## **SORA Test report**



Patient:SORASpecies:FelinePatient ID:2508302Client:JUMAWANGender:MaleAge:2Y

### Al 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 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.

Time of Printing:2025-09-04 11:01:48





# Biochemistry test report



Patient:SORASpecies:FelinePatient ID:2508302Client:JUMAWANGender:MaleSample No.:3

Doctor: Age: 2Y Time of analysis: 2025/08/30 10:54

	ltem		Current result		Ref. Ranges	
Protein	TP		74.8	g/L	56.5-88.5	
Protein	ALB		27.7	g/L	22.0-40.0	
Protein	GLOB		47.1	g/L	28.2-51.3	
Protein	A/G		0.6			
Kidneys	BUN	1	46.58	mmol/L	4.55-11.41	<b>(5)</b>
Kidneys	CREA	1	687.00	μmol/L	28.00-180.00	<b>(</b>
Kidneys	BUN/CREA		16.8			
Minerals	Ca	$\downarrow$	1.69	mmol/L	2.10-2.79	
Minerals	PHOS		2.53	mmol/L	0.80-2.72	
Minerals	CaxP		4.27	mmol/L^2		
Electrolytes	Na+		149.6	mmol/L	141.0-166.0	
Electrolytes	K+	<b>↑</b>	6.9	mmol/L	3.5-5.9	<u> </u>
Electrolytes	Na/K		21.6			
Electrolytes	CI-		120.9	mmol/L	104.4-129.0	

#### Operator:

Kidney Recheck Panel		QC QC OK			
HEM(Hemolysis degree):	0	LIP(Lipemia degree):	0	ICT(Jaundice degree):	0

	Report Explan.	
BUN	<b>↑</b>	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	<b>↑</b>	Increase is commonly associated with nephropathy, etc. Reduction is commonly associated with malnutrition and muscular atrophy, etc.
Са	<b>↓</b>	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.
<b>K</b> +	<b>↑</b>	Increase is commonly associated with high potassium fluid replacement, diabetes, adrenocortical hypofunction, and acute kidney injury, etc. Reduction is commonly associated with low potassium or potassium-free fluid replacement, vomiting, diarrhea, and hypercorticalismus, 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.

The results only applies to this test sample.

Test Instrument:Mindray vetXpert C5

Time of Printing:2025-09-04 11:01:49









Patient: SORA Species: Feline Patient ID: 2508302 JUMAWAN Sample No.: Client: Gender: Male 2

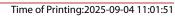
Time of analysis: 2025/08/30 10:27 Doctor: Age: 2Years

	Para.		Current result		Ref. Ranges	
WBC Para.	WBC	Н	28.47	10^9/L	5.50-19.50	
	Neu#	Н	24.97	10^9/L	1.80-12.60	<b></b>
	Lym#		1.57	10^9/L	0.80-7.90	
	Mon#		1.28	10^9/L	0.00-1.80	
	Eos#		0.65	10^9/L	0.00-1.90	
	Neu%	Н	0.877		0.300-0.850	
	Lym%	L	0.055		0.100-0.530	
	Mon%		0.045		0.000-0.100	
	Eos%		0.023		0.000-0.110	
	RBC		8.53	10^12/L	5.10-11.20	
	HGB		131	g/L	85-162	
RBC Para.	нст		0.338		0.260-0.510	
	MCV		39.6	fL	35.0-54.0	
	мсн		15.4	pg	11.8-18.0	
	мснс	Н	389	g/L	300-380	<u> </u>
	RDW-CV		0.194		0.132-0.256	
	RDW-SD		31.7	fL	23.7-45.6	
PLT Para.	PLT		275	10^9/L	100-518	
	MPV		11.2	fL	8.2-16.3	
	PDW		14.0		12.0-17.5	
	PCT		3.09	mL/L	0.90-7.00	

Operator:







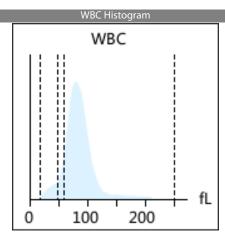


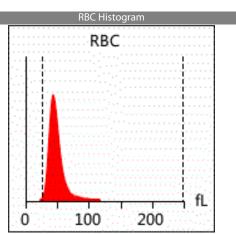
## Hematology Analysis Report



Patient:SORASpecies:FelinePatient ID:2508302Client:JUMAWANGender:MaleSample No.:2

Doctor: Age: 2Years Time of analysis: 2025/08/30 10:27



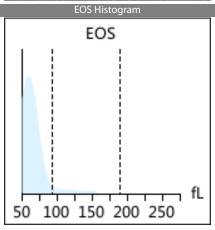


PLT Histogram

PLT

fL

0 10 20 30





Diagnosis Leucocytosis implications:

Neutrophilia

### Report Explan.

**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

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.

Test Instrument: Mindray BC-30 Vet Time of Printing: 2025-09-04 11:01:51



