BANNIE Test report

AI Aided Diag. Explan.

Please evaluate the severity of anemia based on clinical manifestations and medical history. It is recommended to add an RET test and a blood smear test to assess white blood cell and red blood cell morphology. At the same time, tests of liver and kidney panels, electrolytes, and protein level should be added to assess overall health status and potential metabolic abnormalities. If necessary, screening for infectious diseases such as feline leukemia virus, feline immunodeficiency virus, canine distemper virus, babesiosis, etc. should be carried out based on clinical symptoms and regional characteristics.

Biochemistry test report

Patient:	BANNIE	Species:	Canine	Patient ID:	2507102
Client:	JABIGUECO	Gender:		Sample No.:	03
Doctor:		Age:		Time of analysis:	2025/07/10 12:32

	Item		Current result		Ref. Ranges	
Protein	TP	↓	47.0	g/L	53.1-79.2	
Protein	ALB	↓	16.7	g/L	23.4-40.0	
Protein	GLOB		30.3	g/L	25.4-52.0	
Protein	A/G		0.5			
Liver and gallbladder	ALT	↑	265.2	U/L	10.1-100.3	
Liver and gallbladder	AST		51.1	U/L	0.0-51.7	
Liver and gallbladder	AST/ALT		0.19			
Liver and gallbladder	ALP	↑	1361.3	U/L	15.5-212.0	
Liver and gallbladder	GGT	↑	167.9	U/L	0.0-15.9	
Liver and gallbladder	TBIL	↑	33.49	µmol/L	0.00-15.00	
Liver and gallbladder	TBA		18.1	µmol/L	0.0-30.0	
Pancreas	AMY	↑	2094.7	U/L	397.7-1285.1	
Kidneys	BUN		4.12	mmol/L	2.50-9.77	
Kidneys	CREA		31.10	µmol/L	20.00-123.70	
Kidneys	BUN/CREA		32.8			
Cardiovasc./Muscle	CK		114.9	U/L	66.4-257.5	
Cardiovasc./Muscle	LDH		56.5	U/L	0.0-143.6	
Energy metabolism	GLU		5.36	mmol/L	3.80-7.50	
Energy metabolism	TC		3.31	mmol/L	2.67-8.38	
Energy metabolism	TG		1.04	mmol/L	0.10-1.30	
Minerals	Ca	↓	1.89	mmol/L	2.10-2.97	
Minerals	PHOS		0.86	mmol/L	0.80-2.20	
Minerals	CaxP		1.62	mmol/L^2		
Minerals	Mg	↓	0.58	mmol/L	0.61-1.06	
Electrolytes	Na+		153.2	mmol/L	138.0-160.0	
Electrolytes	K+		4.6	mmol/L	3.5-5.9	
Electrolytes	Na/K		33.3			
Electrolytes	Cl-	↑	>135.0	mmol/L	102.7-125.0	

Operator:

Comprehensive Diagnosis Panel		**QC QC OK**
HEM(Hemolysis degree): 0	LIP(Lipemia degree): 0	ICT(Jaundice degree): 1+

The results only applies to this test sample.   Test Instrument:Mindray vetXpert C5   Time of Printing:2025-07-28 12:22:11

Biochemistry test report

Patient:	BANNIE	Species:	Canine	Patient ID:	2507102
Client:	JABIGUECO	Gender:		Sample No.:	03
Doctor:		Age:		Time of analysis:	2025/07/10 12:32

📑 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.
ALT	↑	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.
GGT	↑	Elevated is commonly associated with bile duct injury or cholestasis, 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.
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.
Mg	↓	Increase is commonly associated with nephropathy, hypoadrenocorticism, hypocalcemia, and muscle injury, etc. Reduction is commonly associated with gastrointestinal malabsorption, nephropathy, and hyperthyroidism, 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.

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Hematology Analysis Report

Patient: BANNIE	Species: Canine	Patient ID: 2507102
Client: JABIGUECO	Gender:	Sample No.: 03
Doctor: JUL ARDIELLE CORNELL	Age:	Time of analysis: 2025/07/10 12:13

	Para.		Current result		Ref. Ranges	
WBC Para.	WBC	H	**20.07**	10^9/L	5.32-16.92	
	Neu#	H	**16.98**	10^9/L	3.05-12.10	
	Lym#		**1.67**	10^9/L	0.70-4.95	
	Mon#		**1.30**	10^9/L	0.20-1.38	
	Eos#		**0.10**	10^9/L	0.04-1.28	
	Bas#		**0.02**	10^9/L	0.00-0.13	
	Neu%	H	**0.846**		0.420-0.840	
	Lym%		**0.083**		0.060-0.400	
	Mon%		**0.065**		0.025-0.120	
	Eos%		**0.005**		0.003-0.110	
	Bas%		**0.001**		0.000-0.010	
RBC Para.	RBC	L	**4.77**	10^12/L	5.20-8.69	
	HGB	L	**102**	g/L	115-201	
	HCT	L	**0.304**		0.350-0.600	
	MCV		**63.7**	fL	60.0-77.5	
	MCH		**21.3**	pg	20.0-27.0	
	MCHC		**336**	g/L	300-380	
	RDW-CV		**0.175**		0.113-0.189	
	RDW-SD		**42.0**	fL	29.1-55.1	
PLT Para.	PLT		**361**	10^9/L	140-520	
	MPV	L	**7.2**	fL	7.6-16.1	
	PDW		**15.5**		13.8-17.9	
	PCT		**2.60**	mL/L	1.20-7.00	
	P-LCC		**26**	10^9/L	25-180	
	P-LCR	L	**0.073**		0.100-0.570	
	IPF		**0.8**	%	0.4-17.1	
RET Para.	RET#	H	**156.0**	10^9/L	9.0-115.0	
	RET%	H	**3.27**	%	0.16-1.95	
	IRF		**31.7**	%	0.0-45.1	
	LFR		**68.3**	%	56.0-100.0	
	MFR	H	**26.2**	%	0.0-26.0	
	HFR		**5.5**	%	0.0-22.0	
	RHE		**20.6**	pg	20.0-28.3	

The results only applies to this test sample.

Test Instrument:Mindray BC-60R Vet   Time of Printing:2025-07-28 12:22:14

Hematology Analysis Report

Patient:	BANNIE	Species:	Canine	Patient ID:	2507102
Client:	JABIGUECO	Gender:		Sample No.:	03
Doctor:	JUL ARDIELLE CORNELL	Age:		Time of analysis:	2025/07/10 12:13

Operator:

RET Scattergram

- Mature red blood cell (blue)
- Low fluorescent reticulocyte (magenta)

RET-EXT Scattergram

- Middle fluorescent reticulocyte (dark red)
- High fluorescent reticulocyte (olive)

PLT Scattergram

- Mature platelet (cyan)
- Immature platelet (green)

WBC Scattergram

- Lymphocyte (green)
- Monocyte (purple)
- Neutrophil (cyan)
- Eosinophil (dark red)

RBC Histogram

PLT Histogram

Diagnosis implications: Anemia   Neutrophilia

📑 Report Explan.

Anemia	It occurs in anemia caused by various reasons, such as insufficient hematopoietic materials, hematopoietic dysfunction, excessive destruction of RBC, or blood loss
Neutrophilia	It occurs in stress response or corticosteroid response, inflammation, granulocytic leukemia, and immune-mediated diseases

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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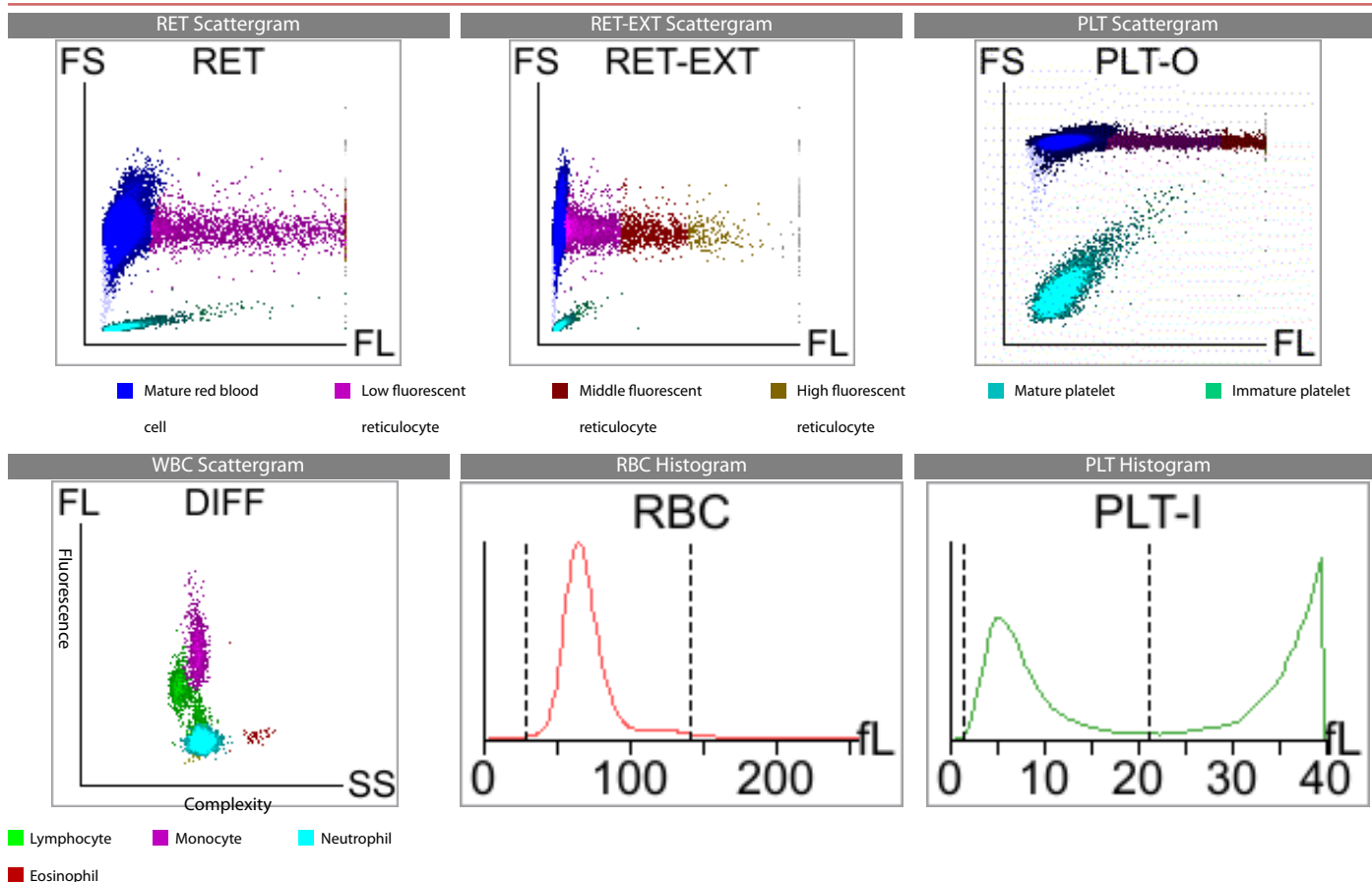Better healthcare for all - Since 1991

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