

Biochemistry test report



Patient:	SNOWFLAKES	Species:	Feline	Patient ID:	118508
Client:	WAYNE MILITANTE	Gender:	Male	Sample No.:	02
Doctor:		Age:	2Y	Time of analysis:	2025/05/30 12:38

Item		Current result		Ref. Ranges	
Protein	TP	7.93	g/dL	5.65-8.85	
Protein	ALB	2.81	g/dL	2.20-4.00	
Protein	GLOB	5.11	g/dL	2.82-5.13	
Protein	A/G	0.6			
Liver and gallbladder	ALT	111.5	U/L	12.0-149.2	
Liver and gallbladder	ALP	19.1	U/L	8.7-110.9	
Liver and gallbladder	GGT	3.2	U/L	0.0-8.2	
Liver and gallbladder	TBIL	0.89	mg/dL	0.00-0.88	
Pancreas	AMY	3281.5	U/L	555.6-1940.0	
Kidneys	BUN	15.29	mg/dL	12.79-32.06	
Kidneys	CREA	0.82	mg/dL	0.32-2.03	
Kidneys	BUN/CREA	18.6			
Cardiovasc./Muscle	CK	249.6	U/L	66.1-530.9	
Energy metabolism	GLU	194.4	mg/dL	61.1-151.2	
Energy metabolism	TC	115.2	mg/dL	72.3-225.8	
Energy metabolism	TG	49.6	mg/dL	8.9-115.1	
Minerals	Ca	8.00	mg/dL	8.40-11.16	
Minerals	PHOS	1.08	mg/dL	2.48-8.42	
Minerals	CaxP	0.70	mmol/L^2		

Operator:

Diagnosis/Health Checking Panel				QC QC OK	
HEM(Hemolysis degree):	0	LIP(Lipemia degree):	0	ICT(Jaundice degree):	0

Report Explan.		
TBIL		Increase is commonly associated with hemolysis and hepatobiliary dysfunction. Reduction is commonly associated with decreased erythropoiesis, etc.
AMY		Increase is commonly associated with gastroenteritis, pancreatitis, pancreatic tumor, etc.
GLU		Increase is commonly associated with diabetes and hypercorticalismus, etc. Reduction is commonly associated with insulin administration, malnutrition, and insulinoma, 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.

The results only applies to this test sample. Test Instrument:Mindray vetXpert C5 Time of Printing:2025-05-31 08:53:54



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Report Explan.

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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Hematology Analysis Report



Patient:	SNOWFLAKES	Species:	Feline	Patient ID:	118508
Client:	WAYNE MILITANTE	Gender:	Male	Sample No.:	02
Doctor:		Age:	2Years	Time of analysis:	2025/05/30 12:20

Para.		Current result		Ref. Ranges	
WBC Para.	WBC	9.82	10 ³ /uL	3.46-17.50	
	Neu#	9.30	10 ³ /uL	1.95-11.50	
	Lym#	L 0.29	10 ³ /uL	0.73-7.40	
	Mon#	0.22	10 ³ /uL	0.06-0.98	
	Eos#	L 0.00	10 ³ /uL	0.04-1.48	
	Bas#	0.01	10 ³ /uL	0.00-0.25	
	Neu%	H 94.7	%	30.0-83.5	
	Lym%	L 3.0	%	7.0-60.0	
	Mon%	2.2	%	0.8-8.0	
	Eos%	L 0.0	%	0.5-11.5	
	Bas%	0.1	%	0.0-2.3	
RBC Para.	RBC	8.33	10 ⁶ /uL	6.30-11.82	
	HGB	11.7	g/dL	9.0-16.0	
	HCT	32.5	%	26.0-50.2	
	MCV	39.0	fL	34.0-55.0	
	MCH	14.0	pg	11.0-18.0	
	MCHC	36.0	g/dL	28.5-38.4	
	RDW-CV	14.7	%	14.2-26.6	
	RDW-SD	L 21.3	fL	22.0-39.6	
PLT Para.	PLT	231	10 ³ /uL	140-595	
	MPV	13.5	fL	8.6-18.4	
	PDW	14.7		12.0-17.5	
	PCT	0.312	%	0.150-0.900	
	IPF	H 34.4	%	0.7-28.0	
RET Para.	RET#	15.80	10 ³ /uL	4.00-52.00	
	RET%	0.19	%	0.05-0.90	
	IRF	10.3	%	0.0-33.0	
	LFR	89.7	%	66.0-100.0	
	MFR	10.3	%	0.0-25.8	
	HFR	0.0	%	0.0-8.5	
	RHE	15.8	pg	14.2-21.5	

Operator:

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Diagnosis implications:

Lymphopenia

PLT Clump

Report Explan.

Lymphopenia

It occurs in stress response or corticosteroid response, viral diseases (such as FIV and FeIV), drug treatment (such as chemotherapy drugs and long-term use of corticosteroid), and lymphoid fluid loss (chylothorax and lymphangiectasia)

PLT Clump

Possible presence of PLT clump, and it occurs in difficult blood collection, anticoagulant-dependent thrombocytopenia

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