

# Biochemistry test report



Patient: Daffny Species: Canine Patient ID:  
Client: Dexter Dela Cruz Gender: Female Sample No.: 0000006  
Doctor: Age stage: Adult Time of analysis: 2025/03/30 15:56

| Item                  |          | Current result |          | Ref. Ranges  |  |
|-----------------------|----------|----------------|----------|--------------|--|
| Protein               | TP       | 6.38           | g/dL     | 5.31-7.92    |  |
| Protein               | ALB      | 2.55           | g/dL     | 2.34-4.00    |  |
| Protein               | GLOB     | 3.83           | g/dL     | 2.54-4.40    |  |
| Protein               | A/G      | 0.7            |          |              |  |
| Liver and gallbladder | ALT      | 23.9           | U/L      | 10.1-100.3   |  |
| Liver and gallbladder | AST      | ↑ 114.7        | U/L      | 21.0-51.7    |  |
| Liver and gallbladder | AST/ALT  | 4.79           |          |              |  |
| Liver and gallbladder | ALP      | ↑ 145.8        | U/L      | 15.5-125.0   |  |
| Liver and gallbladder | GGT      | 5.7            | U/L      | 0.0-15.9     |  |
| Liver and gallbladder | TBIL     | <0.10          | mg/dL    | 0.00-0.88    |  |
| Pancreas              | AMY      | 481.7          | U/L      | 397.7-1285.1 |  |
| Kidneys               | BUN      | ↓ 3.02         | mg/dL    | 7.02-27.45   |  |
| Kidneys               | CREA     | ↓ 0.34         | mg/dL    | 0.38-1.40    |  |
| Kidneys               | BUN/CREA | 8.9            |          |              |  |
| Cardiovasc./Muscle    | CK       | ↑ 1242.9       | U/L      | 66.4-257.5   |  |
| Cardiovasc./Muscle    | LDH      | 84.6           | U/L      | 36.4-143.6   |  |
| Energy metabolism     | GLU      | 99.5           | mg/dL    | 68.5-113.3   |  |
| Energy metabolism     | TC       | 182.4          | mg/dL    | 103.2-324.1  |  |
| Minerals              | Ca       | ↓ <4.00        | mg/dL    | 9.20-11.88   |  |
| Minerals              | PHOS     | ↓ 2.68         | mg/dL    | 3.10-6.81    |  |
| Minerals              | CaxP     | ****           | mmol/L^2 |              |  |
| Electrolytes          | tCO2     | 19.13          | mmol/L   | 13.14-25.13  |  |
| Electrolytes          | Na+      | 149.9          | mmol/L   | 141.6-160.0  |  |
| Electrolytes          | K+       | ↑ >8.5         | mmol/L   | 3.5-5.9      |  |
| Electrolytes          | Na/K     | ****           |          |              |  |
| Electrolytes          | Cl-      | ↓ 100.5        | mmol/L   | 102.7-125.0  |  |

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:2025-03-30 17:05:13



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# Biochemistry test report



|          |                 |                   |                  |
|----------|-----------------|-------------------|------------------|
| Patient: | Species: Canine | Patient ID:       |                  |
| Client:  | Gender:         | Sample No.:       | 0000006          |
| Doctor:  | Age stage:      | Time of analysis: | 2025/03/30 15:56 |

| Report Explan. |   |   |
|----------------|---|---|
| AST            | ↑ | Increase is commonly associated with liver injury and muscle injury, etc.   |
| 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.  |
| CK             | ↑ | Increase is commonly associated with trauma, increased muscle activity (such as tetanus and convulsion), myocarditis, and myocardial infarction, 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.   |
| 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.

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