Biochemistry test report

Patient:	Bella	Species:	Canine	Patient ID:	2504271
Client:	Miriam Palisoc	Gender:	Female	Sample No.:	0000002
Doctor:		Age stage:		Time of analysis:	2025/04/27 09:06

	Item		Current result		Ref. Ranges	
Protein	**TP**	↑	**9.07**	g/dL	5.31-7.92	
Protein	**ALB**		**2.39**	g/dL	2.34-4.00	
Protein	**GLOB**	↑	**6.68**	g/dL	2.54-4.40	
Protein	**A/G**		**0.4**			
Liver and gallbladder	**ALT**		**10.6**	U/L	10.1-100.3	
Liver and gallbladder	**AST**		**39.8**	U/L	21.0-51.7	
Liver and gallbladder	**AST/ALT**		**3.76**			
Liver and gallbladder	**ALP**	↑	**264.7**	U/L	15.5-125.0	
Liver and gallbladder	**GGT**		**4.6**	U/L	0.0-15.9	
Liver and gallbladder	**TBIL**		**<0.10**	mg/dL	0.00-0.88	
Liver and gallbladder	**TBA**		**<1.0**	μmol/L	0.0-10.0	
Pancreas	**AMY**		**637.8**	U/L	397.7-1285.1	
Kidneys	**BUN**	↑	**122.11**	mg/dL	7.02-27.45	
Kidneys	**CREA**	↑	**8.57**	mg/dL	0.38-1.40	
Kidneys	**BUN/CREA**		**14.2**			
Cardiovasc./Muscle	**CK**	↑	**561.8**	U/L	66.4-257.5	
Cardiovasc./Muscle	**LDH**	↑	**156.4**	U/L	36.4-143.6	
Energy metabolism	**GLU**	↑	**134.7**	mg/dL	68.5-113.3	
Energy metabolism	**TC**		**269.5**	mg/dL	103.2-324.1	
Energy metabolism	**TG**	↑	**131.0**	mg/dL	8.9-115.1	
Minerals	**Ca**		**9.84**	mg/dL	9.20-11.88	
Minerals	**PHOS**	↑	**7.40**	mg/dL	3.10-6.81	
Minerals	**CaxP**		**5.88**	mmol/L^2		
Minerals	**Mg**	↑	**3.78**	mg/dL	1.73-2.58	
Electrolytes	**Na+**	↓	**130.4**	mmol/L	141.6-160.0	
Electrolytes	**K+**		**3.9**	mmol/L	3.5-5.9	
Electrolytes	**Na/K**		**33.7**			
Electrolytes	**Cl-**	↓	**90.3**	mmol/L	102.7-125.0	

Operator:

Comprehensive Diagnosis Panel **QC QC OK**

HEM(Hemolysis degree):	0	LIP(Lipemia degree):	1+	ICT(Jaundice degree):	0

The results only applies to this test sample. Test Instrument:Mindray vetXpert C5 Time of Printing:2025-04-27 10:03:39

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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.
GLOB	↑	Increase is commonly associated with chronic inflammation and infection, and hyperimmunity, etc. Reduction is commonly associated with insufficient protein intake, anemia, and immunodeficiency.
ALP	↑	Increase is commonly associated with fracture healing period, hepatobiliary diseases, hyperthyroidism, and osteosarcoma, 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.
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.
TG	↑	Increase is commonly associated with postprandial, obesity, diabetes and hypercorticalismus, 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.
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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