

Biochemistry test report



Patient:	Maria	Species:	Feline	Patient ID:	2511261
Client:	Marinella Palaganas	Gender:	Female	Sample No.:	0000001
Doctor:		Age:	2Y	Time of analysis:	2025/11/26 09:16

Item		Current result		Ref. Ranges	
Protein	TP	↓	4.58	g/dL	5.65-8.85
Protein	ALB	↓	1.83	g/dL	2.20-4.00
Protein	GLOB	↓	2.75	g/dL	2.82-5.13
Protein	A/G		0.7		
Liver and gallbladder	ALT	↑	227.7	U/L	12.0-149.2
Liver and gallbladder	AST	↑	346.3	U/L	0.0-60.0
Liver and gallbladder	AST/ALT		1.52		
Liver and gallbladder	ALP		45.5	U/L	8.7-110.9
Liver and gallbladder	GGT		<2.0	U/L	0.0-8.2
Liver and gallbladder	TBIL		0.15	mg/dL	0.00-0.88
Liver and gallbladder	TBA		2.5	μmol/L	0.0-20.0
Pancreas	AMY		623.1	U/L	555.6-1940.0
Kidneys	BUN	↓	10.16	mg/dL	12.79-32.06
Kidneys	CREA		0.34	mg/dL	0.32-2.03
Kidneys	BUN/CREA		29.8		
Cardiovasc./Muscle	CK	↑	>2500.0	U/L	66.1-530.9
Cardiovasc./Muscle	LDH	↑	>1400.0	U/L	0.0-334.2
Energy metabolism	GLU	↑	206.0	mg/dL	61.1-151.2
Energy metabolism	TC		92.0	mg/dL	72.3-225.8
Energy metabolism	TG	↑	198.6	mg/dL	8.9-115.1
Minerals	Ca	↓	7.24	mg/dL	8.40-11.16
Minerals	PHOS		3.34	mg/dL	2.48-8.42
Minerals	CaxP		1.95	mmol/L^2	
Minerals	Mg	↓	1.37	mg/dL	1.60-2.96
Electrolytes	Na+	↓	138.9	mmol/L	141.0-166.0
Electrolytes	K+	↑	6.8	mmol/L	3.5-5.9
Electrolytes	Na/K		20.4		
Electrolytes	Cl-		122.0	mmol/L	104.4-129.0

Operator:

Comprehensive Diagnosis Panel

QC QC OK

HEM(Hemolysis degree): 0 LIP(Lipemia degree): 0 ICT(Jaundice degree): 0



Report Expln.

TP



Increase is commonly associated with dehydration and increased globulin. Reduction is commonly associated with blood loss, protein-losing enteropathy, and decreased albumin.

The results only applies to this test sample.

Test Instrument: Mindray vetXpert C5

Time of Printing: 2025-11-26 18:14:37



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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.
GLOB	↓	Increase is commonly associated with chronic inflammation and infection, and hyperimmunity, etc. Reduction is commonly associated with insufficient protein intake, anemia, and immunodeficiency.
ALT	↑	Increase is commonly associated with liver injury and muscle injury, etc.
AST	↑	Increase is commonly associated with liver injury and muscle injury, 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.
CK	↑	Increase is commonly associated with trauma, increased muscle activity (such as tetanus and convulsion), myocarditis, and myocardial infarction, etc.
LDH	↑	Increase is commonly associated with hemolysis (especially in canine), post-exercise, liver injury, exertional rhabdomyolysis, white muscle disease, myocardial injury, tumors, etc.
GLU	↑	Increase is commonly associated with diabetes and hypercorticalismus, etc. Reduction is commonly associated with insulin administration, malnutrition, and insulinoma, etc.
TG	↑	Increase is commonly associated with postprandial, obesity, diabetes and hypercorticalismus, 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.
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.

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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