

# Biochemistry test report



Patient:	JOHNNY CASH	Species:	Canine	Patient ID:	117905
Client:	RADA	Gender:	Male	Sample No.:	03
Doctor:		Age:	13Y	Time of analysis:	2025/07/31 10:40

Item		Current result		Ref. Ranges		2025/03/17
Protein	TP	5.95	g/dL	5.31-7.92		6.94
Protein	ALB	↓ 2.28	g/dL	2.34-4.00		2.68
Protein	GLOB	3.67	g/dL	2.54-5.20		4.26
Protein	A/G	0.6				0.6
Liver and gallbladder	ALT	42.1	U/L	10.1-100.3		61.5
Liver and gallbladder	AST	20.9	U/L	0.0-51.7		20.2
Liver and gallbladder	AST/ALT	0.50				0.33
Liver and gallbladder	ALP	87.4	U/L	15.5-212.0		111.9
Liver and gallbladder	GGT	4.6	U/L	0.0-15.9		<2.0
Liver and gallbladder	TBIL	<0.10	mg/dL	0.00-0.88		<0.10
Liver and gallbladder	TBA	29.1	μmol/L	0.0-30.0		
Pancreas	AMY	1025.5	U/L	397.7-1285.1		948.1
Kidneys	BUN	17.96	mg/dL	7.02-27.45		24.32
Kidneys	CREA	0.66	mg/dL	0.23-1.40		0.44
Kidneys	BUN/CREA	27.2				54.5
Cardiovasc./Muscle	CK	134.8	U/L	66.4-257.5		69.7
Cardiovasc./Muscle	LDH	↑ 262.6	U/L	0.0-143.6		72.0
Energy metabolism	GLU	116.2	mg/dL	68.5-135.2		131.7
Energy metabolism	TC	188.8	mg/dL	103.2-324.1		233.8
Energy metabolism	TG	↑ 177.6	mg/dL	8.9-115.1		
Minerals	Ca	9.28	mg/dL	8.40-11.88		10.09
Minerals	PHOS	3.12	mg/dL	2.48-6.81		3.73
Minerals	CaxP	2.34	mmol/L^2			3.03
Minerals	Mg	2.35	mg/dL	1.48-2.58		
Electrolytes	Na+	149.1	mmol/L	138.0-160.0		145.4
Electrolytes	K+	5.4	mmol/L	3.5-5.9		4.1
Electrolytes	Na/K	27.6				35.7
Electrolytes	Cl-	124.2	mmol/L	102.7-125.0		118.2

Operator:

## Comprehensive Diagnosis Panel

QC QC OK

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

Time of Printing:2025-07-31 10:45:11



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## Report Explan.

**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.

**LDH**



Increase is commonly associated with hemolysis (especially in canine), post-exercise, liver injury, exertional rhabdomyolysis, white muscle disease, myocardial injury, tumors, etc.

**TG**



Increase is commonly associated with postprandial, obesity, diabetes and hypercorticism, 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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