## Biochemistry test report



Patient:MIMINGSpecies:FelinePatient ID:119023Client:GEA JAQUILMACGender:FemaleSample No.:04

Doctor: Age: 7Y Time of analysis: 2025/07/17 15:43

	Item		Current result		Ref. Ranges	
Protein	TP	<u></u>	11.57	g/dL	5.65-8.85	<u> </u>
Protein	ALB		3.34	g/dL	2.20-4.00	<u> </u>
Protein	GLOB	1	8.24	g/dL	2.82-5.13	
Protein	A/G		0.4			
Liver and gallbladder	ALT		76.8	U/L	12.0-149.2	
Liver and gallbladder	AST	1	64.5	U/L	0.0-60.0	
Liver and gallbladder	AST/ALT		0.84			
Liver and gallbladder	ALP		39.3	U/L	8.7-110.9	
Liver and gallbladder	GGT		<2.0	U/L	0.0-8.2	
Liver and gallbladder	TBIL	1	1.28	mg/dL	0.00-0.88	
Liver and gallbladder	ТВА		8.3	μmol/L	0.0-20.0	
Pancreas	AMY	1	3109.4	U/L	555.6-1940.0	
Kidneys	BUN	1	>182.65	mg/dL	12.79-32.06	<b>©</b>
Kidneys	CREA	1	19.04	mg/dL	0.32-2.03	<b>©</b>
Kidneys	BUN/CREA		****			
Cardiovasc./Muscle	СК		181.1	U/L	66.1-530.9	
Cardiovasc./Muscle	LDH		239.8	U/L	0.0-334.2	
Energy metabolism	GLU	1	162.5	mg/dL	61.1-151.2	<b></b>
Energy metabolism	тс		211.9	mg/dL	72.3-225.8	<u> </u>
Energy metabolism	TG	1	188.7	mg/dL	8.9-115.1	<u> </u>
Minerals	Ca	↓	7.80	mg/dL	8.40-11.16	<u> </u>
Minerals	PHOS	1	>20.13	mg/dL	2.48-8.42	<b>©</b>
Minerals	CaxP		****	mmol/L^2		
Minerals	Mg	1	7.70	mg/dL	1.77-2.96	<b>©</b>
Electrolytes	Na+		160.3	mmol/L	141.0-166.0	<u> </u>
Electrolytes	K+	1	7.3	mmol/L	3.5-5.9	<u> </u>
Electrolytes	Na/K		21.9			
Electrolytes	CI-		109.1	mmol/L	104.4-129.0	

Operator:

Comprehensive Diagnosis Panel

QC QC OK

HEM(Hemolysis degree): 0 LIP(Lipemia degree): 1+ ICT(Jaundice degree): 0

The results only applies to this test sample.

Test Instrument:Mindray vetXpert C5

Time of Printing:2025-07-17 15:47:18









Patient: MIMING Species: Feline Patient ID: 119023 **GEA JAQUILMAC** Gender: Female Sample No.: Client: 04 Age: 7Y Doctor: Time of analysis: 2025/07/17 15:43

	Report Explan.	
ТР	<b>↑</b>	Increase is commonly associated with dehydration and increased globulin. Reduction is commonly associated with blood loss, protein-losing enteropathy, and decreased albumin.
GLOB	<b>↑</b>	Increase is commonly associated with chronic inflammation and infection, and hyperimmunity, etc. Reduction is commonly associated with insufficient protein intake, anemia, and immunodeficiency.
AST	<b>↑</b>	Increase is commonly associated with liver injury and muscle injury, etc.
TBIL	1	Increase is commonly associated with hemolysis and hepatobiliary dysfunction. Reduction is commonly associated with decreased erythropoiesis, etc.
AMY	<b>↑</b>	Increase is commonly associated with gastroenteritis, pancreatitis, pancreatic tumor, etc.
BUN	<b>↑</b>	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	1	Increase is commonly associated with nephropathy, etc. Reduction is commonly associated with malnutrition and muscular atrophy, etc.
GLU	1	Increase is commonly associated with diabetes and hypercorticalismus, etc. Reduction is commonly associated with insulin administration, malnutrition, and insulinoma, etc.
TG	<b>↑</b>	Increase is commonly associated with postprandial, obesity, diabetes and hypercorticalismus, etc.
Ca	<b>↓</b>	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.
PHOS	$\uparrow$	Increase is commonly associated with nephropathy, bone healing period, and hyperthyroidism. Decreased in hyperparathyroidism, tumor, etc.
Mg	<b>↑</b>	Increase is commonly associated with nephropathy, hypoadrenocorticism, hypocalcemia, and muscle injury, etc. Reduction is commonly associated with gastrointestinal malabsorption, nephropathy, and hyperthyroidism, etc.
<b>K</b> +	<b>↑</b>	Increase is commonly associated with high potassium fluid replacement, diabetes, adrenocortical hypofunction, and acute kidney injury, etc. Reduction is commonly associated with low potassium or potassium-free fluid replacement, vomiting, diarrhea, and hypercorticalismus, 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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