Biochemistry test report



Patient:MOCHASpecies:FelinePatient ID:117842Client:NACAYTUNAGender:MaleSample No.:03

Doctor: Age stage: Time of analysis: 2025/03/08 11:00

	ltem		Current result		Ref. Ranges	
Protein	TP		6.72	g/dL	5.65-8.85	
Protein	ALB		2.55	g/dL	2.20-4.00	
Protein	GLOB		4.17	g/dL	2.82-5.13	
Protein	A/G		0.6			
Liver and gallbladder	ALT		38.4	U/L	25.8-149.2	
Liver and gallbladder	AST		24.6	U/L	16.5-60.0	
Liver and gallbladder	AST/ALT		0.64			
Liver and gallbladder	ALP		35.3	U/L	8.7-110.9	
Liver and gallbladder	GGT		<2.0	U/L	0.0-8.2	
Liver and gallbladder	TBIL		0.30	mg/dL	0.00-0.88	
Pancreas	AMY		1405.5	U/L	555.6-1940.0	<u> </u>
Kidneys	BUN	1	>182.65	mg/dL	12.79-32.06	(
Kidneys	CREA	1	20.94	mg/dL	0.51-2.03	(
Kidneys	BUN/CREA		***			
Cardiovasc./Muscle	СК		169.6	U/L	66.1-530.9	
Cardiovasc./Muscle	LDH		271.2	U/L	60.9-334.2	
Energy metabolism	GLU	1	294.6	mg/dL	61.1-151.2	<u> </u>
Energy metabolism	тс		107.9	mg/dL	72.3-225.8	
Minerals	Ca	↓	6.04	mg/dL	8.40-11.16	
Minerals	PHOS	1	19.29	mg/dL	3.16-8.42	(
Minerals	CaxP		9.40	mmol/L^2		
Electrolytes	tCO2	↓	5.98	mmol/L	11.10-21.17	
Electrolytes	Na+		145.2	mmol/L	143.0-166.0	<u> </u>
Electrolytes	K+	1	7.1	mmol/L	3.5-5.9	<u> </u>
Electrolytes	Na/K		20.5			
Electrolytes	CI-		109.8	mmol/L	104.4-129.0	

Operator:

Comprehensive Diagnosis Panel

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

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Patient: MOCHA Species: Feline Patient ID: 117842 NACAYTUNA Male Sample No.: 03 Client: Gender: Time of analysis: 2025/03/08 11:00 Doctor: Age stage:

	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.
CREA	↑	Increase is commonly associated with nephropathy, etc. Reduction is commonly associated with malnutrition and muscular atrophy, etc.
GLU	\uparrow	Increase is commonly associated with diabetes and hypercorticalismus, etc. Reduction is commonly associated with insulin administration, malnutrition, and insulinoma, etc.
Ca	↓	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.
tCO2	↓	Increase is commonly associated with metabolic alkalosis and respiratory acidosis; Reduction is commonly associated with metabolic acidosis, respiratory alkalosis
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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