Biochemistry test report



Patient:ASHSpecies:CaninePatient ID:2505191Client:LILANGAN, CINDYGender:MaleSample No.:01

Doctor: Age stage: Time of analysis: 2025/05/19 09:57

	Item		Current result		Ref. Ranges	
Protein	TP		6.84	g/dL	5.31-7.92	
Protein	ALB		2.51	g/dL	2.34-4.00	<u> </u>
Protein	GLOB		4.32	g/dL	2.54-4.40	$\overline{\mathbb{O}}$
Protein	A/G		0.6			
Liver and gallbladder	ALT		34.7	U/L	10.1-100.3	
Liver and gallbladder	AST	1	80.0	U/L	21.0-51.7	
Liver and gallbladder	AST/ALT		2.30			
Liver and gallbladder	ALP	1	148.2	U/L	15.5-125.0	
Liver and gallbladder	GGT		8.4	U/L	0.0-15.9	
Liver and gallbladder	TBIL		0.36	mg/dL	0.00-0.88	
Liver and gallbladder	ТВА		<1.0	μmol/L	0.0-10.0	<u> </u>
Pancreas	AMY		780.8	U/L	397.7-1285.1	
Kidneys	BUN	1	92.67	mg/dL	7.03-27.45	
Kidneys	CREA	1	2.32	mg/dL	0.38-1.40	
Kidneys	BUN/CREA		39.8			
Cardiovasc./Muscle	СК	1	2154.6	U/L	66.4-257.5	.
Cardiovasc./Muscle	LDH		81.5	U/L	36.4-143.6	
Energy metabolism	GLU	1	172.5	mg/dL	68.5-113.3	
Energy metabolism	TC		251.7	mg/dL	103.2-324.1	<u> </u>
Energy metabolism	TG		108.9	mg/dL	8.9-115.1	<u> </u>
Minerals	Ca		5.64	mg/dL	9.20-11.88	
Minerals	PHOS		6.57	mg/dL	3.10-6.81	<u> </u>
Minerals	CaxP		2.99	mmol/L^2		
Minerals	Mg	1	3.62	mg/dL	1.73-2.58	
Electrolytes	Na+	\downarrow	125.2	mmol/L	141.6-160.0	
Electrolytes	K+		4.2	mmol/L	3.5-5.9	
Electrolytes	Na/K		29.6			-
Electrolytes	Cl-		81.3	mmol/L	102.7-125.0	
Electrolytes	CI-		81.3	mmol/L	102.7-125.0	

Operator:

Comprehensive Diagnosis Panel

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

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	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.
СК	↑	Increase is commonly associated with trauma, increased muscle activity (such as tetanus and convulsion), myocarditis, and myocardial infarction, etc.
GLU	↑	Increase is commonly associated with diabetes and hypercorticalismus, etc. Reduction is commonly associated with insulin administration, malnutrition, and insulinoma, etc.
Са	↓	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.
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.
CI-	↓ 	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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