Immunoassay test report

Patient:	Kraven	Species:	Feline	Patient ID:	2511301
Client:	Gemmalyn De Luna	Gender:	Male	Sample No.:	0000001
Doctor:		Age:	9M	Time of analysis:	2025/11/30 11:02

Lab item		Current result		Ref. Ranges	
fSDMA	↑	**22.9**	µg/dL	0.0-14.0	

Operator:

Report Explan.

fSDMA

Result indications:
<14.0 ug/dL Normal
14.0-20.0 ug/dL Suspected
>20.0 ug/dL Abnormal
Clinical significance:
fSDMA 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:2025-12-02 14:25:59

Biochemistry test report

Patient:	Kraven	Species:	Feline	Patient ID:	2511301
Client:	Gemmalyn De Luna	Gender:	Male	Sample No.:	0000001
Doctor:		Age:	9M	Time of analysis:	2025/11/30 11:02

	Item		Current result		Ref. Ranges
Protein	**TP**		**6.89**	g/dL	5.65-8.85
Protein	**ALB**	↓	**2.00**	g/dL	2.20-4.00
Protein	**GLOB**		**4.89**	g/dL	2.82-5.13
Protein	**A/G**		**0.4**		
Liver and gallbladder	**ALT**		**40.7**	U/L	12.0-149.2
Liver and gallbladder	**AST**	↑	**63.6**	U/L	0.0-60.0
Liver and gallbladder	**AST/ALT**		**1.56**		
Liver and gallbladder	**ALP**		**15.2**	U/L	8.7-110.9
Liver and gallbladder	**GGT**		**<2.0**	U/L	0.0-8.2
Liver and gallbladder	**TBIL**	↑	**4.53**	mg/dL	0.00-0.88
Liver and gallbladder	**TBA**	↑	**96.8**	μmol/L	0.0-20.0
Pancreas	**AMY**		**1875.3**	U/L	555.6-1940.0
Kidneys	**BUN**	↑	**57.60**	mg/dL	12.79-32.06
Kidneys	**CREA**		**1.23**	mg/dL	0.32-2.03
Kidneys	**BUN/CREA**		**46.7**		
Cardiovasc./Muscle	**CK**		**425.9**	U/L	66.1-530.9
Cardiovasc./Muscle	**LDH**		**264.1**	U/L	0.0-334.2
Energy metabolism	**GLU**	↑	**254.0**	mg/dL	61.1-151.2
Energy metabolism	**TC**		**142.3**	mg/dL	72.3-225.8
Energy metabolism	**TG**	↑	**154.6**	mg/dL	8.9-115.1
Minerals	**Ca**	↓	**7.88**	mg/dL	8.40-11.16
Minerals	**PHOS**		**5.84**	mg/dL	2.48-8.42
Minerals	**CaxP**		**3.72**	mmol/L^2	
Minerals	**Mg**		**2.09**	mg/dL	1.60-2.96
Electrolytes	**Na+**	↓	**137.1**	mmol/L	141.0-166.0
Electrolytes	**K+**		**3.7**	mmol/L	3.5-5.9
Electrolytes	**Na/K**		**37.3**		
Electrolytes	**Cl-**	↓	**100.6**	mmol/L	104.4-129.0

Operator:

Comprehensive Diagnosis Panel **QC QC OK**

HEM(Hemolysis degree): 0 LIP(Lipemia degree): 0 ICT(Jaundice degree): 2+

Report Explan.

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.

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Biochemistry test report

Patient:	Kraven	Species:	Feline	Patient ID:	2511301
Client:	Gemmalyn De Luna	Gender:	Male	Sample No.:	0000001
Doctor:		Age:	9M	Time of analysis:	2025/11/30 11:02

Report Explan.

AST	↑	Increase is commonly associated with liver injury and muscle injury, etc.
TBIL	↑	Increase is commonly associated with hemolysis and hepatobiliary dysfunction. Reduction is commonly associated with decreased erythropoiesis, 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.
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.
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.
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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