



Biochemistry test report

| | | | | | |
|----------|----------------|----------|--------|-------------------|------------------|
| Patient: | Toblee | Species: | Feline | Patient ID: | 260311002 |
| Client: | Yvette Pascual | Gender: | Male | Sample No.: | 0000002 |
| Doctor: | | Age: | 2Y | Time of analysis: | 2026/03/11 07:10 |

| Item | Current result | Ref. Ranges |
|--------------------------------------|---------------------------------|--------------|
| Protein TP | 5.74 g/dL | 5.65-8.85 |
| Protein ALB | 2.19 g/dL | 2.20-4.00 |
| Protein GLOB | 3.55 g/dL | 2.82-5.13 |
| Protein A/G | 0.6 | |
| Liver and gallbladder ALT | 39.9 U/L | 12.0-149.2 |
| Liver and gallbladder AST | 21.5 U/L | 0.0-60.0 |
| Liver and gallbladder AST/ALT | 0.54 | |
| Liver and gallbladder ALP | <5.0 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 | 3.6 μmol/L | 0.0-20.0 |
| Pancreas AMY | 877.5 U/L | 555.6-1940.0 |
| Kidneys BUN | 89.68 mg/dL | 12.79-32.06 |
| Kidneys CREA | 3.45 mg/dL | 0.32-2.03 |
| Kidneys BUN/CREA | 25.9 | |
| Cardiovasc./Muscle CK | 162.0 U/L | 66.1-530.9 |
| Cardiovasc./Muscle LDH | 104.2 U/L | 0.0-334.2 |
| Energy metabolism GLU | 434.1 mg/dL | 61.1-151.2 |
| Energy metabolism TC | 111.1 mg/dL | 72.3-225.8 |
| Energy metabolism TG | 41.4 mg/dL | 8.9-115.1 |
| Minerals Ca | 7.43 mg/dL | 8.40-11.16 |
| Minerals PHOS | 7.28 mg/dL | 2.48-8.42 |
| Minerals CaxP | 4.37 mmol/L ² | |
| Minerals Mg | 3.53 mg/dL | 1.60-2.96 |
| Electrolytes Na+ | 160.5 mmol/L | 141.0-166.0 |
| Electrolytes K+ | 4.5 mmol/L | 3.5-5.9 |
| Electrolytes Na/K | 35.8 | |
| Electrolytes Cl- | 127.7 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.

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.

The results only applies to this test sample.

Test Instrument: Mindray vetXpert C5

Time of Printing: 2026-03-11 17:17:40



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| Doctor: | | Age: | 2Y | Time of analysis: | 2026/03/11 07:10 |



Report Explan.

ALP



Increase is commonly associated with fracture healing period, hepatobiliary diseases, hyperthyroidism, and osteosarcoma, 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.

CREA



Increase is commonly associated with nephropathy, etc. Reduction is commonly associated with malnutrition and muscular atrophy, etc.

GLU



Increase is commonly associated with diabetes and hypercorticism, 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.

Mg



Increase is commonly associated with nephropathy, hypoadrenocorticism, hypocalcemia, and muscle injury, etc. Reduction is commonly associated with gastrointestinal malabsorption, nephropathy, and hyperthyroidism, 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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