Test report

Patient:		Species:	Canine	Patient ID:	250621104
Client:	Milagros Ferrer	Gender:	Male	Age:	2Y

AI Aided Diag. Explan.

It is recommended to add liver and kidney panel tests, electrolytes, myocardial enzyme spectrum (N-terminal pro-brain natriuretic peptide, cardiac troponin I), electrocardiogram, and ultrasound-related examinations to evaluate the animal's overall muscle health status, based on clinical manifestations and medical history.

Biochemistry test report

Patient:		Species:	Canine	Patient ID:	250621104
Client:	Milagros Ferrer	Gender:	Male	Sample No.:	0000004
Doctor:		Age:	2Y	Time of analysis:	2025/06/21 22:57

	Item		Current result		Ref. Ranges	
Protein	**TP**	H−	**5.56**	g/dL	5.31-7.92	
Protein	**ALB**	↑	**4.20**	g/dL	2.34-4.00	
Protein	**GLOB**	↓	**1.36**	g/dL	2.54-5.20	
Protein	**A/G**		**3.1**			
Liver and gallbladder	**ALT**	↑	**343.0**	U/L	10.1-100.3	
Liver and gallbladder	**AST**	↑	**355.7**	U/L	0.0-51.7	
Liver and gallbladder	**AST/ALT**		**1.04**			
Liver and gallbladder	**ALP**		**51.1**	U/L	15.5-212.0	
Liver and gallbladder	**GGT**		**7.0**	U/L	0.0-15.9	
Liver and gallbladder	**TBIL**	H−	**<0.10**	mg/dL	0.00-0.88	
Liver and gallbladder	**TBA**	↑	**37.6**	μmol/L	0.0-30.0	
Pancreas	**AMY**		**407.0**	U/L	397.7-1285.1	
Kidneys	**BUN**		**15.26**	mg/dL	7.02-27.45	
Kidneys	**CREA**		**0.26**	mg/dL	0.23-1.40	
Kidneys	**BUN/CREA**		**59.3**			
Cardiovasc./Muscle	**CK**	↑	**605.2**	U/L	66.4-257.5	
Cardiovasc./Muscle	**LDH**	↑	**836.0**	U/L	0.0-143.6	
Energy metabolism	**GLU**	↓	**13.8**	mg/dL	68.5-135.2	
Energy metabolism	**TC**	↑	**450.1**	mg/dL	103.2-324.1	
Energy metabolism	**TG**		**83.5**	mg/dL	8.9-115.1	
Minerals	**Ca**		**9.68**	mg/dL	8.40-11.88	
Minerals	**PHOS**	↑	**9.05**	mg/dL	2.48-6.81	
Minerals	**CaxP**		**7.07**	mmol/L^2		
Minerals	**Mg**		**1.61**	mg/dL	1.48-2.58	
Electrolytes	**Na+**	↓	**134.7**	mmol/L	138.0-160.0	
Electrolytes	**K+**	↓	**1.7**	mmol/L	3.5-5.9	
Electrolytes	**Na/K**		**78.2**			
Electrolytes	**Cl-**	↓	**<70.0**	mmol/L	102.7-125.0	

Operator:

Comprehensive Diagnosis Panel **QC QC OK**

HEM(Hemolysis degree):	3+	LIP(Lipemia degree):	0	ICT(Jaundice degree):	0

The results only applies to this test sample. Test Instrument:Mindray vetXpert C5 Time of Printing:2025-06-25 09:58:52

Biochemistry test report

Patient:		Species:	Canine	Patient ID:	250621104
Client:	Milagros Ferrer	Gender:	Male	Sample No.:	0000004
Doctor:		Age:	2Y	Time of analysis:	2025/06/21 22:57

Report Explan.

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.
GLOB	↓	Increase is commonly associated with chronic inflammation and infection, and hyperimmunity, etc. Reduction is commonly associated with insufficient protein intake, anemia, and immunodeficiency.
ALT	↑	Increase is commonly associated with liver injury and muscle injury, etc.
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.
TC	↑	Increase is commonly associated with biliary obstruction, hypothyroidism, hypercorticalismus, nephropathy, diabetes, etc. Reduction is commonly associated with protein loss enteropathy, pancreatic exocrine insufficiency, and hypoadrenocorticism,etc.
PHOS	↑	Increase is commonly associated with nephropathy, bone healing period, and hyperthyroidism. Decreased in hyperparathyroidism, tumor, 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.

The results only applies to this test sample. Test Instrument:Mindray vetXpert C5 Time of Printing:2025-06-25 09:58:52

Immunoassay test report

Patient:	Handsome	Species:	Canine	Patient ID:	250621104
Client:	Milagros Ferrer	Gender:	Male	Sample No.:	0000004
Doctor:		Age:	2Y	Time of analysis:	2025/06/21 22:56

Lab item	Current result		Ref. Ranges	
cSDMA	**9.9**	µg/dL	0.0-14.0	

Operator:

Report Explan.

cSDMA

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

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. Test Instrument:Mindray vetXpert I3 Time of Printing:2025-06-25 09:58:54