Immunoassay test report

Patient:	Luffy	Species:	Canine	Patient ID:	260416002
Client:	Arlou Mark Uy	Gender:	Male	Sample No.:	0000002
Doctor:		Age:	7Y	Time of analysis:	2026/04/16 16:14

Lab item	Current result		Ref. Ranges	
cSDMA	**12.0**	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:2026-04-16 17:48:20

Biochemistry test report

Patient:	Luffy	Species:	Canine	Patient ID:	260416002
Client:	Arlou Mark Uy	Gender:	Male	Sample No.:	0000002
Doctor:		Age:	7Y	Time of analysis:	2026/04/16 16:14

	Item		Current result		Ref. Ranges	
Protein	**TP**	↓	**4.47**	g/dL	5.31-7.92	
Protein	**ALB**	↓	**1.74**	g/dL	2.34-4.00	
Protein	**GLOB**		**2.73**	g/dL	2.54-5.20	
Protein	**A/G**		**0.6**			
Liver and gallbladder	**ALT**		**24.9**	U/L	10.1-100.3	
Liver and gallbladder	**AST**		**19.6**	U/L	0.0-51.7	
Liver and gallbladder	**AST/ALT**		**0.79**			
Liver and gallbladder	**ALP**		**81.2**	U/L	15.5-212.0	
Liver and gallbladder	**GGT**		**<2.0**	U/L	0.0-15.9	
Liver and gallbladder	**TBIL**		**<0.10**	mg/dL	0.00-0.88	
Liver and gallbladder	**TBA**		**1.1**	μmol/L	0.0-30.0	
Pancreas	**AMY**		**897.1**	U/L	397.7-1285.1	
Pancreas	**LIPA-D**		**32.2**	U/L	0.0-120.0	
Kidneys	**BUN**	↓	**4.40**	mg/dL	7.02-27.45	
Kidneys	**CREA**		**0.49**	mg/dL	0.23-1.40	
Kidneys	**BUN/CREA**		**8.9**			
Cardiovasc./Muscle	**CK**		**78.6**	U/L	66.4-257.5	
Cardiovasc./Muscle	**LDH**		**60.4**	U/L	0.0-143.6	
Energy metabolism	**GLU**		**74.0**	mg/dL	68.5-135.2	
Energy metabolism	**TC**		**126.9**	mg/dL	103.2-324.1	
Energy metabolism	**TG**		**57.6**	mg/dL	8.9-115.1	
Minerals	**Ca**	↓	**6.43**	mg/dL	8.40-11.88	
Minerals	**PHOS**		**3.17**	mg/dL	2.48-6.81	
Minerals	**CaxP**		**1.65**	mmol/L^2		
Minerals	**Mg**	↓	**1.19**	mg/dL	1.29-2.58	
Electrolytes	**Na+**	↓	**121.9**	mmol/L	138.0-160.0	
Electrolytes	**K+**	↓	**2.5**	mmol/L	3.5-5.9	
Electrolytes	**Na/K**		**49.7**			
Electrolytes	**Cl-**	↓	**81.4**	mmol/L	102.7-125.0	

Operator:

Comprehensive Diagnosis Panel **QC QC Fail**

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

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Biochemistry test report

Patient:	Luffy	Species:	Canine	Patient ID:	260416002
Client:	Arlou Mark Uy	Gender:	Male	Sample No.:	0000002
Doctor:		Age:	7Y	Time of analysis:	2026/04/16 16:14

Report Explan.

TP	↓	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.
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.
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.
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.

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