NANNAH Test report

Patient:	NANNAH	Species:	Canine	Patient ID:	2505261
Client:	NACARIO	Gender:	Female	Age:	14Y

AI Aided Diag. Explan.

It is recommended to add symmetric dimethylarginine (SDMA), urinary protein to creatinine ratio (UPC), urinary specific gravity (SG), and imaging examinations to identify the cause and grading of renal dysfunction, based on clinical manifestations and medical history.

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:	NANNAH	Species:	Canine	Patient ID:	2505261
Client:	NACARIO	Gender:	Female	Sample No.:	12
Doctor:		Age:	14Y	Time of analysis:	2025/06/07 18:41

	Item		Current result		Ref. Ranges		2025/06/05
Protein	TP	↓ H−	41.1	g/L	53.1-79.2		80.4
Protein	ALB	H+	24.2	g/L	23.4-40.0		25.8
Protein	GLOB	↓	16.9	g/L	25.4-52.0		54.5
Protein	A/G		1.4				0.5
Liver and gallbladder	ALT		86.1	U/L	10.1-100.3		108.8
Liver and gallbladder	AST	↑ H+	138.0	U/L	0.0-51.7		
Liver and gallbladder	AST/ALT		1.60				
Liver and gallbladder	ALP	↓	7.0	U/L	15.5-212.0		52.6
Liver and gallbladder	GGT		2.1	U/L	0.0-15.9		
Liver and gallbladder	TBIL	H−	<1.70	μmol/L	0.00-15.00		
Liver and gallbladder	TBA		<1.0	μmol/L	0.0-30.0		
Pancreas	AMY	↑	2223.4	U/L	397.7-1285.1		
Kidneys	BUN	↑	59.11	mmol/L	2.50-9.77		56.83
Kidneys	CREA	↑	802.20	μmol/L	20.00-123.70		672.70
Kidneys	BUN/CREA		18.2				20.9
Cardiovasc./Muscle	CK	↑ H+	>2500.0	U/L	66.4-257.5		
Cardiovasc./Muscle	LDH	↑ H+	712.9	U/L	0.0-143.6		
Energy metabolism	GLU		4.42	mmol/L	3.80-7.50		6.10
Energy metabolism	TC	H+	5.45	mmol/L	2.67-8.38		
Energy metabolism	TG		0.88	mmol/L	0.10-1.30		
Minerals	Ca		2.28	mmol/L	2.10-2.97		
Minerals	PHOS	↑ H+	5.74	mmol/L	0.80-2.20		
Minerals	CaxP		13.07	mmol/L^2			
Minerals	Mg	↑	1.13	mmol/L	0.61-1.06		
Electrolytes	Na+	↓	124.8	mmol/L	138.0-160.0		
Electrolytes	K+	H−	3.6	mmol/L	3.5-5.9		
Electrolytes	Na/K		34.5				
Electrolytes	Cl-	↓ H−	86.3	mmol/L	102.7-125.0		

Operator:

Comprehensive Diagnosis Panel **QC QC OK**

HEM(Hemolysis degree):	3+	LIP(Lipemia degree):	0	ICT(Jaundice degree):	0

The results only applies to this test sample. Test Instrument:Mindray vetXpert C5 Time of Printing:2025-06-23 11:17:06

Biochemistry test report

Patient:	NANNAH	Species:	Canine	Patient ID:	2505261
Client:	NACARIO	Gender:	Female	Sample No.:	12
Doctor:		Age:	14Y	Time of analysis:	2025/06/07 18:41

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.
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.
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.
CREA	↑	Increase is commonly associated with nephropathy, etc. Reduction is commonly associated with malnutrition and muscular atrophy, 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.
PHOS	↑	Increase is commonly associated with nephropathy, bone healing period, and hyperthyroidism. Decreased in hyperparathyroidism, tumor, 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.
Cl-	↓	Increase is commonly associated with salt intoxication, hypertonic NaCl solution rehydration, small intestinal diarrhea, etc. Reduction is commonly associated with vomiting, 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:	NANNAH	Species:	Canine	Patient ID:	2505261
Client:	NACARIO	Gender:	Female	Sample No.:	11
Doctor:		Age:	14Years	Time of analysis:	2025/06/07 18:22

	Para.		Current result		Ref. Ranges	2025/06/05
WBC Para.	WBC		8.53	10^9/L	5.32-16.92	7.97
	Neu#		7.16	10^9/L	3.05-12.10	6.65
	Lym#		1.00	10^9/L	0.70-4.95	0.70
	Mon#		0.35	10^9/L	0.20-1.38	0.41
	Eos#	L	0.03	10^9/L	0.04-1.28	0.19
	Bas#		0.00	10^9/L	0.00-0.13	0.01
	Neu%		0.839		0.420-0.840	0.835
	Lym%		0.117		0.060-0.400	0.088
	Mon%		0.041		0.025-0.120	0.052
	Eos%		0.003		0.003-0.110	0.024
	Bas%		0.000		0.000-0.010	0.001
RBC Para.	RBC		5.44	10^12/L	5.20-8.69	3.91
	HGB		124	g/L	115-201	131
	HCT		0.366		0.350-0.600	0.287
	MCV		67.3	fL	60.0-77.5	73.5
	MCH		22.9	pg	20.0-27.0	33.4
	MCHC		339	g/L	300-380	456
	RDW-CV		0.140		0.113-0.189	0.144
	RDW-SD		35.9	fL	29.1-55.1	40.4
PLT Para.	PLT	L	78	10^9/L	140-520	77
	MPV		9.1	fL	7.6-16.1	8.8
	PDW		15.2		13.8-17.9	15.8
	PCT	L	0.71	mL/L	1.20-7.00	0.68
	P-LCC	L	12	10^9/L	25-180	11
	P-LCR		0.153		0.100-0.570	0.144
	IPF		4.3	%	0.4-17.1	1.6
RET Para.	RET#	L	5.4	10^9/L	9.0-115.0	6.6
	RET%	L	0.10	%	0.16-1.95	0.17
	IRF		14.6	%	0.0-45.1	1.8
	LFR		85.4	%	56.0-100.0	98.2
	MFR		14.6	%	0.0-26.0	1.8
	HFR		0.0	%	0.0-22.0	0.0
	RHE		24.5	pg	20.0-28.3	22.5

The results only applies to this test sample.

Test Instrument:Mindray BC-60R Vet

Time of Printing:2025-06-23 11:17:09

Hematology Analysis Report

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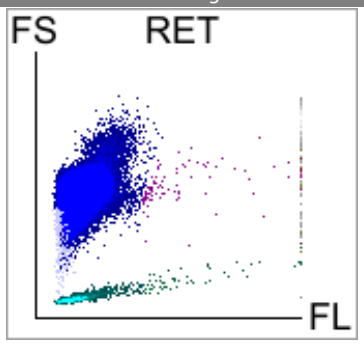
Client:	NACARIO	Gender:	Female	Sample No.:	11
Doctor:		Age:	14Years	Time of analysis:	2025/06/07 18:22

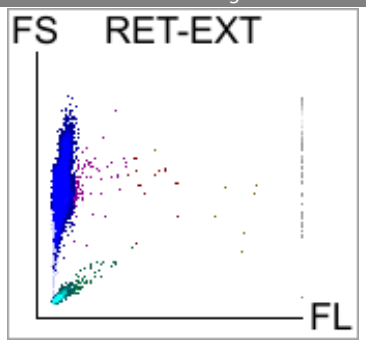
Operator:

RET Scattergram



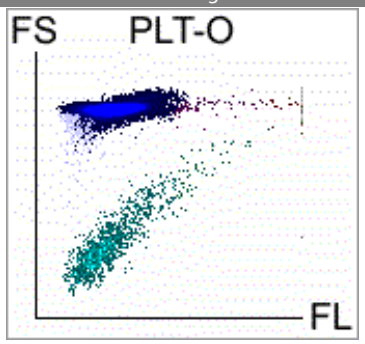
Mature red blood cell
Low fluorescent reticulocyte

RET-EXT Scattergram



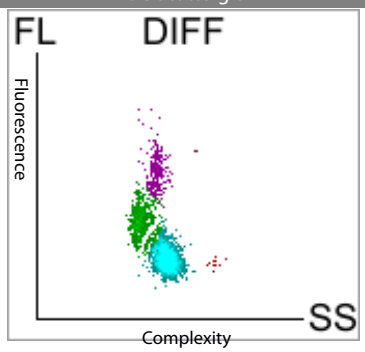
Middle fluorescent reticulocyte
High fluorescent reticulocyte

PLT Scattergram



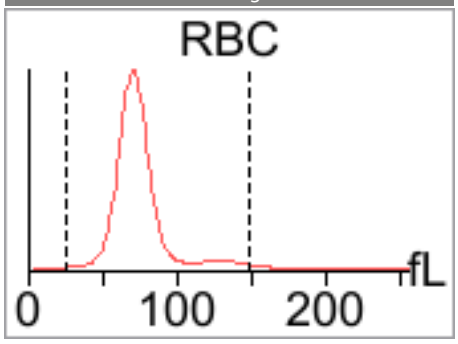
Mature platelet
Immature platelet

WBC Scattergram

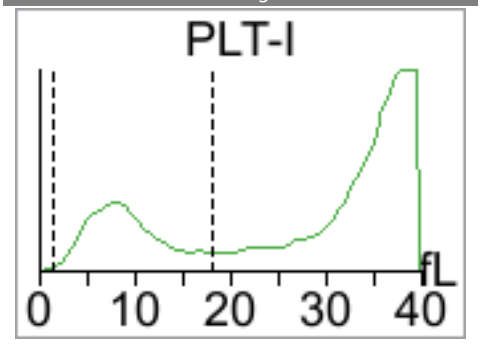


Lymphocyte
Monocyte
Neutrophil
Eosinophil

RBC Histogram



PLT Histogram



Diagnosis implications: **Thrombocytopenia** **Band cell suspected**

Report Explan.

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

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