

Biochemistry test report



Patient:	Sammy	Species:	Canine	Patient ID:	2509211
Client:	Nimfa Idos	Gender:	Male	Sample No.:	0000001
Doctor:		Age:	8Y	Time of analysis:	2025/09/21 16:32

Item		Current result		Ref. Ranges	
Protein	TP	6.87	g/dL	5.31-7.92	
Protein	ALB	↓ 1.97	g/dL	2.34-4.00	
Protein	GLOB	4.90	g/dL	2.54-5.20	
Protein	A/G	0.4			
Liver and gallbladder	ALT	24.4	U/L	10.1-100.3	
Liver and gallbladder	AST	38.2	U/L	0.0-51.7	
Liver and gallbladder	AST/ALT	1.57			
Liver and gallbladder	ALP	199.9	U/L	15.5-212.0	
Liver and gallbladder	GGT	6.7	U/L	0.0-15.9	
Liver and gallbladder	TBIL	0.20	mg/dL	0.00-0.88	
Liver and gallbladder	TBA	<1.0	μmol/L	0.0-30.0	
Pancreas	AMY	↑ 1899.8	U/L	397.7-1285.1	
Kidneys	BUN	↑ 175.72	mg/dL	7.02-27.45	
Kidneys	CREA	↑ 16.57	mg/dL	0.23-1.40	
Kidneys	BUN/CREA	10.6			
Cardiovasc./Muscle	CK	↑ 306.4	U/L	66.4-257.5	
Cardiovasc./Muscle	LDH	134.4	U/L	0.0-143.6	
Energy metabolism	GLU	104.7	mg/dL	68.5-135.2	
Energy metabolism	TC	236.3	mg/dL	103.2-324.1	
Energy metabolism	TG	102.6	mg/dL	8.9-115.1	
Minerals	Ca	↓ 7.51	mg/dL	8.40-11.88	
Minerals	PHOS	↑ >20.13	mg/dL	2.48-6.81	
Minerals	CaxP	****	mmol/L^2		
Minerals	Mg	2.19	mg/dL	1.29-2.58	
Electrolytes	Na+	↑ 162.0	mmol/L	138.0-160.0	
Electrolytes	K+	↑ 6.4	mmol/L	3.5-5.9	
Electrolytes	Na/K	25.4			
Electrolytes	Cl-	↑ 126.3	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:2025-09-21 16:54:07



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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.

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.

CK



Increase is commonly associated with trauma, increased muscle activity (such as tetanus and convulsion), myocarditis, and myocardial infarction, 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.

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 hypercorticism, 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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