

# Biochemistry test report



Patient:	MARGAUX	Species:	Canine	Patient ID:	113943
Client:	BALA	Gender:	Female	Sample No.:	04
Doctor:		Age stage:		Time of analysis:	2025/03/31 12:52

Item		Current result	Ref. Ranges
Protein	<b>TP</b>	<b>7.34</b> g/dL	5.31-7.92
Protein	<b>ALB</b>	<b>2.55</b> g/dL	2.34-4.00
Protein	<b>GLOB</b>	<b>↑ 4.79</b> g/dL	2.54-4.40
Protein	<b>A/G</b>	<b>0.5</b>	
Liver and gallbladder	<b>ALT</b>	<b>47.4</b> U/L	10.1-100.3
Liver and gallbladder	<b>AST</b>	<b>↓ 14.1</b> U/L	21.0-51.7
Liver and gallbladder	<b>AST/ALT</b>	<b>0.30</b>	
Liver and gallbladder	<b>ALP</b>	<b>110.7</b> U/L	15.5-125.0
Liver and gallbladder	<b>GGT</b>	<b>↑ 16.8</b> U/L	0.0-15.9
Liver and gallbladder	<b>TBIL</b>	<b>0.15</b> mg/dL	0.00-0.88
Pancreas	<b>AMY</b>	<b>572.2</b> U/L	397.7-1285.1
Kidneys	<b>BUN</b>	<b>↓ 6.35</b> mg/dL	7.02-27.45
Kidneys	<b>CREA</b>	<b>↓ 0.29</b> mg/dL	0.38-1.40
Kidneys	<b>BUN/CREA</b>	<b>21.8</b>	
Cardiovasc./Muscle	<b>CK</b>	<b>↓ 49.0</b> U/L	66.4-257.5
Cardiovasc./Muscle	<b>LDH</b>	<b>↓ 20.3</b> U/L	36.4-143.6
Energy metabolism	<b>GLU</b>	<b>112.7</b> mg/dL	68.5-113.3
Energy metabolism	<b>TC</b>	<b>255.1</b> mg/dL	103.2-324.1
Minerals	<b>Ca</b>	<b>↓ 8.79</b> mg/dL	9.20-11.88
Minerals	<b>PHOS</b>	<b>3.59</b> mg/dL	3.10-6.81
Minerals	<b>CaxP</b>	<b>2.55</b> mmol/L <sup>2</sup>	
Electrolytes	<b>tCO2</b>	<b>14.65</b> mmol/L	13.14-25.13
Electrolytes	<b>Na+</b>	<b>↓ 135.5</b> mmol/L	141.6-160.0
Electrolytes	<b>K+</b>	<b>↓ 3.4</b> mmol/L	3.5-5.9
Electrolytes	<b>Na/K</b>	<b>39.3</b>	
Electrolytes	<b>Cl-</b>	<b>108.8</b> mmol/L	102.7-125.0

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: 2025-03-31 12:53:39



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## Report Explan.

<b>GLOB</b>	↑	Increase is commonly associated with chronic inflammation and infection, and hyperimmunity, etc. Reduction is commonly associated with insufficient protein intake, anemia, and immunodeficiency.
<b>AST</b>	↓	Increase is commonly associated with liver injury and muscle injury, etc.
<b>GGT</b>	↑	Elevated is commonly associated with bile duct injury or cholestasis, etc.
<b>BUN</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.
<b>CREA</b>	↓	Increase is commonly associated with nephropathy, etc. Reduction is commonly associated with malnutrition and muscular atrophy, etc.
<b>CK</b>	↓	Increase is commonly associated with trauma, increased muscle activity (such as tetanus and convulsion), myocarditis, and myocardial infarction, etc.
<b>LDH</b>	↓	Increase is commonly associated with hemolysis (especially in canine), post-exercise, liver injury, exertional rhabdomyolysis, white muscle disease, myocardial injury, tumors, etc.
<b>Ca</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.
<b>Na+</b>	↓	Increase is commonly associated with salt intoxication, hypertonic NaCl solution rehydration, hyperaldosteronism, and severe dehydration, etc. Reduction is commonly associated with hypoadrenocorticism, diuretic therapy, etc.
<b>K+</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 hypercorticalism, 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. The results only applies to this test sample.

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