Biochemistry test report

Patient:	Chokoy	Species:	Canine	Patient ID:	2503082
Client:	Adelfa Vikingstad	Gender:	Male	Sample No.:	0000008
Doctor:		Age stage:	Adult	Time of analysis:	2025/04/25 10:00

	Item		Current result		Ref. Ranges	
Protein	**TP**	↓	**4.96**	g/dL	5.31-7.92	
Protein	**ALB**	↓	**0.82**	g/dL	2.34-4.00	
Protein	**GLOB**		**4.14**	g/dL	2.54-4.40	
Protein	**A/G**		**0.2**			
Liver and gallbladder	**ALT**		**41.7**	U/L	10.1-100.3	
Liver and gallbladder	**AST**	↓	**20.9**	U/L	21.0-51.7	
Liver and gallbladder	**AST/ALT**		**0.50**			
Liver and gallbladder	**ALP**		**36.2**	U/L	15.5-125.0	
Liver and gallbladder	**GGT**		**3.3**	U/L	0.0-15.9	
Liver and gallbladder	**TBIL**		**0.18**	mg/dL	0.00-0.88	
Liver and gallbladder	**TBA**	↑	**33.9**	μmol/L	0.0-10.0	
Pancreas	**AMY**		**779.7**	U/L	397.7-1285.1	
Kidneys	**BUN**		**14.65**	mg/dL	7.02-27.45	
Kidneys	**CREA**		**0.64**	mg/dL	0.38-1.40	
Kidneys	**BUN/CREA**		**22.6**			
Cardiovasc./Muscle	**CK**	↓	**37.2**	U/L	66.4-257.5	
Cardiovasc./Muscle	**LDH**	↓	**24.5**	U/L	36.4-143.6	
Energy metabolism	**GLU**	↓	**39.7**	mg/dL	68.5-113.3	
Energy metabolism	**TC**		**109.7**	mg/dL	103.2-324.1	
Energy metabolism	**TG**		**30.0**	mg/dL	8.9-115.1	
Minerals	**Ca**	↓	**4.46**	mg/dL	9.20-11.88	
Minerals	**PHOS**	↓	**2.11**	mg/dL	3.10-6.81	
Minerals	**CaxP**		**0.76**	mmol/L^2		
Minerals	**Mg**	↓	**0.74**	mg/dL	1.73-2.58	
Electrolytes	**Na+**	↓	**<110.0**	mmol/L	141.6-160.0	
Electrolytes	**K+**	↓	**2.0**	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:2025-04-25 10:52:02

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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.
AST	↓	Increase is commonly associated with liver injury and muscle injury, etc.
TBA	↑	Increase is commonly associated with hepatic insufficiency or failure, portal vein shunt, and cholestasis, etc. Reduction is commonly associated with long-term fasting and intestinal malabsorption, etc.
CK	↓	Increase is commonly associated with trauma, increased muscle activity (such as tetanus and convulsion), myocarditis, and myocardial infarction, etc.
LDH	↓	Increase is commonly associated with hemolysis (especially in canine), post-exercise, liver injury, exertional rhabdomyolysis, white muscle disease, myocardial injury, tumors, 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.
Mg	↓	Increase is commonly associated with nephropathy, hypoadrenocorticism, hypocalcemia, and muscle injury, etc. Reduction is commonly associated with gastrointestinal malabsorption, nephropathy, and hyperthyroidism, etc.
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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