Biochemistry test report



Patient:MiloSpecies:CaninePatient ID:2511223Client:Cristina TiongcoGender:MaleSample No.:0000003

Doctor: Age: 3Y Time of analysis: 2025/11/22 17:42

	Item		Current result		Ref. Ranges	
Protein	ТР	<u></u>	4.92	g/dL	5.31-7.92	
Protein	ALB	<u> </u>	1.88	g/dL	2.34-4.00	
Protein	GLOB		3.04	g/dL	2.54-5.20	
Protein	A/G		0.6			
Liver and gallbladder	ALT		19.8	U/L	10.1-100.3	
Liver and gallbladder	AST		47.2	U/L	0.0-51.7	(
Liver and gallbladder	AST/ALT		2.38			
Liver and gallbladder	ALP	\downarrow	13.8	U/L	15.5-212.0	
Liver and gallbladder	GGT		7.3	U/L	0.0-15.9	
Liver and gallbladder	TBIL		<0.10	mg/dL	0.00-0.88	(i)
Liver and gallbladder	ТВА		7.4	μmol/L	0.0-30.0	<u> </u>
Pancreas	AMY	1	2374.5	U/L	397.7-1285.1	
Kidneys	BUN		20.31	mg/dL	7.02-27.45	<u> </u>
Kidneys	CREA		1.08	mg/dL	0.23-1.40	<u> </u>
Kidneys	BUN/CREA		18.6			
Cardiovasc./Muscle	СК	1	291.4	U/L	66.4-257.5	<u> </u>
Cardiovasc./Muscle	LDH		110.8	U/L	0.0-143.6	<u> </u>
Energy metabolism	GLU	\downarrow	36.3	mg/dL	68.5-135.2	
Energy metabolism	тс		117.8	mg/dL	103.2-324.1	
Energy metabolism	TG		28.9	mg/dL	8.9-115.1	
Minerals	Ca	\downarrow	5.22	mg/dL	8.40-11.88	
Minerals	PHOS	\downarrow	0.50	mg/dL	2.48-6.81	
Minerals	CaxP		0.21	mmol/L^2		
Minerals	Mg		1.13	mg/dL	1.29-2.58	
Electrolytes	Na+	\downarrow	<110.0	mmol/L	138.0-160.0	
Electrolytes	K+	\downarrow	<1.0	mmol/L	3.5-5.9	
Electrolytes	Na/K		****			
Electrolytes	CI-	\downarrow	<70.0	mmol/L	102.7-125.0	

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:2025-11-22 17:50:05









Patient: Species: Canine Patient ID: 2511223 Gender: Male Sample No.: 0000003 Client: Cristina Tiongco 3Y Time of analysis: 2025/11/22 17:42 Doctor: Age:

	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.
ALP	↓	Increase is commonly associated with fracture healing period, hepatobiliary diseases, hyperthyroidism, and osteosarcoma, etc.
AMY	↑	Increase is commonly associated with gastroenteritis, pancreatitis, pancreatic tumor, etc.
СК	↑	Increase is commonly associated with trauma, increased muscle activity (such as tetanus and convulsion), myocarditis, and myocardial infarction, etc.
GLU	↓	Increase is commonly associated with diabetes and hypercorticalismus, etc. Reduction is commonly associated with insulin administration, malnutrition, and insulinoma, 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.
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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