Biochemistry test report



Patient:JayaSpecies:CaninePatient ID:2504212Client:Anthony CerezoGender:FemaleSample No.:0000002

Doctor: Age stage: Time of analysis: 2025/04/21 03:56

	Item	Current result		Ref. Ranges	
Protein	TP	7.74	g/dL	5.31-7.92	<u> </u>
Protein	ALB	3.02	g/dL	2.34-4.00	
Protein	GLOB 1	4.73	g/dL	2.54-4.40	<u> </u>
Protein	A/G	0.6			
Liver and gallbladder	ALT	27.0	U/L	10.1-100.3	
Liver and gallbladder	AST	46.7	U/L	21.0-51.7	
Liver and gallbladder	AST/ALT	1.73			
Liver and gallbladder	ALP	33.6	U/L	15.5-125.0	
Liver and gallbladder	GGT	5.5	U/L	0.0-15.9	
Liver and gallbladder	TBIL	0.12	mg/dL	0.00-0.88	
Liver and gallbladder	ТВА	<1.0	μmol/L	0.0-10.0	
Pancreas	AMY	755.4	U/L	397.7-1285.1	
Kidneys	BUN	9.35	mg/dL	7.02-27.45	
Kidneys	CREA	0.81	mg/dL	0.38-1.40	
Kidneys	BUN/CREA	11.5			
Cardiovasc./Muscle	CK 1	416.9	U/L	66.4-257.5	
Cardiovasc./Muscle	LDH	114.6	U/L	36.4-143.6	
Energy metabolism	GLU	93.2	mg/dL	68.5-113.3	
Energy metabolism	тс	153.0	mg/dL	103.2-324.1	
Energy metabolism	TG	43.8	mg/dL	8.9-115.1	
Minerals	Ca	<4.00	mg/dL	9.20-11.88	
Minerals	PHOS	3.30	mg/dL	3.10-6.81	<u> </u>
Minerals	СахР	****	mmol/L^2		
Minerals	Mg	<0.10	mg/dL	1.73-2.58	(<u></u>
Electrolytes	Na+	148.1	mmol/L	141.6-160.0	
Electrolytes	K +	8.1	mmol/L	3.5-5.9	· · · · · · · · · · · · · · · · · · ·
Electrolytes	Na/K	18.3			
Electrolytes	CI-	98.9	mmol/L	102.7-125.0	

Operator:

Comprehensive Diagnosis Panel

QC QC OK

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

The results only applies to this test sample.

Test Instrument:Mindray vetXpert C5

Time of Printing:2025-04-21 13:51:19









Patient: Jaya Species: Canine Patient ID: 2504212 Anthony Cerezo Gender: Sample No.: 0000002 Client: Female Time of analysis: 2025/04/21 03:56 Doctor: Age stage:

	Report Explan.	
GLOB	↑	Increase is commonly associated with chronic inflammation and infection, and hyperimmunity, etc. Reduction is commonly associated with insufficient protein intake, anemia, and immunodeficiency.
СК	↑	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.
Mg	ļ	Increase is commonly associated with nephropathy, hypoadrenocorticism, hypocalcemia, and muscle injury, etc. Reduction is commonly associated with gastrointestinal malabsorption, nephropathy, and hyperthyroidism, 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.
CI-	↓	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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