Biochemistry test report



Patient:MerlinSpecies:FelinePatient ID:2508021Client:Stef Dela CruzGender:MaleSample No.:0000001

Doctor: Age: 15Y Time of analysis: 2025/08/02 10:25

	ltem		Current result		Ref. Ranges	
Protein	TP	\downarrow	4.84	g/dL	5.65-8.85	
Protein	ALB	\downarrow	2.00	g/dL	2.20-4.00	
Protein	GLOB		2.85	g/dL	2.82-5.13	
Protein	A/G		0.7			
Liver and gallbladder	ALT		47.0	U/L	12.0-149.2	
Liver and gallbladder	AST		22.9	U/L	0.0-60.0	
Liver and gallbladder	AST/ALT		0.49			
Liver and gallbladder	ALP		30.1	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	ТВА		<1.0	μmol/L	0.0-20.0	<u> </u>
Pancreas	AMY		1176.3	U/L	555.6-1940.0	
Kidneys	BUN		14.03	mg/dL	12.79-32.06	<u> </u>
Kidneys	CREA		0.91	mg/dL	0.32-2.03	<u> </u>
Kidneys	BUN/CREA		15.4			
Cardiovasc./Muscle	СК		206.4	U/L	66.1-530.9	
Cardiovasc./Muscle	LDH		67.4	U/L	0.0-334.2	
Energy metabolism	GLU		92.3	mg/dL	61.1-151.2	
Energy metabolism	тс		126.2	mg/dL	72.3-225.8	
Energy metabolism	TG		33.9	mg/dL	8.9-115.1	
Minerals	Ca	↓	5.90	mg/dL	8.40-11.16	
Minerals	PHOS	↓	1.90	mg/dL	2.48-8.42	
Minerals	CaxP		0.91	mmol/L^2		
Minerals	Mg	↓	1.16	mg/dL	1.77-2.96	
Electrolytes	Na+	ļ	<110.0	mmol/L	141.0-166.0	
Electrolytes	K+	↓	2.6	mmol/L	3.5-5.9	
Electrolytes	Na/K		***			
Electrolytes	CI-	\downarrow	<70.0	mmol/L	104.4-129.0	

Operator:

Comprehensive Diagnosis Panel

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:2025-08-02 10:26:04









Patient:	Merlin	Species:	Feline	Patient ID:	2508021
Client:	Stef Dela Cruz	Gender:	Male	Sample No.:	0000001
Doctor:		Age:	15Y	Time of analysis:	2025/08/02 10:25

	Report Explan.	
ТР	↓	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.
Са	↓	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.
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.
CI-	↓	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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