Biochemistry test report

Patient:	Cashmere	Species:	Canine	Patient ID:	251215002
Client:	Jersey Tandoc	Gender:	Female	Sample No.:	0000002
Doctor:		Age:	5Y	Time of analysis:	2025/12/15 13:01

	Item		Current result		Ref. Ranges
Protein	**TP**		**6.42**	g/dL	5.31-7.92
Protein	**ALB**		**2.36**	g/dL	2.34-4.00
Protein	**GLOB**		**4.07**	g/dL	2.54-5.20
Protein	**A/G**		**0.6**		
Liver and gallbladder	**ALT**	↓	**<5.0**	U/L	10.1-100.3
Liver and gallbladder	**AST**		**51.1**	U/L	0.0-51.7
Liver and gallbladder	**AST/ALT**		****		
Liver and gallbladder	**ALP**		**120.5**	U/L	15.5-212.0
Liver and gallbladder	**GGT**		**<2.0**	U/L	0.0-15.9
Liver and gallbladder	**TBIL**		**<0.10**	mg/dL	0.00-0.88
Liver and gallbladder	**TBA**		**2.8**	μmol/L	0.0-30.0
Pancreas	**AMY**	↑	**2531.2**	U/L	397.7-1285.1
Kidneys	**BUN**	↑	**97.57**	mg/dL	7.02-27.45
Kidneys	**CREA**	↑	**5.95**	mg/dL	0.23-1.40
Kidneys	**BUN/CREA**		**16.3**		
Cardiovasc./Muscle	**CK**	↑	**298.0**	U/L	66.4-257.5
Cardiovasc./Muscle	**LDH**	↑	**252.0**	U/L	0.0-143.6
Energy metabolism	**GLU**	↓	**63.2**	mg/dL	68.5-135.2
Energy metabolism	**TC**	↑	**369.6**	mg/dL	103.2-324.1
Energy metabolism	**TG**	↑	**173.2**	mg/dL	8.9-115.1
Minerals	**Ca**		**10.79**	mg/dL	8.40-11.88
Minerals	**PHOS**	↑	**10.86**	mg/dL	2.48-6.81
Minerals	**CaxP**		**9.46**	mmol/L^2	
Minerals	**Mg**		**2.41**	mg/dL	1.29-2.58
Electrolytes	**Na+**		**143.9**	mmol/L	138.0-160.0
Electrolytes	**K+**		**5.4**	mmol/L	3.5-5.9
Electrolytes	**Na/K**		**26.8**		
Electrolytes	**Cl-**		**105.5**	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

Report Explan.

ALT	↓	Increase is commonly associated with liver injury and muscle injury, etc.
AMY	↑	Increase is commonly associated with gastroenteritis, pancreatitis, pancreatic tumor, etc.

The results only applies to this test sample. Test Instrument:Mindray vetXpert C5 Time of Printing:2025-12-15 13:06:43

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Report Explan.

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 hypercorticalismus, etc. Reduction is commonly associated with insulin administration, malnutrition, and insulinoma, etc.
TC	↑	Increase is commonly associated with biliary obstruction, hypothyroidism, hypercorticalismus, 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 hypercorticalismus, etc.
PHOS	↑	Increase is commonly associated with nephropathy, bone healing period, and hyperthyroidism. Decreased in hyperparathyroidism, tumor, 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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