



# Biochemistry test report

Patient: Choco Species: Canine Patient ID: 260228003  
 Client: Stef Dela Cruz Gender: Male Sample No.: 0000003  
 Doctor: Age: Adult 8Y Time of analysis: 2026/02/28 10:28

Item	Current result	Ref. Ranges
Protein <b>TP</b>	<b>5.87</b> g/dL	5.31-7.92
Protein <b>ALB</b>	<b>2.54</b> g/dL	2.34-4.00
Protein <b>GLOB</b>	<b>3.33</b> g/dL	2.54-5.20
Protein <b>A/G</b>	<b>0.8</b>	
Liver and gallbladder <b>ALT</b>	<b>19.6</b> U/L	10.1-100.3
Liver and gallbladder <b>AST</b>	<b>27.1</b> U/L	0.0-51.7
Liver and gallbladder <b>AST/ALT</b>	<b>1.38</b>	
Liver and gallbladder <b>ALP</b>	<b>43.3</b> U/L	15.5-212.0
Liver and gallbladder <b>GGT</b>	<b>4.5</b> U/L	0.0-15.9
Liver and gallbladder <b>TBIL</b>	<b>&lt;0.10</b> mg/dL	0.00-0.88
Liver and gallbladder <b>TBA</b>	<b>&lt;1.0</b> μmol/L	0.0-30.0
Pancreas <b>AMY</b>	<b>613.7</b> U/L	397.7-1285.1
Kidneys <b>BUN</b>	<b>12.03</b> mg/dL	7.02-27.45
Kidneys <b>CREA</b>	<b>0.61</b> mg/dL	0.23-1.40
Kidneys <b>BUN/CREA</b>	<b>19.7</b>	
Cardiovasc./Muscle <b>CK</b>	<b>104.0</b> U/L	66.4-257.5
Cardiovasc./Muscle <b>LDH</b>	<b>53.0</b> U/L	0.0-143.6
Energy metabolism <b>GLU</b>	<b>78.9</b> mg/dL	68.5-135.2
Energy metabolism <b>TC</b>	<b>194.4</b> mg/dL	103.2-324.1
Energy metabolism <b>TG</b>	<b>29.5</b> mg/dL	8.9-115.1
Minerals <b>Ca</b>	<b>8.43</b> mg/dL	8.40-11.88
Minerals <b>PHOS</b>	<b>3.23</b> mg/dL	2.48-6.81
Minerals <b>CaxP</b>	<b>2.20</b> mmol/L <sup>2</sup>	
Minerals <b>Mg</b>	<b>1.62</b> mg/dL	1.29-2.58
Electrolytes <b>Na+</b>	↓ <b>126.4</b> mmol/L	138.0-160.0
Electrolytes <b>K+</b>	↓ <b>3.2</b> mmol/L	3.5-5.9
Electrolytes <b>Na/K</b>	<b>40.1</b>	
Electrolytes <b>Cl-</b>	↓ <b>89.1</b> 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



### Report Explan.

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.

The results only applies to this test sample.

Test Instrument: Mindray vetXpert C5

Time of Printing: 2026-02-28 13:59:37



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# Biochemistry test report



Patient:	Choco	Species:	Canine	Patient ID:	260228003
Client:	Stef Dela Cruz	Gender:	Male	Sample No.:	0000003
Doctor:		Age:	Adult 8Y	Time of analysis:	2026/02/28 10:28



## Report Explan.

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 hypercorticalism, 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. The results only applies to this test sample.

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# Immunoassay test report



Patient:	Choco	Species:	Canine	Patient ID:	260228003
Client:	Stef Dela Cruz	Gender:	Male	Sample No.:	0000003
Doctor:		Age:	Adult 8Y	Time of analysis:	2026/02/28 10:27

Lab item	Current result	Ref. Ranges
cSDMA	10.1	µg/dL 0.0-14.0 

Operator:

## Report Explan.

**cSDMA**

Result indications:

<14.0 ug/dL Normal

14.0-20.0 ug/dL Suspected

>20.0 ug/dL Abnormal

Clinical significance:

cSDMA is an early biomarker of progressive kidney injury, and an increase may indicate impaired renal function.

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. The results only applies to this test sample.

Test Instrument: Mindray vetXpert I3

Time of Printing: 2026-02-28 13:59:39



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