

Hematology Analysis Report



Patient: levi Species: Canine Patient ID: 2509222
 Client: Livara, Keizah Anne Gender: Male Sample No.: 2
 Doctor: Age: 2 years Time of analysis: 2025/09/22 10:43

Para.		Current result	Ref. Ranges	
WBC Para.	WBC	H 18.50 $10^9/L$	5.32-16.92	
	Neu#	H 17.54 $10^9/L$	3.05-12.10	
	Lym#	0.72 $10^9/L$	0.70-4.95	
	Mon#	L 0.19 $10^9/L$	0.20-1.38	
	Eos#	0.04 $10^9/L$	0.04-1.28	
	Bas#	0.02 $10^9/L$	0.00-0.13	
	Neu%	H 0.948	0.420-0.840	
	Lym%	L 0.039	0.060-0.400	
	Mon%	L 0.010	0.025-0.120	
	Eos%	L 0.002	0.003-0.110	
RBC Para.	Bas%	0.001	0.000-0.010	
	RBC	8.26 $10^{12}/L$	5.20-8.69	
	HGB	164 g/L	115-201	
	HCT	0.510	0.350-0.600	
	MCV	61.8 fL	60.0-77.5	
	MCH	L 19.9 pg	20.0-27.0	
	MCHC	322 g/L	300-340	
	RDW-CV	0.133	0.113-0.189	
PLT Para.	RDW-SD	30.5 fL	20.1-55.1	
	PLT	L 116 $10^9/L$	140-520	
	MPV	12.0 fL	7.6-16.1	
	PDW	15.4	13.8-17.9	
	PCT	1.39 mL/L	1.20-7.00	
	P-LCC	44 $10^9/L$	25-180	
	P-LCR	0.380	0.100-0.570	
	IPF	3.3 %	0.4-17.1	
RET Para.	RET#	57.8 $10^9/L$	9.0-115.0	
	RET%	0.70 %	0.16-1.95	
	IRF	15.9 %	0.0-45.1	
	LFR	84.1 %	56.0-100.0	
	MFR	12.4 %	0.0-26.0	
	HFR	3.5 %	0.0-22.0	
	RHE	20.4 pg	20.0-28.3	

The results only applies to this test sample.

Test Instrument: Mindray BC-60R Vet

Time of Printing: 2025-09-22 10:54:05



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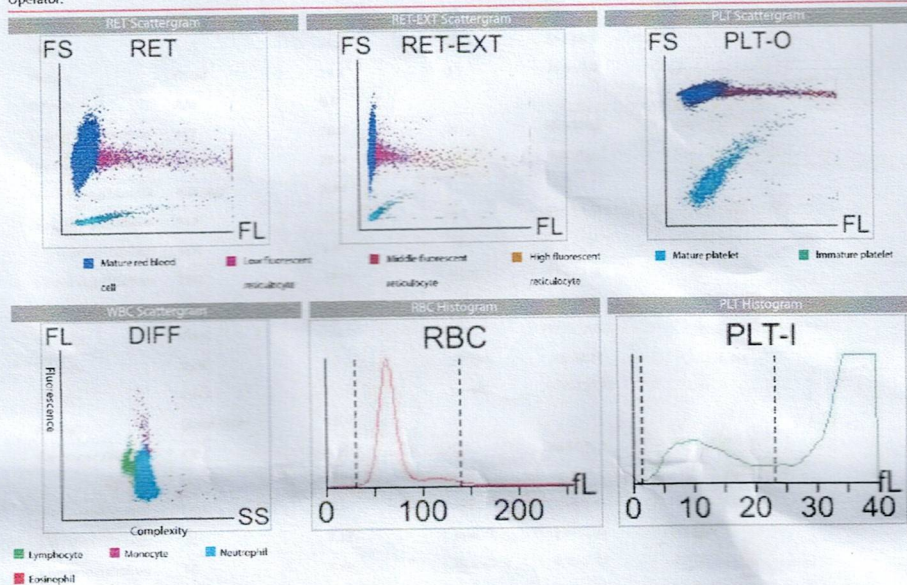
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Hematology Analysis Report



Patient: Ievi Species: Canine Patient ID: 2509222
 Client: Livara, Keizah Anne Gender: Male Sample No.: 2
 Doctor: Age: 7 Years Time of analysis: 2025/09/22 10:43

Operator:



Diagnosis implications:

Neutrophilia

Band cell suspected

Lipid Particles

Report Explain.

Neutrophilia

It occurs in stress response or corticosteroid response, inflammation, granulocytic leukemia, and immune-mediated diseases

Band cell suspected

Possible presence of band cells and/or toxic neutrophils, and it occurs in infection and inflammation

Lipid Particles

Possible presence of lipid particles, and it occurs in hyperlipidemia caused by obesity, excessive diet, abnormal lipid metabolism, lymphatic blockage, and treatment

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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Biochemistry test report



Patient: Levi Species: Canine Patient ID:
 Client: Livara Gender: Male Sample No.: 6
 Doctor: Age: Adult ☒ Time of analysis: 2025/09/22 10:51

Item		Current result	Ref. Ranges
Protein	TP	↓ 33.4 g/L	53.1-79.2
Protein	ALB	↓ 14.8 g/L	23.4-40.0
Protein	GLOB	↓ 18.7 g/L	25.4-52.0
Protein	A/G	0.8	
Liver and gallbladder	ALT	70.6 U/L	10.1-100.3
Liver and gallbladder	AST	28.2 U/L	0.0-51.7
Liver and gallbladder	AST/ALT	0.40	
Liver and gallbladder	ALP	↑ 215.0 U/L	15.5-212.0
Liver and gallbladder	GGT	6.0 U/L	0.0-15.9
Liver and gallbladder	TBL	<1.70 μmol/L	0.00-15.00
Liver and gallbladder	TBA	↑ 40.3 μmol/L	0.0-30.0
Pancreas	AMY	↓ 166.5 U/L	397.7-1285.1
Kidneys	BUN	↓ 2.22 mmol/L	2.50-9.77
Kidneys	CREA	31.10 μmol/L	20.00-123.70
Kidneys	BUN/CREA	17.6	
Cardiovascular/Muscle	CK	186.2 U/L	66.4-257.5
Cardiovascular/Muscle	LDH	H+ 112.4 U/L	0.0-143.6
Energy metabolism	GLU	↓ 2.85 mmol/L	3.80-7.50
Energy metabolism	TC	3.27 mmol/L	2.67-8.38
Energy metabolism	TG	↑ 1.46 mmol/L	0.10-1.30
Minerals	Ca	↓ 1.23 mmol/L	2.10-2.97
Minerals	PHOS	↓ 0.49 mmol/L	0.80-2.20
Minerals	CaxP	0.60 mmol/L ^{1/2}	
Minerals	Mg	↓ 0.30 mmol/L	0.53-1.06
Electrolytes	Na+	↓ <110.0 mmol/L	138.0-160.0
Electrolytes	K+	↓ 2.1 mmol/L	3.5-5.9
Electrolytes	Na/K	****	
Electrolytes	Cl-	↓ <70.0 mmol/L	102.7-125.0

Operator:

Comprehensive Diagnosis Panel

QC QC Fail

HEM(Hemolysis degree): 1+ LIP(Lipemia degree): 0 ICT(Iaundice degree): 0

The results only applies to this test sample.

Test Instrument: Mindray vetXpert C5 Time of Printing: 2025-09-22 10:53:23



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Biochemistry test report



Patient: Levi Species: Canine Patient ID:
Client: Livara Gender: Male Sample No: 6
Doctor: Age: Adult 7Y Time of analysis: 2025/09/22 10:51



Report Explain.

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.

GLOB

Increase is commonly associated with chronic inflammation and infection, and hyperimmunity, etc. Reduction is commonly associated with insufficient protein intake, anemia, and immunodeficiency.

ALP

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

GLU

Increase is commonly associated with diabetes and hypercorticism, etc. Reduction is commonly associated with insulin administration, malnutrition, and insulinoma, etc.

TG

Increase is commonly associated with postprandial, obesity, diabetes and hypercorticism, 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.

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.

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 hypercorticism, 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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ZACARIAS ANIMAL CLINIC

GUIGUILONEN, MANGALDAN, PANGASINAN
0917 117 9225 | 09398756751

Patient's Name: Levi
Species: Canine

Sex: Male
Age: 2 years old

URINALYSIS

Mode of Collection:

- Catheterization
- Free Catch

Test	Result	Reference Interval
MACROSCOPIC		
Color	Reddish	Light yellow/yellow
Turbidity/Clarity	Translucent	Clear/Slightly cloudy
MICROSCOPIC		
RBC	few	
Bacteria	Positive	Negative
Crystals	Positive (Struvite & Calcium Oxalate)	Negative to scant
Others		

VETERINARIAN: ZHAIRA MAE A. SANTIAGO, BSAH, DVM



ZACARIAS ANIMAL CLINIC

GUIGUILONEN, MANGALDAN, PANGASINAN
0917 117 9225 | 09398756751

Name: Levi

Wt: 7.25 Kg

Tdx: Urinary Stone Struvite

Rx

September 22, 2025

Co-Amoxiclav (Duraclav) 312.5 mg/5 mL

Sig. Give 3.5 mL orally twice daily for 14 days after meal

*Antibiotics

#1 Bot ~~OK~~

Meloxicam (Melcamvet) 1.5mg/ml

Sig. Give 0.7 ml once a day for 5 days.

#1 Bot ~~OK~~

Methiovet 500mg

Sig. Give 1 tab orally once daily for 30 days after meal

*Urinary acidifier

#30 Tab ~~OK~~

Nova Folha

Sig. Give 3.5 ml twice a day for 14 days

*Supplement (Kidney, liver & Urinary Disorders)

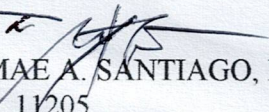
#1 Bot ~~OK~~

*Urinary Catheterization in place.

Catheter to be removed after 3 days

**If urinary blockage reappears: re-catheterization or surgical intervention(recommended)

***FF: October 22,2025 – retest CBC, Bloodchem and Xray


ZHAIRA MAE A. SANTIAGO, BSAH, DVM
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