

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	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	0.050-0.400
	Mon%	L 0.010	0.025-0.120
	Eos%	L 0.002	0.003-0.110
RBC	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	300-380
	RDW-CV	0.133	0.113-0.189
	RDW-SD	30.5 fl	29.1-55.1
	PLT	L 116 10 ⁹ /L	140-520
PLT	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#	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
RET	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-608 Vet Time of Printing: 2025-09-22 10:54:05



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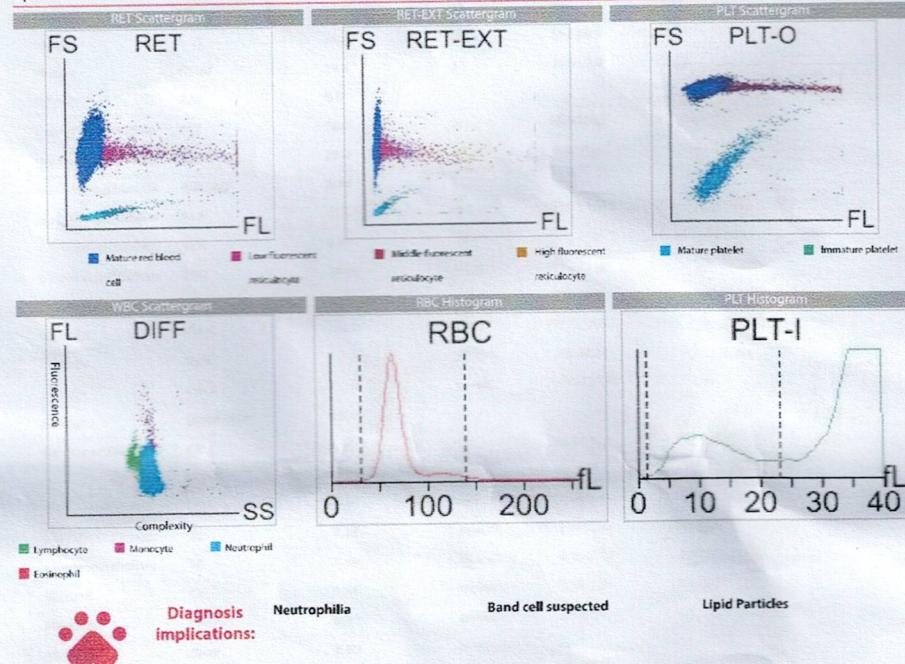
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Hematology Analysis Report



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

Operator:



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.

Test Instrument: Mindray BC-60R Vet Time of Printing: 2025-09-22 10:54:05



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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 TBIL	<1.78	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	
Cardiovasc/Muscle CK	186.2	U/L 66.4-257.5
Cardiovasc/Muscle LDH	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^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

The results only applies to this test sample.

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



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Biochemistry test report



Patient: Levi Species: Canine Patient ID: _____
Client: Lvara 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 hypocrimunity, 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 hypercorticalismus, etc. Reduction is commonly associated with insulin administration, malnutrition, and insulinoma, etc.
TG	Increase is commonly associated with postprandial, obesity, diabetes and hypercorticalismus, 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 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.

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 CS Time of Printing: 2025-09-22 10:53:23



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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 #1Bot 0/C
Sig. Give 3.5 mL orally twice daily for 14 days after meal
*Antibiotics

Meloxicam (Melcamvet) 1.5mg/ml #1Bot 0/C
Sig. Give 0.7 ml once a day for 5 days.

Methiovet 500mg #30Tab 0/C
Sig. Give 1 tab orally once daily for 30 days after meal
*Urinary acidifier

Nova Folha #1Bot 0/C
Sig. Give 3.5 ml twice a day for 14 days
*Supplement (Kidney, liver & Urinary Disorders)

*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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