LUKE Test report

Patient:	LUKE	Species:	Canine	Patient ID:	2507291
Client:	CADUYAC	Gender:	Male	Age:	5Y

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.

Biochemistry test report

Patient:	LUKE	Species:	Canine	Patient ID:	2507291
Client:	CADUYAC	Gender:	Male	Sample No.:	02
Doctor:		Age:	5Y	Time of analysis:	2025/07/29 15:06

	Item		Current result		Ref. Ranges	
Protein	**TP**	↑	**83.0**	g/L	53.1-79.2	
Protein	**ALB**		**24.2**	g/L	23.4-40.0	
Protein	**GLOB**	↑	**58.9**	g/L	25.4-52.0	
Protein	**A/G**		**0.4**			
Liver and gallbladder	**ALT**		**31.6**	U/L	10.1-100.3	
Liver and gallbladder	**AST**	↑	**75.9**	U/L	0.0-51.7	
Liver and gallbladder	**AST/ALT**		**2.41**			
Liver and gallbladder	**ALP**	↑	**306.6**	U/L	15.5-212.0	
Liver and gallbladder	**GGT**		**6.4**	U/L	0.0-15.9	
Liver and gallbladder	**TBIL**		**2.20**	μmol/L	0.00-15.00	
Liver and gallbladder	**TBA**		**2.4**	μmol/L	0.0-30.0	
Pancreas	**AMY**	↑	**2141.4**	U/L	397.7-1285.1	
Kidneys	**BUN**	↑	**36.86**	mmol/L	2.50-9.77	
Kidneys	**CREA**	↑	**806.70**	μmol/L	20.00-123.70	
Kidneys	**BUN/CREA**		**11.3**			
Cardiovasc./Muscle	**CK**		**176.9**	U/L	66.4-257.5	
Cardiovasc./Muscle	**LDH**	↑	**150.2**	U/L	0.0-143.6	
Energy metabolism	**GLU**		**4.90**	mmol/L	3.80-7.50	
Energy metabolism	**TC**		**3.14**	mmol/L	2.67-8.38	
Energy metabolism	**TG**		**0.69**	mmol/L	0.10-1.30	
Minerals	**Ca**		**2.17**	mmol/L	2.10-2.97	
Minerals	**PHOS**	↑	**3.32**	mmol/L	0.80-2.20	
Minerals	**CaxP**		**7.21**	mmol/L^2		
Minerals	**Mg**	↑	**1.39**	mmol/L	0.61-1.06	
Electrolytes	**Na+**	↓	**132.3**	mmol/L	138.0-160.0	
Electrolytes	**K+**		**4.4**	mmol/L	3.5-5.9	
Electrolytes	**Na/K**		**30.3**			
Electrolytes	**Cl-**	↑	**131.0**	mmol/L	102.7-125.0	

Operator:

Comprehensive Diagnosis Panel **QC QC OK**

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

The results only applies to this test sample. Test Instrument:Mindray vetXpert C5 Time of Printing:2025-07-29 15:10:54

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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.
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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