

# Biochemistry test report



Patient: Boi Species: Canine Patient ID: 2503083  
 Client: Madonna Brabante Gender: Male Sample No.: 0000002  
 Doctor: Age stage: Adult Time of analysis: 2025/04/14 11:38

| Item  | Current result      | Ref. Ranges |
|---|---------------------|-------------|
| Protein <b>TP</b> ↓ <b>1.19</b> g/dL                  | 5.31-7.92           |             |
| Protein <b>ALB</b> ↓ <b>&lt;0.50</b> g/dL             | 2.34-4.00           |             |
| Protein <b>GLOB</b> **** g/dL                         | 2.54-4.40           |             |
| Protein <b>A/G</b> ****                               |                     |             |
| Liver and gallbladder <b>ALT</b> ↓ <b>&lt;5.0</b> U/L | 10.1-100.3          |             |
| Liver and gallbladder <b>ALP</b> ↓ <b>10.7</b> U/L    | 15.5-125.0          |             |
| Liver and gallbladder <b>GGT</b> <b>&lt;2.0</b> U/L   | 0.0-15.9            |             |
| Liver and gallbladder <b>TBIL</b> <b>0.11</b> mg/dL   | 0.00-0.88           |             |
| Pancreas <b>AMY</b> ↓ <b>221.1</b> U/L                | 397.7-1285.1        |             |
| Kidneys <b>BUN</b> ↓ <b>4.08</b> mg/dL                | 7.02-27.45          |             |
| Kidneys <b>CREA</b> ↓ <b>&lt;0.20</b> mg/dL           | 0.38-1.40           |             |
| Kidneys <b>BUN/CREA</b> ****                          |                     |             |
| Cardiovas./Muscle <b>CK</b> ↓ <b>45.9</b> U/L         | 66.4-257.5          |             |
| Energy metabolism <b>GLU</b> ↓ <b>&lt;9.0</b> mg/dL   | 68.5-113.3          |             |
| Energy metabolism <b>TC</b> ↓ <b>48.3</b> mg/dL       | 103.2-324.1         |             |
| Energy metabolism <b>TG</b> <b>15.8</b> mg/dL         | 8.9-115.1           |             |
| Minerals <b>Ca</b> ↓ <b>&lt;4.00</b> mg/dL            | 9.20-11.88          |             |
| Minerals <b>PHOS</b> ↓ <b>0.57</b> mg/dL              | 3.10-6.81           |             |
| Minerals <b>CaxP</b> ****                             | mmol/L <sup>2</sup> |             |

Operator:

| Diagnosis/Health Checking Panel | QC QC Fail              |
|---------------------------------|-------------------------|
| HEM(Hemolysis degree): 0        | LIP(Lipemia degree): 0  |
|                                 | ICT(Jaundice degree): 0 |

## Report Explan.

|              |   |
|--------------|---|
| <b>TP</b> ↓  | Increase is commonly associated with dehydration and increased globulin. Reduction is commonly associated with blood loss, protein-losing enteropathy, and decreased albumin.   |
| <b>ALB</b> ↓ | 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. |
| <b>ALT</b> ↓ | Increase is commonly associated with liver injury and muscle injury, etc.   |
| <b>ALP</b> ↓ | Increase is commonly associated with fracture healing period, hepatobiliary diseases, hyperthyroidism, and osteosarcoma, etc.   |

The results only applies to this test sample.

Test Instrument: Mindray vetXpert C5

Time of Printing: 2025-04-14 11:48:35



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 AND GROOMING CENTER  
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|----------|------------------|------------|--------|-------------------|------------------|
| Patient: | Boi              | Species:   | Canine | Patient ID:       | 2503083          |
| Client:  | Madonna Brabante | Gender:    | Male   | Sample No.:       | 0000002          |
| Doctor:  |                  | Age stage: | Adult  | Time of analysis: | 2025/04/14 11:38 |



## Report Explan.

AMY



Increase is commonly associated with gastroenteritis, pancreatitis, pancreatic tumor, etc.

BUN



Increase is commonly associated with high protein diet, gastrointestinal bleeding, nephropathy, and urinary obstruction, etc. Reduction is commonly associated with insufficient protein intake and liver failure, 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 hypercorticalism, etc. Reduction is commonly associated with insulin administration, malnutrition, and insulinoma, etc.

TC



Increase is commonly associated with biliary obstruction, hypothyroidism, hypercorticalism, nephropathy, diabetes, etc. Reduction is commonly associated with protein loss enteropathy, pancreatic exocrine insufficiency, and hypoadrenocorticism, 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.

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. The results only applies to this test sample.

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