

Taylor Test report



Patient:	Taylor	Species:	Canine	Patient ID:	261023002
Client:	Nancy Reyna	Gender:	Male	Age:	1Y

AI Aided Diag. Explan.

It is recommended to add symmetric dimethylarginine (SDMA), urinary protein to creatinine ratio (UPC), urinary specific gravity (SG), and imaging examinations to identify the cause and grading of renal dysfunction, based on clinical manifestations and medical history.

It is recommended to add liver and kidney panel tests, electrolytes, myocardial enzyme spectrum (N-terminal pro-brain natriuretic peptide, cardiac troponin I), electrocardiogram, and ultrasound-related examinations to evaluate the animal's overall muscle health status, based on clinical manifestations and medical history.

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:	Taylor	Species:	Canine	Patient ID:	261023002
Client:	Nancy Reyna	Gender:	Male	Sample No.:	0000002
Doctor:		Age:	1Y	Time of analysis:	2026/10/23 18:58

Lab item	Current result		Ref. Ranges	
cSDMA	↑	20.0	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.

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Test Instrument: Mindray vetXpert I3

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Biochemistry test report



Patient:	Taylor	Species:	Canine	Patient ID:	261023002
Client:	Nancy Reyna	Gender:	Male	Sample No.:	0000002
Doctor:		Age:	1Y	Time of analysis:	2026/10/23 18:57

Item		Current result		Ref. Ranges	
Protein	TP	↑	8.49	g/dL	5.20-8.20
Protein	ALB		3.36	g/dL	2.10-4.00
Protein	GLOB		5.14	g/dL	2.54-5.20
Protein	A/G		0.7		
Liver and gallbladder	ALT	↑	171.4	U/L	10.1-100.3
Liver and gallbladder	AST	↑	105.5	U/L	0.0-51.7
Liver and gallbladder	AST/ALT		0.62		
Liver and gallbladder	ALP		202.8	U/L	15.5-212.0
Liver and gallbladder	GGT		<2.0	U/L	0.0-15.9
Liver and gallbladder	TBIL		0.11	mg/dL	0.00-0.88
Liver and gallbladder	TBA		<1.0	μmol/L	0.0-30.0
Pancreas	AMY	↑	1728.2	U/L	200.0-1285.1
Pancreas	LIPA-D		35.2	U/L	0.0-125.0
Kidneys	BUN	↑	>182.65	mg/dL	7.02-27.45
Kidneys	CREA	↑	11.26	mg/dL	0.23-1.40
Kidneys	BUN/CREA		****		
Cardiovasc./Muscle	CK	↑	>2500.0	U/L	30.0-257.5
Cardiovasc./Muscle	LDH	↑	262.3	U/L	0.0-143.6
Energy metabolism	GLU	↑	349.1	mg/dL	68.5-135.2
Energy metabolism	TC	↑	482.2	mg/dL	103.2-324.1
Energy metabolism	TG	↑	148.0	mg/dL	8.9-115.1
Minerals	Ca		8.75	mg/dL	7.80-11.88
Minerals	PHOS	↑	>20.13	mg/dL	2.17-6.81
Minerals	CaxP		****	(mmol/L) ²	
Minerals	Mg	↑	3.36	mg/dL	1.29-2.58
Electrolytes	Na+		159.0	mmol/L	138.0-160.0
Electrolytes	K+	↑	6.7	mmol/L	3.5-5.9
Electrolytes	Na/K		23.6		
Electrolytes	Cl-		122.9	mmol/L	100.7-125.0

LIPA-D: 0.0-125.0 U/L Negative 125.0-250.0 U/L Suspected >250.0 U/L Positive

Operator:

Comprehensive Diagnosis Panel				QC QC OK	
HEM(Hemolysis degree):	0	LIP(Lipemia degree):	0	ICT(Jaundice degree):	0

The results only applies to this test sample. Test Instrument:Mindray vetXpert C5 Time of Printing:2026-10-23 18:59:08



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Client:	Nancy Reyna	Gender:	Male	Sample No.:	0000002
Doctor:		Age:	1Y	Time of analysis:	2026/10/23 18:57

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.
ALT	↑	Increase is commonly associated with liver injury and muscle injury, etc.
AST	↑	Increase is commonly associated with liver injury and muscle injury, 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.
CREA	↑	Increase is commonly associated with nephropathy, etc. Reduction is commonly associated with malnutrition and muscular atrophy, 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 hypercorticism, etc. Reduction is commonly associated with insulin administration, malnutrition, and insulinoma, etc.
TC	↑	Increase is commonly associated with biliary obstruction, hypothyroidism, hypercorticism, 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 hypercorticism, etc.
PHOS	↑	Increase is commonly associated with nephropathy, bone healing period, and hyperthyroidism. Decreased in hyperparathyroidism, tumor, 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.
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 hypercorticism, etc.

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