ITLOG Test report

Patient:	ITLOG	Species:	Canine	Patient ID:	2506132
Client:	PEDROSA	Gender:	Male	Age:	2Y

AI Aided Diag. Explan.

It is recommended to add liver and kidney panel tests, electrolytes, myocardial enzyme spectrum (N-terminal pro-brain natriuretic peptide, cardiac troponin I), electrocardiogram, and ultrasound-related examinations to evaluate the animal's overall muscle health status, based on clinical manifestations and medical history.

It is recommended to add a blood smear test to evaluate platelet and other cell morphology, as well as coagulation (such as cD-dimer) to assess whether coagulation function is normal, based on clinical manifestations and medical history.

Biochemistry test report

Patient:	ITLOG	Species:	Canine	Patient ID:	2506132
Client:	PEDROSA	Gender:	Male	Sample No.:	04
Doctor:		Age:	2Y	Time of analysis:	2025/06/14 14:17

	Item		Current result		Ref. Ranges	
Protein	**TP**	↑	**97.4**	g/L	53.1-79.2	
Protein	**ALB**	↓	**22.8**	g/L	23.4-40.0	
Protein	**GLOB**	↑	**74.5**	g/L	25.4-52.0	
Protein	**A/G**		**0.3**			
Liver and gallbladder	**ALT**		**64.7**	U/L	10.1-100.3	
Liver and gallbladder	**AST**	↑	**130.0**	U/L	0.0-51.7	
Liver and gallbladder	**AST/ALT**		**2.01**			
Liver and gallbladder	**ALP**	↓	**<5.0**	U/L	15.5-212.0	
Liver and gallbladder	**GGT**		**<2.0**	U/L	0.0-15.9	
Liver and gallbladder	**TBIL**	↑	**42.46**	μmol/L	0.00-15.00	
Liver and gallbladder	**TBA**		**15.9**	μmol/L	0.0-30.0	
Pancreas	**AMY**	↑	**1610.0**	U/L	397.7-1285.1	
Kidneys	**BUN**	↑	**18.95**	mmol/L	2.50-9.77	
Kidneys	**CREA**		**85.10**	μmol/L	20.00-123.70	
Kidneys	**BUN/CREA**		**55.1**			
Cardiovasc./Muscle	**CK**	↑	**>2500.0**	U/L	66.4-257.5	
Cardiovasc./Muscle	**LDH**	↑	**694.9**	U/L	0.0-143.6	
Energy metabolism	**GLU**	↑	**9.05**	mmol/L	3.80-7.50	
Energy metabolism	**TC**		**3.54**	mmol/L	2.67-8.38	
Energy metabolism	**TG**	↑	**1.32**	mmol/L	0.10-1.30	
Minerals	**Ca**		**2.11**	mmol/L	2.10-2.97	
Minerals	**PHOS**		**2.18**	mmol/L	0.80-2.20	
Minerals	**CaxP**		**4.61**	mmol/L^2		
Minerals	**Mg**	↑	**1.25**	mmol/L	0.61-1.06	
Electrolytes	**Na+**	↓	**136.9**	mmol/L	138.0-160.0	
Electrolytes	**K+**		**3.6**	mmol/L	3.5-5.9	
Electrolytes	**Na/K**		**37.9**			
Electrolytes	**Cl-**		**107.7**	mmol/L	102.7-125.0	

Operator:

Comprehensive Diagnosis Panel **QC QC OK**

HEM(Hemolysis degree):	0	LIP(Lipemia degree):	1+	ICT(Jaundice degree):	2+

The results only applies to this test sample. Test Instrument:Mindray vetXpert C5 Time of Printing:2025-06-14 16:12:06

Biochemistry test report

Patient:	ITLOG	Species:	Canine	Patient ID:	2506132
Client:	PEDROSA	Gender:	Male	Sample No.:	04
Doctor:		Age:	2Y	Time of analysis:	2025/06/14 14:17

Report Explan.

TP	↑	Increase is commonly associated with dehydration and increased globulin. Reduction is commonly associated with blood loss, protein-losing enteropathy, and decreased albumin.
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.
GLOB	↑	Increase is commonly associated with chronic inflammation and infection, and hyperimmunity, etc. Reduction is commonly associated with insufficient protein intake, anemia, and immunodeficiency.
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.
TBIL	↑	Increase is commonly associated with hemolysis and hepatobiliary dysfunction. Reduction is commonly associated with decreased erythropoiesis, etc.
AMY	↑	Increase is commonly associated with gastroenteritis, pancreatitis, pancreatic tumor, 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.
CK	↑	Increase is commonly associated with trauma, increased muscle activity (such as tetanus and convulsion), myocarditis, and myocardial infarction, etc.
LDH	↑	Increase is commonly associated with hemolysis (especially in canine), post-exercise, liver injury, exertional rhabdomyolysis, white muscle disease, myocardial injury, tumors, 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.
Mg	↑	Increase is commonly associated with nephropathy, hypoadrenocorticism, hypocalcemia, and muscle injury, etc. Reduction is commonly associated with gastrointestinal malabsorption, nephropathy, and hyperthyroidism, etc.
Na+	↓	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.

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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Hematology Analysis Report

Patient:	ITLOG	Species:	Canine	Patient ID:	2506132
Client:	PEDROSA	Gender:	Male	Sample No.:	04
Doctor:	JUL ARDIELLE CORNELL	Age:	2Years	Time of analysis:	2025/06/14 13:52

	Para.		Current result		Ref. Ranges	2025/06/13
WBC Para.	WBC		6.19	10^9/L	5.32-16.92	4.10
	Neu#		5.91	10^9/L	3.05-12.10	3.83
	Lym#	L	0.06	10^9/L	0.70-4.95	0.11
	Mon#		0.23	10^9/L	0.20-1.38	0.16
	Eos#	L	0.00	10^9/L	0.04-1.28	0.00
	Bas#		0.00	10^9/L	0.00-0.13	0.01
	Neu%	H	0.954		0.420-0.840	0.933
	Lym%	L	0.009		0.060-0.400	0.026
	Mon%		0.037		0.025-0.120	0.039
	Eos%	L	0.000		0.003-0.110	0.000
	Bas%		0.000		0.000-0.010	0.002
RBC Para.	RBC		6.76	10^12/L	5.20-8.69	6.56
	HGB	L	109	g/L	115-201	104
	HCT		0.366		0.350-0.600	0.348
	MCV	L	54.1	fL	60.0-77.5	53.1
	MCH	L	16.1	pg	20.0-27.0	15.9
	MCHC	L	298	g/L	300-380	299
	RDW-CV		0.189		0.113-0.189	0.188
	RDW-SD		38.6	fL	29.1-55.1	37.8
PLT Para.	PLT	L	69	10^9/L	140-520	58
	MPV		9.9	fL	7.6-16.1	9.4
	PDW		15.2		13.8-17.9	15.4
	PCT	L	0.68	mL/L	1.20-7.00	0.54
	P-LCC	L	17	10^9/L	25-180	14
	P-LCR		0.250		0.100-0.570	0.234
	IPF	H	69.8	%	0.4-17.1	62.5
RET Para.	RET#		16.9	10^9/L	9.0-115.0	15.1
	RET%		0.25	%	0.16-1.95	0.23
	IRF		37.1	%	0.0-45.1	21.2
	LFR		62.9	%	56.0-100.0	78.8
	MFR	H	31.1	%	0.0-26.0	14.7
	HFR		6.0	%	0.0-22.0	6.5
	RHE	L	17.2	pg	20.0-28.3	17.6

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Test Instrument:Mindray BC-60R Vet

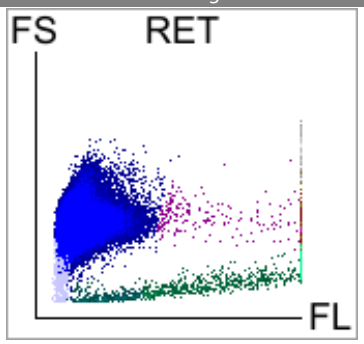
Time of Printing:2025-06-14 16:12:10

Hematology Analysis Report

Patient:	ITLOG	Species:	Canine	Patient ID:	2506132
Client:	PEDROSA	Gender:	Male	Sample No.:	04
Doctor:	JUL ARDIELLE CORNELL	Age:	2Years	Time of analysis:	2025/06/14 13:52

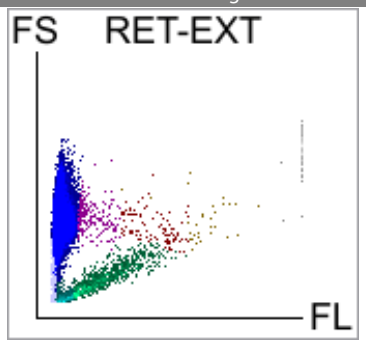
Operator:

RET Scattergram



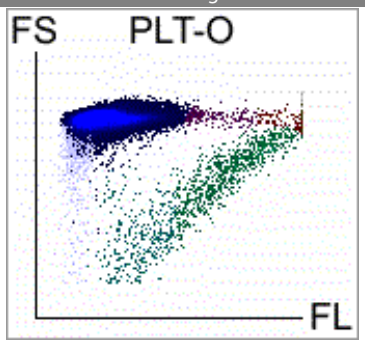
Mature red blood cell | Low fluorescent reticulocyte

RET-EXT Scattergram



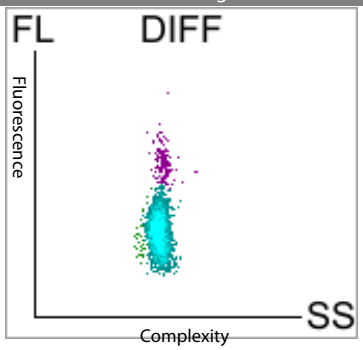
Middle fluorescent reticulocyte | High fluorescent reticulocyte

PLT Scattergram



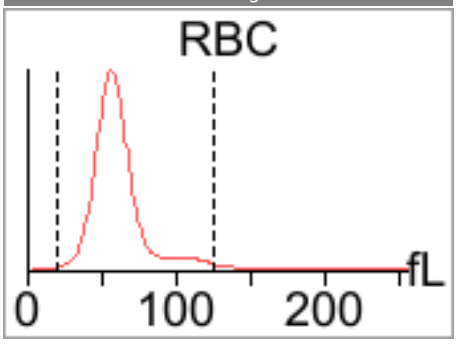
Mature platelet | Immature platelet

WBC Scattergram

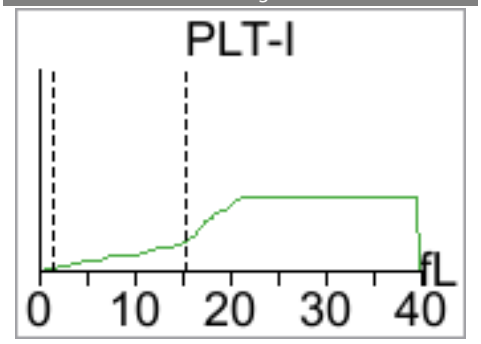


Lymphocyte | Monocyte | Neutrophil | Eosinophil

RBC Histogram



PLT Histogram



Diagnosis implications: **Lymphopenia** **Thrombocytopenia** **Band cell suspected** **PLT Clump**

Report Explan.

Lymphopenia	It occurs in stress response or corticosteroid response, viral diseases (such as parvovirus), drug treatment (such as chemotherapy drugs and long-term use of corticosteroid), and lymphoid fluid loss (chylothorax and lymphangiectasia)
Thrombocytopenia	It occurs in pseudo-reduction caused by PLT clump, infection, hemorrhage, disseminated intravascular coagulation, immune-mediated diseases, drug treatment, and tuberculosis of bone marrow
Band cell suspected	Possible presence of band cells and/or toxic neutrophils, and it occurs in infection and inflammation
PLT Clump	Possible presence of PLT clump, and it occurs in difficult blood collection, anticoagulant-dependent thrombocytopenia

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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