Biochemistry test report

Patient:	Ragnar	Species:	Feline	Patient ID:	25051684
Client:	Katrina Ann Bauzon	Gender:	Male	Sample No.:	0000002
Doctor:		Age stage:	Adult	Time of analysis:	2025/05/16 16:55

	Item		Current result		Ref. Ranges	
Protein	**TP**	↑	**9.25**	g/dL	5.65-8.85	
Protein	**ALB**		**3.67**	g/dL	2.20-4.00	
Protein	**GLOB**	↑	**5.58**	g/dL	2.82-5.13	
Protein	**A/G**		**0.7**			
Liver and gallbladder	**ALT**		**26.2**	U/L	25.8-149.2	
Liver and gallbladder	**AST**		**32.3**	U/L	16.5-60.0	
Liver and gallbladder	**AST/ALT**		**1.24**			
Liver and gallbladder	**ALP**		**40.3**	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	
Liver and gallbladder	**TBA**		**<1.0**	μmol/L	0.0-10.0	
Pancreas	**AMY**	↑	**2194.2**	U/L	555.6-1940.0	
Kidneys	**BUN**	↑	**>182.65**	mg/dL	12.79-32.06	
Kidneys	**CREA**	↑	**8.63**	mg/dL	0.51-2.03	
Kidneys	**BUN/CREA**		****			
Cardiovasc./Muscle	**CK**	↑	**611.4**	U/L	66.1-530.9	
Cardiovasc./Muscle	**LDH**		**138.3**	U/L	60.9-334.2	
Energy metabolism	**GLU**	↑	**291.4**	mg/dL	61.1-151.2	
Energy metabolism	**TC**		**225.4**	mg/dL	72.3-225.8	
Energy metabolism	**TG**		**62.3**	mg/dL	8.9-115.1	
Minerals	**Ca**		**8.61**	mg/dL	8.40-11.16	
Minerals	**PHOS**	↑	**>20.13**	mg/dL	3.16-8.42	
Minerals	**CaxP**		****	mmol/L^2		
Minerals	**Mg**	↑	**4.16**	mg/dL	2.02-2.96	
Electrolytes	**Na+**	↑	**>170.0**	mmol/L	143.0-166.0	
Electrolytes	**K+**		**4.5**	mmol/L	3.5-5.9	
Electrolytes	**Na/K**		****			
Electrolytes	**Cl-**	↑	**>135.0**	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:2025-05-16 17:38:39

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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.
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 hypercorticalismus, etc. Reduction is commonly associated with insulin administration, malnutrition, and insulinoma, 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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