Biochemistry test report



Patient:SNOWSpecies:FelinePatient ID:2509231Client:TOLINEROGender:MaleSample No.:02

Doctor: Age: 4Y Time of analysis: 2025/09/23 10:19

	Item		Current result		Ref. Ranges	
Protein	TP	↑ H-		g/L	56.5-88.5	
Protein	ALB		31.9	g/L	22.0-40.0	
Protein	GLOB	<u></u>	60.9	g/L	28.2-51.3	<u> </u>
Protein	A/G		0.5			
Liver and gallbladder	ALT		106.4	U/L	12.0-149.2	
Liver and gallbladder	AST	H+	58.9	U/L	0.0-60.0	
Liver and gallbladder	AST/ALT		0.55			
Liver and gallbladder	ALP		13.3	U/L	8.7-110.9	
Liver and gallbladder	GGT		<2.0	U/L	0.0-8.2	
Liver and gallbladder	TBIL	H-	<1.70	μmol/L	0.00-15.00	
Liver and gallbladder	ТВА		<1.0	μmol/L	0.0-20.0	<u> </u>
Pancreas	AMY		1089.8	U/L	555.6-1940.0	
Kidneys	BUN	1	45.40	mmol/L	4.55-11.41	.
Kidneys	CREA	1	953.20	μmol/L	28.00-180.00	
Kidneys	BUN/CREA		11.8			
Cardiovasc./Muscle	СК	H+	446.9	U/L	66.1-530.9	
Cardiovasc./Muscle	LDH	↑ H +	423.9	U/L	0.0-334.2	<u> </u>
Energy metabolism	GLU	1	9.25	mmol/L	3.39-8.39	<u> </u>
Energy metabolism	тс	H+	3.55	mmol/L	1.87-5.84	
Energy metabolism	TG		0.49	mmol/L	0.10-1.30	
Minerals	Ca	\	2.06	mmol/L	2.10-2.79	
Minerals	PHOS	↑	3.19	mmol/L	0.80-2.72	<u> </u>
Minerals	CaxP		6.59	mmol/L^2		
Minerals	Mg	H+	0.96	mmol/L	0.66-1.22	
Electrolytes	Na+		147.2	mmol/L	141.0-166.0	
Electrolytes	K+	↑ H +	6.4	mmol/L	3.5-5.9	•
Electrolytes	Na/K		22.9			
Electrolytes	CI-		111.3	mmol/L	104.4-129.0	

Operator:

Comprehensive Diagnosis Panel QC QC OK

HEM(Hemolysis degree): 3+ LIP(Lipemia degree): 0 ICT(Jaundice degree): 0

The results only applies to this test sample.

Test Instrument:Mindray vetXpert C5

Time of Printing:2025-09-23 10:19:34









Patient: **SNOW** Species: Feline Patient ID: 2509231 **TOLINERO** Gender: Male Sample No.: 02 Client: 4Y Time of analysis: 2025/09/23 10:19 Doctor: Age:

	Report Explan.	
ТР	↑	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.
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.
GLU	↑	Increase is commonly associated with diabetes and hypercorticalismus, etc. Reduction is commonly associated with insulin administration, malnutrition, and insulinoma, etc.
Са	↓	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.
K+	↑	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.

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