Biochemistry test report

Patient:	Thalia	Species:	Canine	Patient ID:	2507051
Client:	Sunshine Tan	Gender:	Female	Sample No.:	0000001
Doctor:		Age:	2Y	Time of analysis:	2025/07/05 15:18

	Item		Current result		Ref. Ranges
Protein	**TP**		**7.62**	g/dL	5.31-7.92
Protein	**ALB**	↓	**1.46**	g/dL	2.34-4.00
Protein	**GLOB**	↑	**6.17**	g/dL	2.54-5.20
Protein	**A/G**		**0.2**		
Liver and gallbladder	**ALT**		**91.5**	U/L	10.1-100.3
Liver and gallbladder	**AST**	↑	**57.5**	U/L	0.0-51.7
Liver and gallbladder	**AST/ALT**		**0.63**		
Liver and gallbladder	**ALP**	↑	**521.0**	U/L	15.5-212.0
Liver and gallbladder	**GGT**		**<2.0**	U/L	0.0-15.9
Liver and gallbladder	**TBIL**		**0.55**	mg/dL	0.00-0.88
Liver and gallbladder	**TBA**		**3.2**	μmol/L	0.0-30.0
Pancreas	**AMY**		**771.1**	U/L	397.7-1285.1
Kidneys	**BUN**	↑	**>182.65**	mg/dL	7.02-27.45
Kidneys	**CREA**	↑	**2.98**	mg/dL	0.23-1.40
Kidneys	**BUN/CREA**		****		
Cardiovasc./Muscle	**CK**	↑	**428.7**	U/L	66.4-257.5
Cardiovasc./Muscle	**LDH**	↑	**188.8**	U/L	0.0-143.6
Energy metabolism	**GLU**		**92.0**	mg/dL	68.5-135.2
Energy metabolism	**TC**		**190.5**	mg/dL	103.2-324.1
Energy metabolism	**TG**		**77.9**	mg/dL	8.9-115.1
Minerals	**Ca**	↓	**5.37**	mg/dL	8.40-11.88
Minerals	**PHOS**	↑	**>20.13**	mg/dL	2.48-6.81
Minerals	**CaxP**		****	mmol/L^2	
Minerals	**Mg**	↑	**4.26**	mg/dL	1.48-2.58
Electrolytes	**Na+**		**153.9**	mmol/L	138.0-160.0
Electrolytes	**K+**	↑	**6.1**	mmol/L	3.5-5.9
Electrolytes	**Na/K**		**25.1**		
Electrolytes	**Cl-**		**122.8**	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:2025-07-05 16:24:13

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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.
AST	↑	Increase is commonly associated with liver injury and muscle injury, etc.
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.
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.
Mg	↑	Increase is commonly associated with nephropathy, hypoadrenocorticism, hypocalcemia, and muscle injury, etc. Reduction is commonly associated with gastrointestinal malabsorption, nephropathy, and hyperthyroidism, 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.

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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