathy, etc. Reduction is commonly associated with malnutrition and muscular atrophy, etc.
CK	↓	Increase is commonly associated with trauma, increased muscle activity (such as tetanus and convulsion), myocarditis, and myocardial infarction, etc.
GLU	↓	Increase is commonly associated with diabetes and hypercorticalismus, etc. Reduction is commonly associated with insulin administration, malnutrition, and insulinoma, 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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