

Biochemistry test report



Patient:	JACKIE	Species:	Canine	Patient ID:	119264
Client:	SAMANTHA ELIO	Gender:	Male	Sample No.:	04
Doctor:		Age:	2Y	Time of analysis:	2025/09/06 16:34

Item		Current result		Ref. Ranges		2025/08/16
Protein	TP	7.81	g/dL	5.31-7.92		9.91
Protein	ALB	2.96	g/dL	2.34-4.00		4.40
Protein	GLOB	4.85	g/dL	2.54-5.20		5.51
Protein	A/G	0.6				0.8
Liver and gallbladder	ALT	40.8	U/L	10.1-100.3		25.8
Liver and gallbladder	AST	21.0	U/L	0.0-51.7		38.9
Liver and gallbladder	AST/ALT	0.51				1.51
Liver and gallbladder	ALP	38.7	U/L	15.5-212.0		17.7
Liver and gallbladder	GGT	2.3	U/L	0.0-15.9		<2.0
Liver and gallbladder	TBIL	0.17	mg/dL	0.00-0.88		<0.10
Liver and gallbladder	TBA	<1.0	μmol/L	0.0-30.0		2.0
Pancreas	AMY	1029.0	U/L	397.7-1285.1		2600.9
Kidneys	BUN	13.77	mg/dL	7.03-27.45		>182.65
Kidneys	CREA	0.69	mg/dL	0.23-1.40		5.09
Kidneys	BUN/CREA	19.7				****
Cardiovasc./Muscle	CK	76.3	U/L	66.4-257.5		193.2
Cardiovasc./Muscle	LDH	76.1	U/L	0.0-143.6		79.8
Energy metabolism	GLU	104.5	mg/dL	68.5-135.2		238.9
Energy metabolism	TC	268.4	mg/dL	103.2-324.1		230.1
Energy metabolism	TG	88.6	mg/dL	8.9-115.1		64.7
Minerals	Ca	10.00	mg/dL	8.40-11.88		12.48
Minerals	PHOS	3.50	mg/dL	2.48-6.81		11.64
Minerals	CaxP	2.83	mmol/L^2			11.71
Minerals	Mg	0.63	mg/dL	1.29-2.58		4.40
Electrolytes	Na+	153.5	mmol/L	138.0-160.0		137.6
Electrolytes	K+	3.3	mmol/L	3.5-5.9		3.4
Electrolytes	Na/K	46.3				40.8
Electrolytes	Cl-	109.0	mmol/L	102.7-125.0		98.3

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:2025-09-08 15:01:08



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Report Explan.

Mg



Increase is commonly associated with nephropathy, hypoadrenocorticism, hypocalcemia, and muscle injury, etc. Reduction is commonly associated with gastrointestinal malabsorption, nephropathy, and hyperthyroidism, etc.

K+



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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