Biochemistry test report



Patient:MOOKIESpecies:CaninePatient ID:107702Client:MARIBELLE TOREJASGender:FemaleSample No.:01

Doctor: Age: 5Y Time of analysis: 2025/08/21 11:25

	Item		Current result		Ref. Ranges	
Protein	ТР	I-	6.91	g/dL	5.31-7.92	
Protein	ALB	<u> </u>	2.17	g/dL	2.34-4.00	<u> </u>
Protein	GLOB		4.73	g/dL	2.54-5.20	
Protein	A/G		0.5			
Liver and gallbladder	ALT	↑	133.8	U/L	10.1-100.3	
Liver and gallbladder	AST	↑	56.4	U/L	0.0-51.7	<u> </u>
Liver and gallbladder	AST/ALT		0.42			
Liver and gallbladder	ALP	↑ I-	1745.9	U/L	15.5-212.0	
Liver and gallbladder	GGT	1	74.1	U/L	0.0-15.9	
Liver and gallbladder	TBIL	1	14.40	mg/dL	0.00-0.88	.
Liver and gallbladder	ТВА	↑	>110.0	μmol/L	0.0-30.0	
Pancreas	AMY		989.2	U/L	397.7-1285.1	
Kidneys	BUN	↑	>182.65	mg/dL	7.03-27.45	
Kidneys	CREA	↑	3.51	mg/dL	0.23-1.40	
Kidneys	BUN/CREA		***			
Cardiovasc./Muscle	СК	↑	412.4	U/L	66.4-257.5	
Cardiovasc./Muscle	LDH		141.1	U/L	0.0-143.6	<u> </u>
Energy metabolism	GLU	1	359.7	mg/dL	68.5-135.2	.
Energy metabolism	TC	I-	254.1	mg/dL	103.2-324.1	<u> </u>
Energy metabolism	TG	↑	256.0	mg/dL	8.9-115.1	
Minerals	Ca		8.16	mg/dL	8.40-11.88	
Minerals	PHOS	↑	13.72	mg/dL	2.48-6.81	•
Minerals	CaxP		9.05	mmol/L^2		
Minerals	Mg	↑	3.26	mg/dL	1.29-2.58	
Electrolytes	Na+		141.6	mmol/L	138.0-160.0	
Electrolytes	K+		4.2	mmol/L	3.5-5.9	
Electrolytes	Na/K		33.7			
Electrolytes	CI-		105.9	mmol/L	102.7-125.0	

Operator:

Comprehensive Diagnosis Panel

QC QC OK

HEM(Hemolysis degree): 0 ICT(Jaundice degree): 3+

The results only applies to this test sample.

Test Instrument:Mindray vetXpert C5

Time of Printing:2025-08-21 11:26:34







Patient: MOOKIE Species: Canine Patient ID: 107702 MARIBELLE TOREJAS Sample No.: 01 Client: Gender: Female Doctor: Age: 5Y Time of analysis: 2025/08/21 11:25

	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.
ALT	↑	Increase is commonly associated with liver injury and muscle injury, etc.
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.
GGT	↑	Elevated is commonly associated with bile duct injury or cholestasis, etc.
TBIL	↑	Increase is commonly associated with hemolysis and hepatobiliary dysfunction. Reduction is commonly associated with decreased erythropoiesis, etc.
ТВА	↑	Increase is commonly associated with hepatic insufficiency or failure, portal vein shunt, and cholestasis, etc. Reduction is commonly associated with long-term fasting and intestinal malabsorption, 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.
TG	↑	Increase is commonly associated with postprandial, obesity, diabetes and hypercorticalismus, 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.
PHOS	↑	Increase is commonly associated with nephropathy, bone healing period, and hyperthyroidism. Decreased in hyperparathyroidism, tumor, 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.

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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