Biochemistry test report

Patient:	Michelle	Species:	Canine	Patient ID:	260206003
Client:	Samantha Tamayo	Gender:	Female	Sample No.:	0000003
Doctor:		Age:	11Y	Time of analysis:	2026/02/06 11:14

	Item		Current result		Ref. Ranges	
Protein	**TP**	H−	**6.39**	g/dL	5.31-7.92	
Protein	**ALB**	H+	**2.55**	g/dL	2.34-4.00	
Protein	**GLOB**		**3.84**	g/dL	2.54-5.20	
Protein	**A/G**		**0.7**			
Liver and gallbladder	**ALT**	↑	**443.9**	U/L	10.1-100.3	
Liver and gallbladder	**AST**	↑ H+	**526.1**	U/L	0.0-51.7	
Liver and gallbladder	**AST/ALT**		**1.19**			
Liver and gallbladder	**ALP**	↑ I−	**802.6**	U/L	15.5-212.0	
Liver and gallbladder	**GGT**	↑	**28.7**	U/L	0.0-15.9	
Liver and gallbladder	**TBIL**	↑ H−	**>32.18**	mg/dL	0.00-0.88	
Liver and gallbladder	**TBA**	↑	**44.8**	μmol/L	0.0-30.0	
Pancreas	**AMY**	↓	**78.8**	U/L	397.7-1285.1	
Kidneys	**BUN**	↑	**49.91**	mg/dL	7.02-27.45	
Kidneys	**CREA**		**1.27**	mg/dL	0.23-1.40	
Kidneys	**BUN/CREA**		**39.1**			
Cardiovasc./Muscle	**CK**	↑ H+	**798.0**	U/L	66.4-257.5	
Cardiovasc./Muscle	**LDH**	↑ H+	**553.5**	U/L	0.0-143.6	
Energy metabolism	**GLU**	↑	**143.5**	mg/dL	68.5-135.2	
Energy metabolism	**TC**	↑ H+	**>541.4**	mg/dL	103.2-324.1	
Energy metabolism	**TG**	↑	**415.9**	mg/dL	8.9-115.1	
Minerals	**Ca**		**9.64**	mg/dL	8.40-11.88	
Minerals	**PHOS**	↑ H+	**12.73**	mg/dL	2.48-6.81	
Minerals	**CaxP**		**9.90**	mmol/L^2		
Minerals	**Mg**	H+	**2.19**	mg/dL	1.29-2.58	
Electrolytes	**Na+**	↓	**133.5**	mmol/L	138.0-160.0	
Electrolytes	**K+**	↓ H+	**1.4**	mmol/L	3.5-5.9	
Electrolytes	**Na/K**		**97.2**			
Electrolytes	**Cl-**	↓ H−	**<70.0**	mmol/L	102.7-125.0	

Operator:

Comprehensive Diagnosis Panel **QC QC OK**

HEM(Hemolysis degree): 3+ LIP(Lipemia degree): 1+ ICT(Jaundice degree): 3+

Report Explan.

ALT	↑	Increase is commonly associated with liver injury and muscle injury, etc.
AST	↑	Increase is commonly associated with liver injury and muscle injury, etc.

The results only applies to this test sample. Test Instrument:Mindray vetXpert C5 Time of Printing:2026-02-06 17:03:10

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Patient:	Michelle	Species:	Canine	Patient ID:	260206003
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Report Explan.

ALP	↑	Increase is commonly associated with fracture healing period, hepatobiliary diseases, hyperthyroidism, and osteosarcoma, etc.
GGT	↑	Elevated is commonly associated with bile duct injury or cholestasis, etc.
TBIL	↑	Increase is commonly associated with hemolysis and hepatobiliary dysfunction. Reduction is commonly associated with decreased erythropoiesis, etc.
TBA	↑	Increase is commonly associated with hepatic insufficiency or failure, portal vein shunt, and cholestasis, etc. Reduction is commonly associated with long-term fasting and intestinal malabsorption, etc.
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.
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.
TC	↑	Increase is commonly associated with biliary obstruction, hypothyroidism, hypercorticalismus, nephropathy, diabetes, etc. Reduction is commonly associated with protein loss enteropathy, pancreatic exocrine insufficiency, and hypoadrenocorticism,etc.
TG	↑	Increase is commonly associated with postprandial, obesity, diabetes and hypercorticalismus, 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 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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