Biochemistry test report

Patient:	Bella	Species:	Canine	Patient ID:	2509151
Client:	Joanna Chan	Gender:	Female	Sample No.:	0000001
Doctor:		Age:	3Y	Time of analysis:	2025/09/15 09:49

	Item		Current result		Ref. Ranges	
Protein	**TP**		**6.62**	g/dL	5.31-7.92	
Protein	**ALB**		**3.06**	g/dL	2.34-4.00	
Protein	**GLOB**		**3.56**	g/dL	2.54-5.20	
Protein	**A/G**		**0.9**			
Liver and gallbladder	**ALT**		**44.6**	U/L	10.1-100.3	
Liver and gallbladder	**AST**		**32.9**	U/L	0.0-51.7	
Liver and gallbladder	**AST/ALT**		**0.74**			
Liver and gallbladder	**ALP**		**37.2**	U/L	15.5-212.0	
Liver and gallbladder	**GGT**		**3.3**	U/L	0.0-15.9	
Liver and gallbladder	**TBIL**		**<0.10**	mg/dL	0.00-0.88	
Liver and gallbladder	**TBA**		**21.3**	μmol/L	0.0-30.0	
Pancreas	**AMY**		**502.6**	U/L	397.7-1285.1	
Kidneys	**BUN**	↑	**29.30**	mg/dL	7.02-27.45	
Kidneys	**CREA**		**0.89**	mg/dL	0.23-1.40	
Kidneys	**BUN/CREA**		**32.8**			
Cardiovasc./Muscle	**CK**		**103.9**	U/L	66.4-257.5	
Cardiovasc./Muscle	**LDH**		**53.5**	U/L	0.0-143.6	
Energy metabolism	**GLU**		**123.5**	mg/dL	68.5-135.2	
Energy metabolism	**TC**		**204.2**	mg/dL	103.2-324.1	
Energy metabolism	**TG**		**88.3**	mg/dL	8.9-115.1	
Minerals	**Ca**		**9.84**	mg/dL	8.40-11.88	
Minerals	**PHOS**		**2.57**	mg/dL	2.48-6.81	
Minerals	**CaxP**		**2.04**	mmol/L^2		
Minerals	**Mg**		**1.77**	mg/dL	1.29-2.58	
Electrolytes	**Na+**		**149.5**	mmol/L	138.0-160.0	
Electrolytes	**K+**	↓	**3.4**	mmol/L	3.5-5.9	
Electrolytes	**Na/K**		**43.8**			
Electrolytes	**Cl-**	↓	**100.4**	mmol/L	102.7-125.0	

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 Time of Printing:2025-09-15 09:50:33

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Report Explan.

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.
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.

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