Biochemistry test report

Patient:	Ginger	Species:	Canine	Patient ID:	2507162
Client:	Robinson Reyes	Gender:	Female	Sample No.:	0000002
Doctor:		Age:	4Y	Time of analysis:	2025/07/16 11:19

	Item		Current result		Ref. Ranges	
Protein	**TP**	↓ H−	**4.73**	g/dL	5.31-7.92	
Protein	**ALB**	↑ H+	**4.01**	g/dL	2.34-4.00	
Protein	**GLOB**	↓	**0.72**	g/dL	2.54-5.20	
Protein	**A/G**		**5.5**			
Liver and gallbladder	**ALT**	↑	**148.6**	U/L	10.1-100.3	
Liver and gallbladder	**AST**	↑ H+	**93.2**	U/L	0.0-51.7	
Liver and gallbladder	**AST/ALT**		**0.63**			
Liver and gallbladder	**ALP**	↓	**<5.0**	U/L	15.5-212.0	
Liver and gallbladder	**GGT**		**8.8**	U/L	0.0-15.9	
Liver and gallbladder	**TBIL**	H−	**<0.10**	mg/dL	0.00-0.88	
Liver and gallbladder	**TBA**		**22.4**	μmol/L	0.0-30.0	
Pancreas	**AMY**		**807.5**	U/L	397.7-1285.1	
Kidneys	**BUN**		**21.47**	mg/dL	7.02-27.45	
Kidneys	**CREA**		**0.72**	mg/dL	0.23-1.40	
Kidneys	**BUN/CREA**		**29.7**			
Cardiovasc./Muscle	**CK**	↑ H+	**483.2**	U/L	66.4-257.5	
Cardiovasc./Muscle	**LDH**	↑ H+	**1319.9**	U/L	0.0-143.6	
Energy metabolism	**GLU**	↓	**<9.0**	mg/dL	68.5-135.2	
Energy metabolism	**TC**	↑ H+	**>541.4**	mg/dL	103.2-324.1	
Energy metabolism	**TG**		**88.1**	mg/dL	8.9-115.1	
Minerals	**Ca**		**9.32**	mg/dL	8.40-11.88	
Minerals	**PHOS**	↑ H+	**9.63**	mg/dL	2.48-6.81	
Minerals	**CaxP**		**7.25**	mmol/L^2		
Minerals	**Mg**	↑	**2.69**	mg/dL	1.48-2.58	
Electrolytes	**Na+**		**139.2**	mmol/L	138.0-160.0	
Electrolytes	**K+**	H−	**5.6**	mmol/L	3.5-5.9	
Electrolytes	**Na/K**		**25.0**			
Electrolytes	**Cl-**	↓ H−	**<70.0**	mmol/L	102.7-125.0	

Operator:

Comprehensive Diagnosis Panel **QC QC OK**

HEM(Hemolysis degree):	3+	LIP(Lipemia degree):	1+	ICT(Jaundice degree):	0

The results only applies to this test sample. Test Instrument:Mindray vetXpert C5 Time of Printing:2025-07-16 15:01:48

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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.
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.
ALP	↓	Increase is commonly associated with fracture healing period, hepatobiliary diseases, hyperthyroidism, and osteosarcoma, 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.
Mg	↑	Increase is commonly associated with nephropathy, hypoadrenocorticism, hypocalcemia, and muscle injury, etc. Reduction is commonly associated with gastrointestinal malabsorption, nephropathy, and hyperthyroidism, 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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