

Biochemistry test report



Patient:	MELO	Species:	Canine	Patient ID:	118822
Client:	GULDE	Gender:	Male	Sample No.:	03
Doctor:		Age:	8Y	Time of analysis:	2025/06/22 16:34

Item		Current result		Ref. Ranges	
Protein	TP	↑	8.49	g/dL	5.31-7.92
Protein	ALB	↓	1.96	g/dL	2.34-4.00
Protein	GLOB	↑	6.53	g/dL	2.54-5.20
Protein	A/G		0.3		
Liver and gallbladder	ALT		12.3	U/L	10.1-100.3
Liver and gallbladder	ALP		193.7	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
Pancreas	AMY		598.2	U/L	397.7-1285.1
Kidneys	BUN	↓	4.47	mg/dL	7.02-27.45
Kidneys	CREA		0.36	mg/dL	0.23-1.40
Kidneys	BUN/CREA		12.5		
Cardiovasc./Muscle	CK		134.3	U/L	66.4-257.5
Energy metabolism	GLU		89.4	mg/dL	68.5-135.2
Energy metabolism	TC		155.8	mg/dL	103.2-324.1
Energy metabolism	TG		56.7	mg/dL	8.9-115.1
Minerals	Ca		8.86	mg/dL	8.40-11.88
Minerals	PHOS	↓	2.42	mg/dL	2.48-6.81
Minerals	CaxP		1.73	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.

TP



Increase is commonly associated with dehydration and increased globulin. Reduction is commonly associated with blood loss, protein-losing enteropathy, and decreased albumin.

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.

GLOB



Increase is commonly associated with chronic inflammation and infection, and hyperimmunity, etc. Reduction is commonly associated with insufficient protein intake, anemia, and immunodeficiency.

The results only applies to this test sample.

Test Instrument: Mindray vetXpert C5

Time of Printing: 2025-06-22 16:36:11



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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.

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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