

pattie Test report



Patient:	pattie	Species:	Feline	Patient ID:	250901242
Client:		Gender:	Female	Age:	4Y

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.

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.

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:	pattie	Species:	Feline	Patient ID:	250901242
Client:		Gender:	Female	Sample No.:	12
Doctor:		Age:	4Y	Time of analysis:	2025/09/01 17:42

Item		Current result		Ref. Ranges	
Protein	TP	79.8	g/L	56.5-88.5	
Protein	ALB	26.6	g/L	22.0-40.0	
Protein	GLOB	↑ 53.3	g/L	28.2-51.3	
Protein	A/G	0.5			
Liver and gallbladder	ALT	42.8	U/L	12.0-149.2	
Liver and gallbladder	AST	↑ 82.6	U/L	0.0-60.0	
Liver and gallbladder	AST/ALT	1.93			
Liver and gallbladder	ALP	↓ 7.7	U/L	8.7-110.9	
Liver and gallbladder	GGT	2.8	U/L	0.0-8.2	
Liver and gallbladder	TBIL	↑ 95.07	μmol/L	0.00-15.00	
Liver and gallbladder	TBA	↑ 27.6	μmol/L	0.0-20.0	
Pancreas	AMY	↓ 542.8	U/L	555.6-1940.0	
Kidneys	BUN	9.12	mmol/L	4.55-11.41	
Kidneys	CREA	42.60	μmol/L	28.00-180.00	
Kidneys	BUN/CREA	53.0			
Cardiovasc./Muscle	CK	↑ 2197.0	U/L	66.1-530.9	
Cardiovasc./Muscle	LDH	166.1	U/L	0.0-334.2	
Energy metabolism	GLU	↑ 10.60	mmol/L	3.39-8.39	
Energy metabolism	TC	↑ 7.84	mmol/L	1.87-5.84	
Energy metabolism	TG	↑ 5.97	mmol/L	0.10-1.30	
Minerals	Ca	↑ 3.33	mmol/L	2.10-2.79	
Minerals	PHOS	1.39	mmol/L	0.80-2.72	
Minerals	CaxP	4.62	mmol/L^2		
Minerals	Mg	0.92	mmol/L	0.66-1.22	
Electrolytes	Na+	155.2	mmol/L	141.0-166.0	
Electrolytes	K+	4.6	mmol/L	3.5-5.9	
Electrolytes	Na/K	34.1			
Electrolytes	Cl-	↑ 138.5	mmol/L	104.4-129.0	

Operator:

Comprehensive Diagnosis Panel

QC QC OK

HEM(Hemolysis degree):	0	LIP(Lipemia degree):	0	ICT(Jaundice degree):	2+
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The results only applies to this test sample.

Test Instrument:Mindray vetXpert C5

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Biochemistry test report



Patient:	pattie	Species:	Feline	Patient ID:	250901242
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Doctor:		Age:	4Y	Time of analysis:	2025/09/01 17:42



Report Explan.

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.
TBIL	↑	Increase is commonly associated with hemolysis and hepatobiliary dysfunction. Reduction is commonly associated with decreased erythropoiesis, etc.
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.
AMY	↓	Increase is commonly associated with gastroenteritis, pancreatitis, pancreatic tumor, etc.
CK	↑	Increase is commonly associated with trauma, increased muscle activity (such as tetanus and convulsion), myocarditis, and myocardial infarction, etc.
GLU	↑	Increase is commonly associated with diabetes and hypercorticismus, etc. Reduction is commonly associated with insulin administration, malnutrition, and insulinoma, etc.
TC	↑	Increase is commonly associated with biliary obstruction, hypothyroidism, hypercorticismus, nephropathy, diabetes, etc. Reduction is commonly associated with protein loss enteropathy, pancreatic exocrine insufficiency, and hypoadrenocorticism, etc.
TG	↑	Increase is commonly associated with postprandial, obesity, diabetes and hypercorticismus, 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.
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:	pattie	Species:	Feline	Patient ID:	250901242
Client:		Gender:	Female	Sample No.:	12
Doctor:	JUL ARDIELLE CORNELL	Age:	4Years	Time of analysis:	2025/09/01 17:21

Para.		Current result		Ref. Ranges	
WBC Para.	WBC	H	27.15 10 ⁹ /L	3.46-17.50	
	Neu#	H	25.85 10 ⁹ /L	1.95-11.50	
	Lym#		0.84 10 ⁹ /L	0.73-7.40	
	Mon#		0.19 10 ⁹ /L	0.06-0.98	
	Eos#		0.24 10 ⁹ /L	0.04-1.48	
	Bas#		0.03 10 ⁹ /L	0.00-0.25	
	Neu%	H	0.952	0.300-0.835	
	Lym%	L	0.031	0.070-0.600	
	Mon%	L	0.007	0.008-0.080	
	Eos%		0.009	0.005-0.115	
	Bas%		0.001	0.000-0.023	
RBC Para.	RBC	L	4.62 10 ¹² /L	6.30-11.82	
	HGB	L	74 g/L	90-160	
	HCT	L	0.212	0.260-0.502	
	MCV		45.9 fL	34.0-55.0	
	MCH		16.1 pg	11.0-18.0	
	MCHC		349 g/L	285-384	
	RDW-CV		0.158	0.142-0.266	
	RDW-SD		27.2 fL	22.0-39.6	
PLT Para.	PLT	L	17 10 ⁹ /L	140-595	
	MPV		**** fL	8.6-18.4	
	PDW		****	12.0-17.5	
	PCT		**** mL/L	1.50-9.00	
	IPF	H	34.2 %	0.7-28.0	
RET Para.	RET#	L	3.7 10 ⁹ /L	4.0-52.0	
	RET%		0.08 %	0.05-0.90	
	IRF	H	33.9 %	0.0-33.0	
	LFR		66.1 %	66.0-100.0	
	MFR	H	33.9 %	0.0-25.8	
	HFR		0.0 %	0.0-8.5	
	RHE		16.6 pg	14.2-21.5	

Operator:

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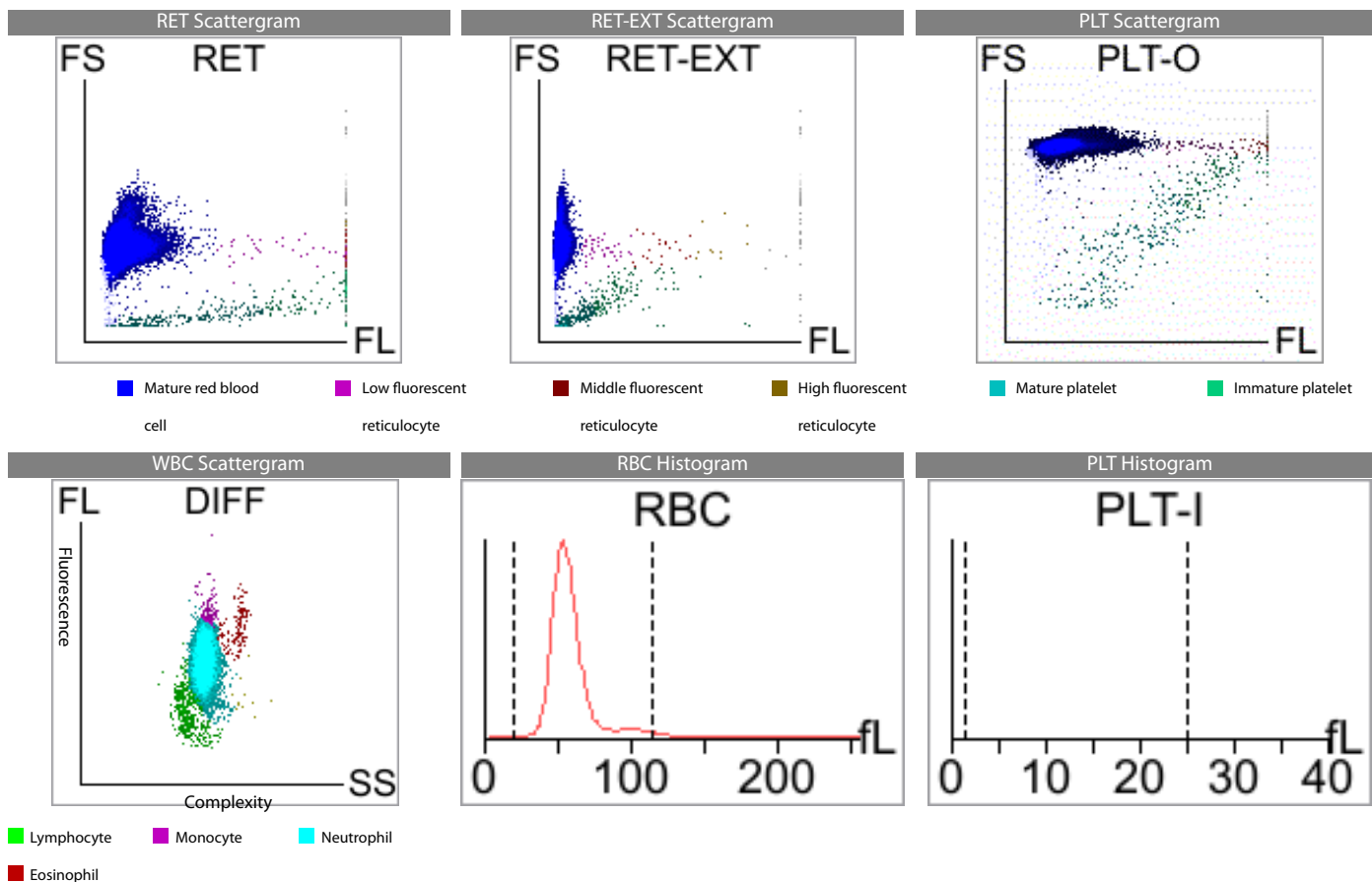
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Hematology Analysis Report



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Client:		Gender:	Female	Sample No.:	12
Doctor:	JUL ARDIELLE CORNELL	Age:	4Years	Time of analysis:	2025/09/01 17:21



Diagnosis implications:

Anemia

Thrombocytopenia

Leucocytosis

Band cell suspected

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

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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