

BATINGA AMC Test Report of Urine Analysis

Hospital Address:SM CITY CDO UPTOWN

Contact number:09061211260

Report No.:2606130001

Medical No.:

Test Time:2026.06.13 14:46:04

Pet Name:TISOY

Pet type:Feline

Gender:Male

Age: Year

Sample Type:Urine

Owner:

Color:Red/brown-red

Transparency:Very cloudy

Centrifuge:Dilute (4x)

| Parameters | Result | Reference range | Negative | Positive |
|---|------------------------|--------------------|----------|-----------|
| 01.CAST | | | | |
| HYA# (Hyaline Cast) | 1.06 Cells/LPF | 0.00 - 1.00 | | + |
| RBC-C# (RBC Cast) | 0.00 Cells/LPF | 0.00 - 0.00 | - | |
| LC# (Leukocyte Cast) | 0.00 Cells/LPF | 0.00 - 0.00 | - | |
| RTC# (Renal Tubular Epithelial Cast) | 0.00 Cells/LPF | 0.00 - 0.00 | - | |
| GRA# (Granular Cast) | 0.53 Cells/LPF | 0.00 - 0.00 | | + |
| WAC# (Waxy Cast) | 0.00 Cells/LPF | 0.00 - 0.00 | - | |
| FC# (Fatty Cast) | 0.00 Cells/LPF | 0.00 - 0.00 | - | |
| BC# (Blood Cast) | 0.00 Cells/LPF | 0.00 - 0.00 | - | |
| 02.CRY | | | | |
| MAP# (Magnesium Ammonium Phosphate Crystal) | 0.00 Cells/HPF | 0.00 - 0.30 | - | |
| COMC# (Calcium Oxalate Monohydrate Crystal) | 0.00 Cells/HPF | 0.00 - 0.00 | - | |
| COD# (Calcium Oxalate Dihydrate Crystal) | 0.00 Cells/HPF | 0.00 - 0.30 | - | |
| CP# (Calcium Phosphate Crystal) | 0.00 Cells/HPF | 0.00 - 0.00 | - | |
| UAC# (Uric Acid Crystal) | 0.00 Cells/HPF | 0.00 - 0.00 | - | |
| CYSC# (Cystine Crystal) | 0.00 Cells/HPF | 0.00 - 0.00 | - | |
| CC# (Cholesterol Crystal) | 0.00 Cells/HPF | 0.00 - 0.00 | - | |
| BilC# (Bilirubin Crystal) | 0.00 Cells/HPF | 0.00 - 0.00 | - | |
| AUC# (Ammonium Urate Crystal) | 0.00 Cells/HPF | 0.00 - 0.30 | - | |
| 03.CEL | | | | |
| RBC# (Red Blood Cell) | 8.88 Cells/HPF | 0.00 - 5.00 | | + |
| WBC# (White Blood Cell) | 12.48 Cells/HPF | 0.00 - 5.00 | | ++ |
| RTE# (Renal Tubular Epithelial Cell) | 0.07 Cells/HPF | 0.00 - 0.00 | | + |
| SEC# (Squamous Epithelial Cell) | 0.30 Cells/HPF | 0.00 - 2.00 | - | |
| TEC# (Transitional Epithelial Cell) | 0.00 Cells/HPF | 0.00 - 2.00 | - | |
| SPE# (Sperm) | 0.00 Cells/HPF | 0.00 - 0.00 | - | |
| 04.MIC | | | | |
| COS# (Coccus) | 0.00 Cells/HPF | 0.00 - 0.00 | - | |
| BAC# (Bacillus) | 0.14 Cells/HPF | 0.00 - 0.00 | | + |
| SAC# (Yeast) | 0.00 Cells/HPF | 0.00 - 0.00 | - | |
| FUN# (Mold) | 0.00 Cells/HPF | 0.00 - 0.00 | - | |
| 05.OTH | | | | |
| FAT# (Lipid Droplet) | 3.10 Cells/HPF | 0.00 - 5.00 | - | |
| PHL# (Mucus Thread) | 0.00 Cells/LPF | 0.00 - 1.00 | - | |

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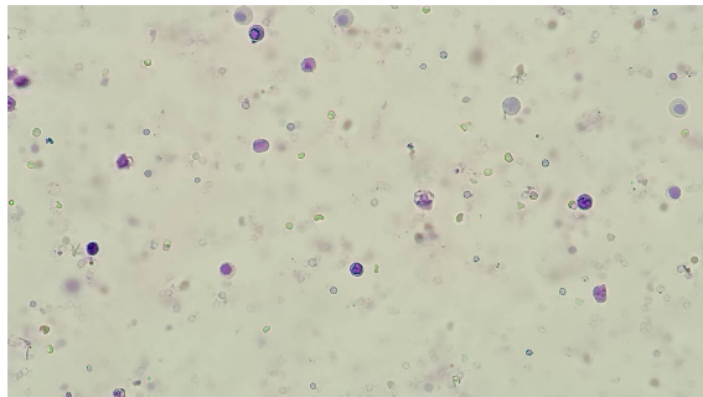
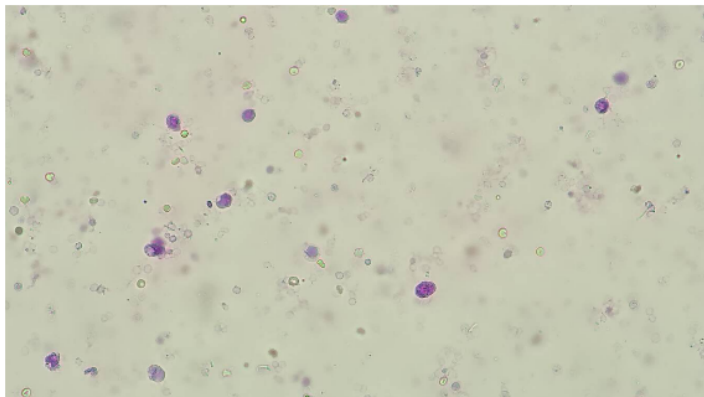
Contact number:09061211260

Report No.:2606130001

Pet Name:TISOY

Pet type:Feline

Urine sediment



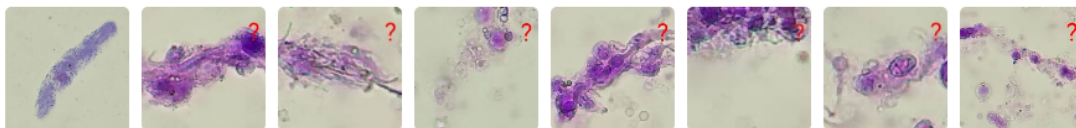
HYA# 1.06 Cells/LPF



STD image

70um

GRA# 0.53 Cells/LPF



STD image

60um

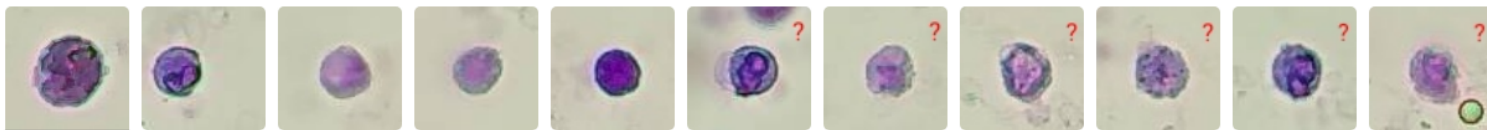
RBC# 8.88 Cells/HPF



STD image

15um

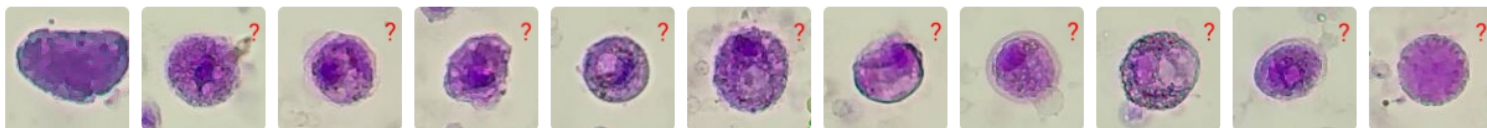
WBC# 12.48 Cells/HPF



STD image

15um

RTE# 0.07 Cells/HPF



STD image

25um

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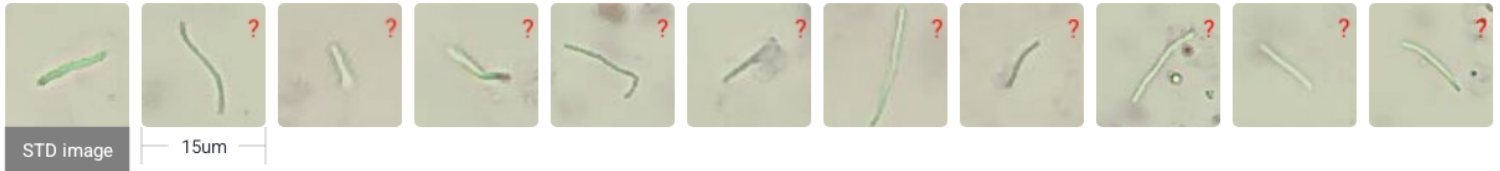
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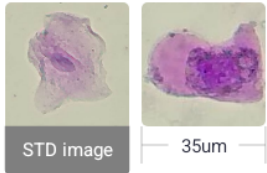
Pet Name: TISOY

Pet type: Feline

BAC# 0.14 Cells/HPF



SEC# 0.30 Cells/HPF



FAT# 3.10 Cells/HPF



1. Glomerulonephritis with Tubular Injury

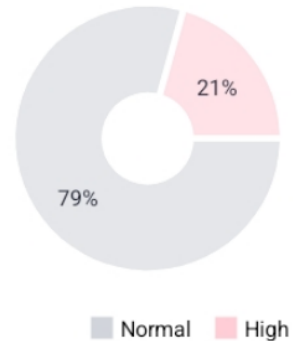
Basis for judgment: Elevated transparent and granular casts together suggest concurrent involvement of the glomeruli and renal tubules, commonly seen in acute glomerulonephritis or the progressive phase of chronic kidney disease.

2. Renal tubular injury with inflammatory response

Basis for judgment: Tubular injury with inflammatory response is common in acute kidney injury or infectious pyelonephritis, characterized by hematuria, leukocyturia, and an increase in tubular epithelial cells.

3. Bacterial Urinary Tract Infection

Basis for judgment: An increase in bacilli suggests bacterial infection, commonly seen in cystitis, presenting symptoms such as difficulty urinating, hematuria, and frequent urination.



HYA# 1.06 Cells/LPF ↑ (0.00 - 1.00)

-Clinical indication: Acute glomerulonephritis

-Basis for judgment: Pathological transparent casts elevation is commonly seen in acute glomerulonephritis, related to glomerular filtration barrier damage

GRA# 0.53 Cells/LPF ↑ (0.00 - 0.00)

-Clinical indication: Indicates damage to the glomerulus or renal tubules, commonly seen in various types of glomerulonephritis, pyelonephritis, interstitial nephritis, hypertensive nephropathy, diabetic nephropathy, and other complex kidney diseases

-Basis for judgment: Elevated granular casts mainly reflect damage to the glomeruli or renal tubules, suggesting potential severe tubular damage, and are more specific than transparent casts, associated with various kidney diseases.

RBC# 8.88 Cells/HPF ↑ (0.00 - 5.00)

-Clinical indication: Indicates the presence of hematuria, suggesting urinary system damage, inflammation, and stones

-Basis for judgment: An increase in RBC# in urine is direct evidence of hematuria, commonly seen in cases of stones, infection, or trauma

WBC# 12.48 Cells/HPF ↑ (0.00 - 5.00)

-Clinical indication: Indicates urinary system inflammation, infection, tumor, etc.

-Basis for judgment: Elevated white blood cells in urine are an important sign of urinary system inflammation, commonly seen in conditions such as cystitis, urinary tract infections, kidney diseases, and urinary tract tumors.

RTE# 0.07 Cells/HPF ↑ (0.00 - 0.00)

-Clinical indication: Commonly seen in tubular diseases, ischemic, nephrotoxic, and degenerative kidney diseases.

-Basis for judgment: An increase in urinary RTE# indicates shedding of renal tubular epithelial cells, commonly seen in tubular damage or inflammation (such as acute tubular necrosis, progressive stage of chronic kidney disease)

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BAC# 0.14 Cells/HPF ↑ (0.00 - 0.00)

-Clinical indication:Indicates the presence of rod-shaped bacteria, common in severe or complicated urinary tract infections

-Basis for judgment:An increase in bacilli in the urine is direct evidence of urinary tract bacterial infection, commonly seen in cystitis or urinary tract infection

Possible diseases and basis for inference

Acute Glomerulonephritis High

The increase of HYA# and GRA# is consistent with glomerular capillary damage and reactive changes in the renal tubules

Acute tubular necrosis High

Simultaneous elevation of RBC#, WBC#, and RTE# is consistent with features of renal tubular damage combined with inflammation.

Bacterial cystitis High

BAC# directly suggests bacterial infection, the most common cause. Confirms its correlation with the detection of bacilli.

[1]Reppas G, Foster SF. Análise prática de urina de gato: 1: precauções e mitos comuns para exame macroscópico de urina [J]. Journal of Feline Medicine and Surgery, 2016, 18 (3): 190–202.

[2]Reppas G, Foster SF. Practical Cat Urine Analysis: 2: Precautions and Common Misconceptions for Urine Microscopic Examination [J]. Journal of Feline Medicine and Surgery, 2016, 18 (5): 373–385.

[3]Lulich J.P (Lulich,J.P.), Berent A.C (Berent,A.C.), Adams L.G (Adams,L.G.), Westropp J.L (Westropp,J.L.), Bartges J.W (Bartges,J.W.), Osben C. A (Osborne,C.A.). Consensus Recommendations on the Treatment and Prevention of Urolithiasis in Dogs and Cats by the American College of Veterinary Internal Medicine (ACVIM) in Small Animals [J] Journal of Veterinary Internal Medicine, 2016, 30: 1564–1574.

[4]Van Vertloo L. Urolithiasis in Small animals [M/OL]. Merck Veterinary Manual, 2025 (5).