## Biochemistry test report



Patient:FoamySpecies:CaninePatient ID:2505312Client:Jobelle LomibaoGender:MaleSample No.:0000002

Doctor: Age: 4Y Time of analysis: 2025/05/31 10:44

<u></u>	ltem		Current result		Ref. Ranges	
Protein	TP		7.44	g/dL	5.31-7.92	
Protein	ALB	$\downarrow$	2.07	g/dL	2.34-4.00	
rotein	GLOB	<b>↑</b>	5.36	g/dL	2.54-5.20	
rotein	A/G		0.4			
ver and gallbladder	ALT		34.4	U/L	10.1-100.3	
ver and gallbladder	AST		42.3	U/L	0.0-51.7	
er and gallbladder	AST/ALT		1.23			
er and gallbladder	ALP		189.7	U/L	15.5-212.0	
er and gallbladder	GGT		6.3	U/L	0.0-15.9	
ver and gallbladder	TBIL		<0.10	mg/dL	0.00-0.88	
ver and gallbladder	ТВА		2.6	μmol/L	0.0-30.0	<u> </u>
ncreas	AMY		956.3	U/L	397.7-1285.1	
neys	BUN	<b>↑</b>	>182.65	mg/dL	7.02-27.45	<u> </u>
neys	CREA	<b>↑</b>	12.76	mg/dL	0.23-1.40	<u> </u>
neys	BUN/CREA		***			
iovasc./Muscle	СК		255.0	U/L	66.4-257.5	
liovasc./Muscle	LDH	<b>↑</b>	190.1	U/L	0.0-143.6	
rgy metabolism	GLU		121.8	mg/dL	68.5-135.2	
rgy metabolism	тс		218.5	mg/dL	103.2-324.1	
ergy metabolism	TG	<b>↑</b>	120.1	mg/dL	8.9-115.1	
nerals	Ca	<b>\</b>	5.54	mg/dL	8.40-11.88	
nerals	PHOS	<b>↑</b>	>20.13	mg/dL	2.48-6.81	<u></u>
nerals	CaxP		***	mmol/L^2		
nerals	Mg	<b>↑</b>	3.49	mg/dL	1.48-2.58	
trolytes	Na+	<b>\</b>	126.7	mmol/L	138.0-160.0	
ctrolytes	K+		5.8	mmol/L	3.5-5.9	
ctrolytes	Na/K		21.8			
ctrolytes	CI-	$\downarrow$	86.6	mmol/L	102.7-125.0	

Operator:

 Comprehensive Diagnosis Panel

 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:2025-05-31 18:31:06









Patient:	Foamy	Species:	Canine	Patient ID:	2505312
Client:	Jobelle Lomibao	Gender:	Male	Sample No.:	0000002
Doctor:		Age:	4Y	Time of analysis:	2025/05/31 10:44

	Report Explan.	
ALB	<b>↓</b>	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.
GLOB	<b>↑</b>	Increase is commonly associated with chronic inflammation and infection, and hyperimmunity, etc. Reduction is commonly associated with insufficient protein intake, anemia, and immunodeficiency.
BUN	<b>↑</b>	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	<b>↑</b>	Increase is commonly associated with nephropathy, etc. Reduction is commonly associated with malnutrition and muscular atrophy, etc.
LDH	<b>↑</b>	Increase is commonly associated with hemolysis (especially in canine), post-exercise, liver injury, exertional rhabdomyolysis, white muscle disease, myocardial injury, tumors, etc.
TG	<b>↑</b>	Increase is commonly associated with postprandial, obesity, diabetes and hypercorticalismus, etc.
Ca	<b>↓</b>	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	<b>†</b>	Increase is commonly associated with nephropathy, bone healing period, and hyperthyroidism. Decreased in hyperparathyroidism, tumor, etc.
Mg	<b>↑</b>	Increase is commonly associated with nephropathy, hypoadrenocorticism, hypocalcemia, and muscle injury, etc. Reduction is commonly associated with gastrointestinal malabsorption, nephropathy, and hyperthyroidism, etc.
Na+	<b>↓</b>	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-	<b>↓</b>	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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