

BANNIE Test report



Patient:	BANNIE	Species:	Canine	Patient ID:	2507102
Client:	JABIGUECO	Gender:	Female	Age:	Elderly 8Y

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.

It is recommended to add a blood smear test to evaluate white blood cell morphology, as well as tests of liver and kidney panels, electrolytes, protein level, and inflammatory markers (such as cCRP and fSAA) to assess overall health status or inflammation level, based on clinical manifestations and medical history.

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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Biochemistry test report



Patient:	BANNIE	Species:	Canine	Patient ID:	2507102
Client:	JABIGUECO	Gender:	Female	Sample No.:	02
Doctor:		Age:	Elderly 8Y	Time of analysis:	2025/07/12 00:42

Item		Current result		Ref. Ranges		2025/07/10
Protein	TP	↓	37.6	g/L	53.1-79.2	47.0
Protein	ALB	↓	12.0	g/L	23.4-40.0	16.7
Protein	GLOB		25.6	g/L	25.4-52.0	30.3
Protein	A/G		0.5			0.5
Liver and gallbladder	ALT	↑	397.2	U/L	10.1-100.3	265.2
Liver and gallbladder	AST	↑	505.2	U/L	0.0-51.7	51.1
Liver and gallbladder	AST/ALT		1.27			0.19
Liver and gallbladder	ALP	↑	1141.5	U/L	15.5-212.0	1361.3
Liver and gallbladder	GGT	↑	148.6	U/L	0.0-15.9	167.9
Liver and gallbladder	TBIL	↑	45.01	μmol/L	0.00-15.00	33.49
Liver and gallbladder	TBA	↑	61.4	μmol/L	0.0-30.0	18.1
Kidneys	BUN		4.60	mmol/L	2.50-9.77	4.12
Energy metabolism	GLU	↓	0.53	mmol/L	3.80-7.50	5.36
Energy metabolism	TC		3.36	mmol/L	2.67-8.38	3.31

Operator:

Liver Recheck Panel		QC QC OK	
HEM(Hemolysis degree):	0	LIP(Lipemia degree):	0
		ICT(Jaundice degree):	2+



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.

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.

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.

The results only applies to this test sample.

Test Instrument:Mindray vetXpert C5

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Report Explan.

TBA



Increase is commonly associated with hepatic insufficiency or failure, portal vein shunt, and cholestasis, etc. Reduction is commonly associated with long-term fasting and intestinal malabsorption, etc.

GLU



Increase is commonly associated with diabetes and hypercorticalismus, etc. Reduction is commonly associated with insulin administration, malnutrition, and insulinoma, etc.

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Hematology Analysis Report



Patient:	BANNIE	Species:	Canine	Patient ID:	2507102
Client:	JABIGUECO	Gender:	Female	Sample No.:	01
Doctor:	JUL ARDIELLE CORNELL	Age:	8Years	Time of analysis:	2025/07/12 00:28

Para.		Current result		Ref. Ranges		2025/07/10	
WBC Para.	WBC	H	32.67	10 ⁹ /L	5.32-16.92		20.07
	Neu#	H	29.17	10 ⁹ /L	3.05-12.10		16.98
	Lym#		2.19	10 ⁹ /L	0.70-4.95		1.67
	Mon#		1.05	10 ⁹ /L	0.20-1.38		1.30
	Eos#		0.23	10 ⁹ /L	0.04-1.28		0.10
	Bas#		0.03	10 ⁹ /L	0.00-0.13		0.02
	Neu%	H	0.893		0.420-0.840		0.846
	Lym%		0.067		0.060-0.400		0.083
	Mon%		0.032		0.025-0.120		0.065
	Eos%		0.007		0.003-0.110		0.005
	Bas%		0.001		0.000-0.010		0.001
RBC Para.	RBC	L	4.76	10 ¹² /L	5.20-8.69		4.77
	HGB	L	98	g/L	115-201		102
	HCT	L	0.312		0.350-0.600		0.304
	MCV		65.5	fL	60.0-77.5		63.7
	MCH		20.5	pg	20.0-27.0		21.3
	MCHC		314	g/L	300-380		336
	RDW-CV		0.161		0.113-0.189		0.175
	RDW-SD		39.9	fL	29.1-55.1		42.0
PLT Para.	PLT		174	10 ⁹ /L	140-520		361
	MPV		8.3	fL	7.6-16.1		7.2
	PDW		16.6		13.8-17.9		15.5
	PCT		1.45	mL/L	1.20-7.00		2.60
	P-LCC		29	10 ⁹ /L	25-180		26
	P-LCR		0.165		0.100-0.570		0.073
	IPF		4.0	%	0.4-17.1		0.8
RET Para.	RET#	H	284.6	10 ⁹ /L	9.0-115.0		156.0
	RET%	H	5.98	%	0.16-1.95		3.27
	IRF	H	52.6	%	0.0-45.1		31.7
	LFR	L	47.4	%	56.0-100.0		68.3
	MFR	H	26.2	%	0.0-26.0		26.2
	HFR	H	26.4	%	0.0-22.0		5.5
	RHE		20.7	pg	20.0-28.3		20.6

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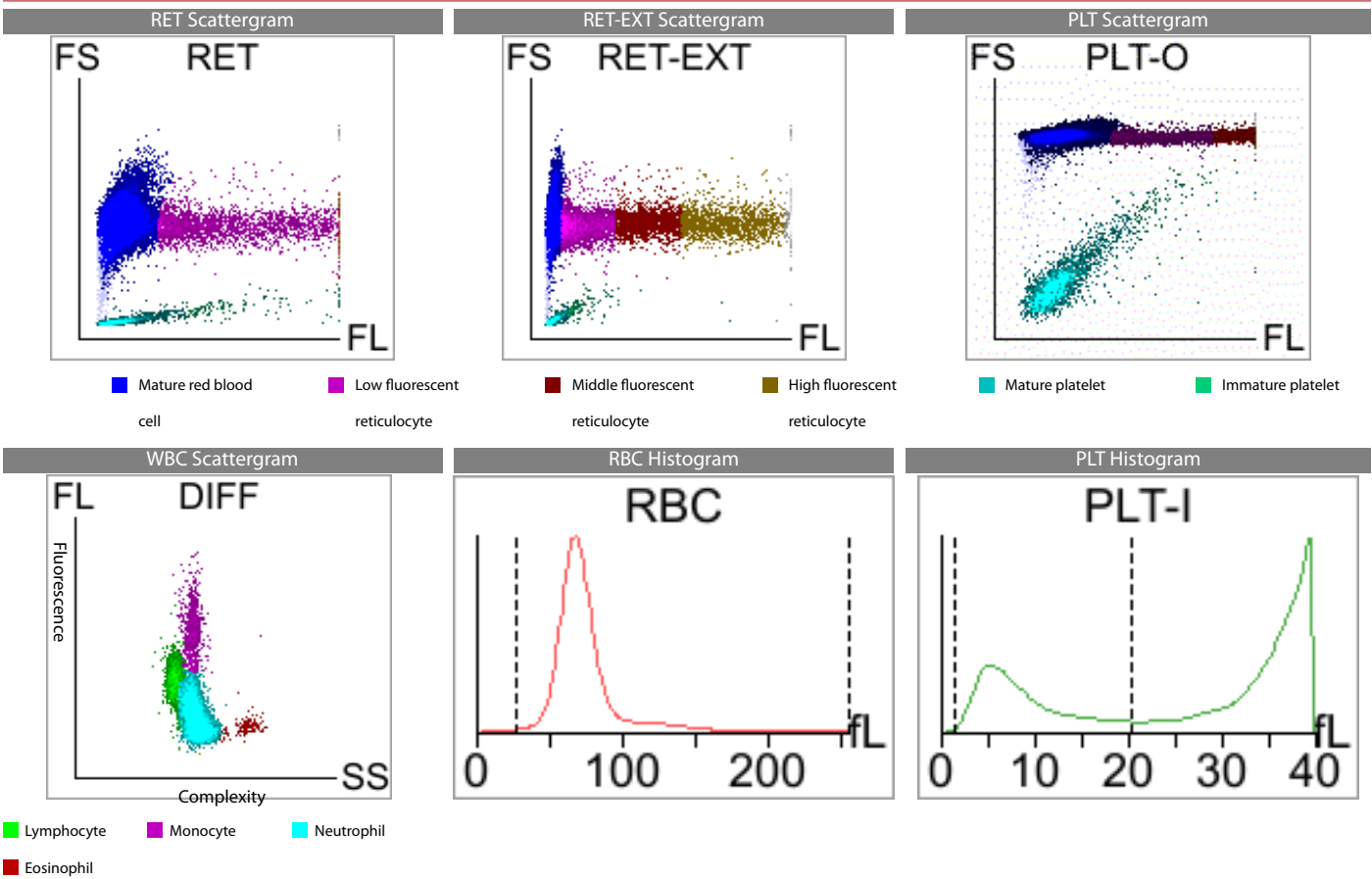


Hematology Analysis Report



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Doctor:	JUL ARDIELLE CORNELL	Age:	8Years	Time of analysis:	2025/07/12 00:28

Operator:



Diagnosis implications: Anemia
Band cell suspected

Leucocytosis

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
Leucocytosis	It occurs in bacterial infection, burn, post-operation, malignant tumor, leukemia, etc
Neutrophilia	It occurs in stress response or corticosteroid response, inflammation, granulocytic leukemia, and immune-mediated diseases
Band cell suspected	Possible presence of band cells and/or toxic neutrophils, and it occurs in infection and inflammation

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