

Ringo Test report



Patient:	Ringo	Species:	Canine	Patient ID:	2508141
Client:	Ronald Pitoc	Gender:	Male	Age:	4Y

AI Aided Diag. Explan.

It is recommended to add symmetric dimethylarginine (SDMA), urinary protein to creatinine ratio (UPC), urinary specific gravity (SG), and imaging examinations to identify the cause and grading of renal dysfunction, based on clinical manifestations and medical history.

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.

Time of Printing:2025-08-25 10:13:57



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Immunoassay test report



Patient:	Ringo	Species:	Canine	Patient ID:	2508141
Client:	Ronald Pitoc	Gender:	Male	Sample No.:	0000001
Doctor:		Age:	4Y	Time of analysis:	2025/08/20 09:31

Lab item	Current result		Ref. Ranges		2025/08/14
cSDMA	↑	41.8	μg/dL	0.0-14.0	37.6

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.

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Test Instrument: Mindray vetXpert I3 Time of Printing: 2025-08-25 10:13:59



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Biochemistry test report



Patient:	Ringo	Species:	Canine	Patient ID:	2508141
Client:	Ronald Pitoc	Gender:	Male	Sample No.:	0000001
Doctor:		Age:	4Y	Time of analysis:	2025/08/20 09:31

Item		Current result		Ref. Ranges		2025/08/14
Protein	TP	↑	8.02	g/dL	5.31-7.92	8.33
Protein	ALB		2.34	g/dL	2.34-4.00	2.49
Protein	GLOB	↑	5.68	g/dL	2.54-5.20	5.84
Protein	A/G		0.4			0.4
Liver and gallbladder	ALT		58.6	U/L	10.1-100.3	68.0
Liver and gallbladder	AST		41.2	U/L	0.0-51.7	52.1
Liver and gallbladder	AST/ALT		0.70			0.77
Liver and gallbladder	ALP		20.1	U/L	15.5-212.0	25.5
Liver and gallbladder	GGT		5.2	U/L	0.0-15.9	5.4
Liver and gallbladder	TBIL		<0.10	mg/dL	0.00-0.88	<0.10
Liver and gallbladder	TBA		<1.0	μmol/L	0.0-30.0	<1.0
Pancreas	AMY	↑	1648.3	U/L	397.7-1285.1	2322.2
Kidneys	BUN	↑	>182.65	mg/dL	7.02-27.45	>182.65
Kidneys	CREA	↑	4.48	mg/dL	0.23-1.40	12.94
Kidneys	BUN/CREA		****			****
Cardiovasc./Muscle	CK		148.9	U/L	66.4-257.5	66.6
Cardiovasc./Muscle	LDH		49.3	U/L	0.0-143.6	45.7
Energy metabolism	GLU		90.2	mg/dL	68.5-135.2	97.4
Energy metabolism	TC		269.7	mg/dL	103.2-324.1	225.4
Energy metabolism	TG		77.2	mg/dL	8.9-115.1	44.9
Minerals	Ca		9.25	mg/dL	8.40-11.88	8.58
Minerals	PHOS	↑	17.47	mg/dL	2.48-6.81	>20.13
Minerals	CaxP		13.05	mmol/L^2		****
Minerals	Mg		2.14	mg/dL	1.48-2.58	1.86
Electrolytes	Na+	↓	135.5	mmol/L	138.0-160.0	144.4
Electrolytes	K+		3.6	mmol/L	3.5-5.9	3.8
Electrolytes	Na/K		37.6			37.8
Electrolytes	Cl-		123.0	mmol/L	102.7-125.0	131.8

Operator:

Comprehensive Diagnosis Panel

QC QC OK

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

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Biochemistry test report



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Doctor:		Age:	4Y	Time of analysis:	2025/08/20 09:31



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.

GLOB



Increase is commonly associated with chronic inflammation and infection, and hyperimmunity, etc. Reduction is commonly associated with insufficient protein intake, anemia, and immunodeficiency.

AMY



Increase is commonly associated with gastroenteritis, pancreatitis, pancreatic tumor, 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.

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.

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