

# Hiko Test report



Patient:	Hiko	Species:	Feline	Patient ID:	2504041
Client:	Julie Ann Miranda	Gender:	Male	Age stage:	Adult

## AI Aided Diag. Explan.

It is recommended to add symmetric dimethylarginine (SDMA), urinary protein to creatinine ratio (UPC), urinary specific gravity (SG), and imaging examinations to identify the cause and grading of renal dysfunction, based on clinical manifestations and medical history.

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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# Immunoassay test report



Patient:	Hiko	Species:	Feline	Patient ID:	2504041
Client:	Julie Ann Miranda	Gender:	Male	Sample No.:	0000001
Doctor:		Age stage:	Adult	Time of analysis:	2025/04/04 09:31

Lab item	Current result		Ref. Ranges	
fSDMA	↑	51.8	µg/dL 0.0-14.0	

Operator:

## Report Explan.

**fSDMA**

Result indications:  
<14.0 ug/dL Normal  
14.0-20.0 ug/dL Suspected  
>20.0 ug/dL Abnormal  
Clinical significance:  
fSDMA is an early biomarker of progressive kidney injury, and an increase may indicate impaired renal function.

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Test Instrument: Mindray vetXpert I3 Time of Printing: 2025-05-13 11:10:09



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# Biochemistry test report



Patient:	Hiko	Species:	Feline	Patient ID:	2504041
Client:	Julie Ann Miranda	Gender:	Male	Sample No.:	0000001
Doctor:		Age stage:	Adult	Time of analysis:	2025/04/04 09:30

Item		Current result		Ref. Ranges	
Protein	TP	6.93	g/dL	5.65-8.85	
Protein	ALB	2.28	g/dL	2.20-4.00	
Protein	GLOB	4.65	g/dL	2.82-5.13	
Protein	A/G	0.5			
Liver and gallbladder	ALT	46.7	U/L	25.8-149.2	
Liver and gallbladder	AST	46.0	U/L	16.5-60.0	
Liver and gallbladder	AST/ALT	0.98			
Liver and gallbladder	ALP	↓ 5.4	U/L	8.7-110.9	
Liver and gallbladder	GGT	<2.0	U/L	0.0-8.2	
Liver and gallbladder	TBIL	<0.10	mg/dL	0.00-0.88	
Pancreas	AMY	816.8	U/L	555.6-1940.0	
Kidneys	BUN	↑ 113.17	mg/dL	12.79-32.06	
Kidneys	CREA	↑ 11.16	mg/dL	0.51-2.03	
Kidneys	BUN/CREA	10.1			
Cardiovasc./Muscle	CK	513.9	U/L	66.1-530.9	
Cardiovasc./Muscle	LDH	↑ 401.2	U/L	60.9-334.2	
Energy metabolism	GLU	123.2	mg/dL	61.1-151.2	
Energy metabolism	TC	85.1	mg/dL	72.3-225.8	
Minerals	Ca	↓ <4.00	mg/dL	8.40-11.16	
Minerals	PHOS	↑ 9.93	mg/dL	3.16-8.42	
Minerals	CaxP	****	mmol/L^2		
Electrolytes	tCO2	↓ 9.64	mmol/L	11.10-21.17	
Electrolytes	Na+	160.5	mmol/L	143.0-166.0	
Electrolytes	K+	↑ >8.5	mmol/L	3.5-5.9	
Electrolytes	Na/K	****			
Electrolytes	Cl-	109.7	mmol/L	104.4-129.0	

Operator:

Comprehensive Diagnosis Panel				QC QC OK	
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:2025-05-13 11:10:11



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# Biochemistry test report



Patient:	Hiko	Species:	Feline	Patient ID:	2504041
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Doctor:		Age stage:	Adult	Time of analysis:	2025/04/04 09:30



## Report Explan.

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.

LDH



Increase is commonly associated with hemolysis (especially in canine), post-exercise, liver injury, exertional rhabdomyolysis, white muscle disease, myocardial injury, tumors, 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

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 hypercorticism, etc.

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