SHAMMY Test report

Patient:	SHAMMY	Species:	Canine	Patient ID:	25041775
Client:	DONGUINES	Gender:	Female	Age:	3Y

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.

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.

PETVET CENTRAL VETERINARY CLINIC
UPTOWN, CAGAYAN DE ORO CITY
09162359535

Biochemistry test report

Patient:	SHAMMY	Species:	Canine	Patient ID:	25041775
Client:	DONGUINES	Gender:	Female	Sample No.:	05
Doctor:		Age:	3Y	Time of analysis:	2025/09/03 13:39

	Item		Current result		Ref. Ranges
Protein	**TP**		**57.7**	g/L	53.1-79.2
Protein	**ALB**	↓	**16.0**	g/L	23.4-40.0
Protein	**GLOB**		**41.7**	g/L	25.4-52.0
Protein	**A/G**		**0.4**		
Liver and gallbladder	**ALT**	↑	**380.2**	U/L	10.1-100.3
Liver and gallbladder	**AST**	↑	**74.7**	U/L	0.0-51.7
Liver and gallbladder	**AST/ALT**		**0.20**		
Liver and gallbladder	**ALP**		**26.8**	U/L	15.5-212.0
Liver and gallbladder	**GGT**		**<2.0**	U/L	0.0-15.9
Liver and gallbladder	**TBIL**		**<1.70**	μmol/L	0.00-15.00
Liver and gallbladder	**TBA**		**7.8**	μmol/L	0.0-30.0
Pancreas	**AMY**	↑	**1650.4**	U/L	397.7-1285.1
Kidneys	**BUN**	↑	**>65.00**	mmol/L	2.50-9.77
Kidneys	**CREA**	↑	**590.70**	μmol/L	20.00-123.70
Kidneys	**BUN/CREA**		****		
Cardiovasc./Muscle	**CK**		**139.6**	U/L	66.4-257.5
Cardiovasc./Muscle	**LDH**		**35.0**	U/L	0.0-143.6
Energy metabolism	**GLU**	↑	**8.56**	mmol/L	3.80-7.50
Energy metabolism	**TC**		**5.53**	mmol/L	2.67-8.38
Energy metabolism	**TG**	↑	**1.39**	mmol/L	0.10-1.30
Minerals	**Ca**	↓	**1.90**	mmol/L	2.10-2.97
Minerals	**PHOS**	↑	**5.09**	mmol/L	0.80-2.20
Minerals	**CaxP**		**9.67**	mmol/L^2	
Minerals	**Mg**	↑	**1.48**	mmol/L	0.53-1.06
Electrolytes	**Na+**		**140.9**	mmol/L	138.0-160.0
Electrolytes	**K+**		**4.6**	mmol/L	3.5-5.9
Electrolytes	**Na/K**		**30.8**		
Electrolytes	**Cl-**	↓	**102.0**	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:2025-09-05 16:43:05

PETVET CENTRAL VETERINARY CLINIC
UPTOWN, CAGAYAN DE ORO CITY
09162359535

Biochemistry test report

Patient:	SHAMMY	Species:	Canine	Patient ID:	25041775
Client:	DONGUINES	Gender:	Female	Sample No.:	05
Doctor:		Age:	3Y	Time of analysis:	2025/09/03 13:39

Report Explan.

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.
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.
GLU	↑	Increase is commonly associated with diabetes and hypercorticalismus, etc. Reduction is commonly associated with insulin administration, malnutrition, and insulinoma, etc.
TG	↑	Increase is commonly associated with postprandial, obesity, diabetes and hypercorticalismus, 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.
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.
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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Hematology Analysis Report

Patient:	SHAMMY	Species:	Canine	Patient ID:	25041775
Client:	DONGUINES	Gender:	Female	Sample No.:	04
Doctor:	JUL ARDIELLE CORNELL	Age:	3Years	Time of analysis:	2025/09/03 13:00

	Para.		Current result		Ref. Ranges	2025/08/18
WBC Para.	WBC		5.74	10^9/L	5.32-16.92	5.25
	Neu#		4.50	10^9/L	3.05-12.10	3.84
	Lym#		0.83	10^9/L	0.70-4.95	0.89
	Mon#		0.37	10^9/L	0.20-1.38	0.29
	Eos#		0.05	10^9/L	0.04-1.28	0.23
	Bas#		0.00	10^9/L	0.00-0.13	0.00
	Neu%		0.784		0.420-0.840	0.732
	Lym%		0.144		0.060-0.400	0.170
	Mon%		0.064		0.025-0.120	0.055
	Eos%		0.008		0.003-0.110	0.043
	Bas%		0.000		0.000-0.010	0.000
RBC Para.	RBC	L	2.24	10^12/L	5.20-8.69	2.89
	HGB	L	56	g/L	115-201	70
	HCT	L	0.172		0.350-0.600	0.234
	MCV		76.8	fL	60.0-77.5	80.8
	MCH		25.1	pg	20.0-27.0	24.2
	MCHC		326	g/L	300-380	299
	RDW-CV		0.125		0.113-0.189	0.130
	RDW-SD		36.8	fL	29.1-55.1	40.2
PLT Para.	PLT		249	10^9/L	140-520	186
	MPV		9.0	fL	7.6-16.1	11.1
	PDW		16.1		13.8-17.9	15.9
	PCT		2.23	mL/L	1.20-7.00	2.07
	P-LCC		37	10^9/L	25-180	48
	P-LCR		0.147		0.100-0.570	0.258
	IPF		0.6	%	0.4-17.1	0.6
RET Para.	RET#	L	0.7	10^9/L	9.0-115.0	2.0
	RET%	L	0.03	%	0.16-1.95	0.07
	IRF		0.0	%	0.0-45.1	2.8
	LFR		100.0	%	56.0-100.0	97.2
	MFR		0.0	%	0.0-26.0	2.8
	HFR		0.0	%	0.0-22.0	0.0
	RHE		23.7	pg	20.0-28.3	25.3

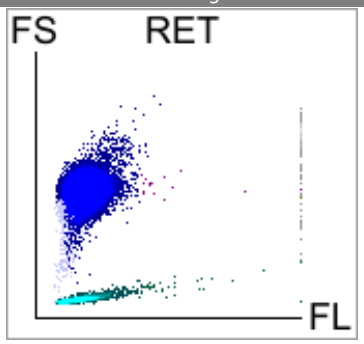
The results only applies to this test sample. Test Instrument:Mindray BC-60R Vet Time of Printing:2025-09-05 16:43:07

Hematology Analysis Report

Patient:	SHAMMY	Species:	Canine	Patient ID:	25041775
Client:	DONGUINES	Gender:	Female	Sample No.:	04
Doctor:	JUL ARDIELLE CORNELL	Age:	3Years	Time of analysis:	2025/09/03 13:00

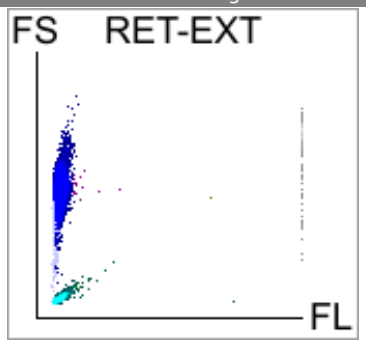
Operator:

RET Scattergram



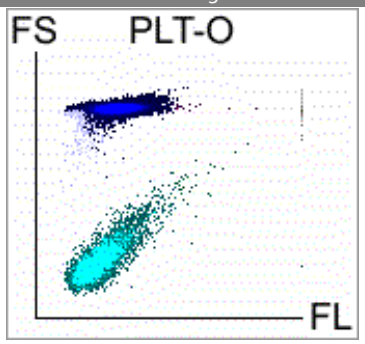
Mature red blood cell | Low fluorescent reticulocyte

RET-EXT Scattergram



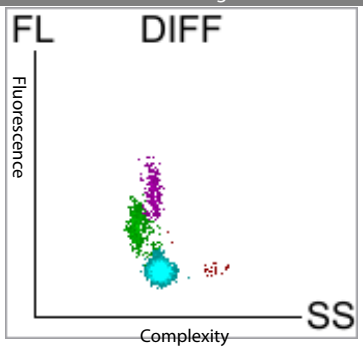
Middle fluorescent reticulocyte | High fluorescent reticulocyte

PLT Scattergram



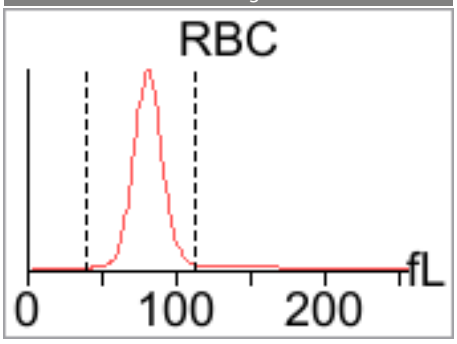
Mature platelet | Immature platelet

WBC Scattergram

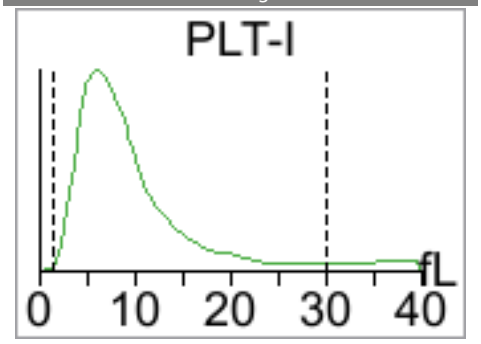


Lymphocyte | Monocyte | Neutrophil | Eosinophil

RBC Histogram



PLT Histogram



Diagnosis implications: **Anemia**

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

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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