

Biochemistry test report



Patient:	Sasha	Species:	Canine	Patient ID:	2509301
Client:	Mariel Yeung	Gender:	Female	Sample No.:	0000001
Doctor:		Age:	9Y	Time of analysis:	2025/10/20 16:44

Item		Current result		Ref. Ranges		2025/09/30
Protein	TP	6.20	g/dL	5.31-7.92		4.37
Protein	ALB	↓ 2.06	g/dL	2.34-4.00		1.36
Protein	GLOB	4.14	g/dL	2.54-5.20		3.01
Protein	A/G	0.5				0.5
Liver and gallbladder	ALT	41.5	U/L	10.1-100.3		35.5
Liver and gallbladder	AST	28.1	U/L	0.0-51.7		19.8
Liver and gallbladder	AST/ALT	0.68				0.56
Liver and gallbladder	ALP	161.4	U/L	15.5-212.0		114.5
Liver and gallbladder	GGT	5.8	U/L	0.0-15.9		7.3
Liver and gallbladder	TBIL	<0.10	mg/dL	0.00-0.88		0.16
Liver and gallbladder	TBA	<1.0	μmol/L	0.0-30.0		<1.0
Pancreas	AMY	586.2	U/L	397.7-1285.1		544.2
Kidneys	BUN	7.60	mg/dL	7.02-27.45		12.81
Kidneys	CREA	0.64	mg/dL	0.23-1.40		0.70
Kidneys	BUN/CREA	11.8				18.2
Cardiovasc./Muscle	CK	98.3	U/L	66.4-257.5		104.3
Cardiovasc./Muscle	LDH	115.0	U/L	0.0-143.6		65.9
Energy metabolism	GLU	87.4	mg/dL	68.5-135.2		134.7
Energy metabolism	TC	222.0	mg/dL	103.2-324.1		126.4
Energy metabolism	TG	↑ 133.3	mg/dL	8.9-115.1		93.7
Minerals	Ca	8.51	mg/dL	8.40-11.88		7.82
Minerals	PHOS	3.51	mg/dL	2.48-6.81		4.16
Minerals	CaxP	2.41	mmol/L^2			2.63
Minerals	Mg	1.85	mg/dL	1.29-2.58		1.77
Electrolytes	Na+	152.9	mmol/L	138.0-160.0		147.0
Electrolytes	K+	5.9	mmol/L	3.5-5.9		5.1
Electrolytes	Na/K	26.1				28.8
Electrolytes	Cl-	118.4	mmol/L	102.7-125.0		115.4

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: 2025-10-20 18:31:59



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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.

TG



Increase is commonly associated with postprandial, obesity, diabetes and hypercorticalismus, 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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