

JACOB Test report



Patient:	JACOB	Species:	Canine	Patient ID:	251014257
Client:	DAPAL	Gender:	Male	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.

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:	JACOB	Species:	Canine	Patient ID:	251014257
Client:	DAPAL	Gender:	Male	Sample No.:	05
Doctor:		Age:	4Y	Time of analysis:	2025/10/20 13:33

Item		Current result		Ref. Ranges	
Protein	TP	57.0	g/L	53.1-79.2	
Protein	ALB	30.3	g/L	23.4-40.0	
Protein	GLOB	26.7	g/L	25.4-52.0	
Protein	A/G	1.1			
Liver and gallbladder	ALT	38.8	U/L	10.1-100.3	
Liver and gallbladder	AST	↑ 75.2	U/L	0.0-51.7	
Liver and gallbladder	AST/ALT	1.94			
Liver and gallbladder	ALP	31.1	U/L	15.5-212.0	
Liver and gallbladder	GGT	9.3	U/L	0.0-15.9	
Liver and gallbladder	TBIL	<1.70	μmol/L	0.00-15.00	
Liver and gallbladder	TBA	<1.0	μmol/L	0.0-30.0	
Pancreas	AMY	↓ 293.7	U/L	397.7-1285.1	
Kidneys	BUN	5.69	mmol/L	2.50-9.77	
Kidneys	CREA	88.20	μmol/L	20.00-123.70	
Kidneys	BUN/CREA	16.0			
Cardiovasc./Muscle	CK	↑ 775.8	U/L	66.4-257.5	
Cardiovasc./Muscle	LDH	91.8	U/L	0.0-143.6	
Energy metabolism	GLU	↑ 9.77	mmol/L	3.80-7.50	
Energy metabolism	TC	2.86	mmol/L	2.67-8.38	
Energy metabolism	TG	0.58	mmol/L	0.10-1.30	
Minerals	Ca	↓ 2.01	mmol/L	2.10-2.97	
Minerals	PHOS	1.84	mmol/L	0.80-2.20	
Minerals	CaxP	3.70	mmol/L ^{^2}		
Minerals	Mg	0.81	mmol/L	0.53-1.06	
Electrolytes	Na+	↓ 120.3	mmol/L	138.0-160.0	
Electrolytes	K+	↓ 2.9	mmol/L	3.5-5.9	
Electrolytes	Na/K	42.2			
Electrolytes	Cl-	↓ 79.8	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
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Test Instrument:Mindray vetXpert C5

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Report Explan.

AST



Increase is commonly associated with liver injury and muscle injury, 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 hypercorticism, etc. Reduction is commonly associated with insulin administration, malnutrition, and insulinoma, 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.

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.

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 hypercorticism, 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:	JACOB	Species:	Canine	Patient ID:	251014257
Client:	DAPAL	Gender:	Male	Sample No.:	05
Doctor:	MT ABIGAIL LINO	Age:	4Years	Time of analysis:	2025/10/20 12:38

Para.		Current result		Ref. Ranges		2025/10/14	
WBC Para.	WBC	H	35.17	10 ⁹ /L	5.32-16.92		18.78
	Neu#	H	31.34	10 ⁹ /L	3.05-12.10		16.30
	Lym#		1.72	10 ⁹ /L	0.70-4.95		1.63
	Mon#	H	2.11	10 ⁹ /L	0.20-1.38		0.83
	Eos#	L	0.00	10 ⁹ /L	0.04-1.28		0.00
	Bas#		0.00	10 ⁹ /L	0.00-0.13		0.02
	Neu%	H	0.891		0.420-0.840		0.868
	Lym%	L	0.049		0.060-0.400		0.087
	Mon%		0.060		0.025-0.120		0.044
	Eos%	L	0.000		0.003-0.110		0.000
	Bas%		0.000		0.000-0.010		0.001
RBC Para.	RBC	L	4.43	10 ¹² /L	5.20-8.69		4.86
	HGB	L	98	g/L	115-201		110
	HCT	L	0.302		0.350-0.600		0.330
	MCV		68.2	fL	60.0-77.5		67.9
	MCH		22.1	pg	20.0-27.0		22.7
	MCHC		325	g/L	300-380		333
	RDW-CV		0.171		0.113-0.189		0.149
	RDW-SD		43.8	fL	29.1-55.1		37.5
PLT Para.	PLT		410	10 ⁹ /L	140-520		253
	MPV		13.2	fL	7.6-16.1		10.3
	PDW		16.5		13.8-17.9		15.8
	PCT		5.40	mL/L	1.20-7.00		2.61
	P-LCC	H	182	10 ⁹ /L	25-180		59
	P-LCR		0.444		0.100-0.570		0.232
	IPF		4.6	%	0.4-17.1		4.4
RET Para.	RET#	H	345.5	10 ⁹ /L	9.0-115.0		158.4
	RET%	H	7.80	%	0.16-1.95		3.26
	IRF		35.5	%	0.0-45.1		38.3
	LFR		64.5	%	56.0-100.0		61.7
	MFR	H	27.4	%	0.0-26.0		23.7
	HFR		8.1	%	0.0-22.0		14.6
	RHE		20.9	pg	20.0-28.3		23.4

The results only applies to this test sample. Test Instrument: Mindray BC-60R Vet Time of Printing: 2025-11-08 14:53:34



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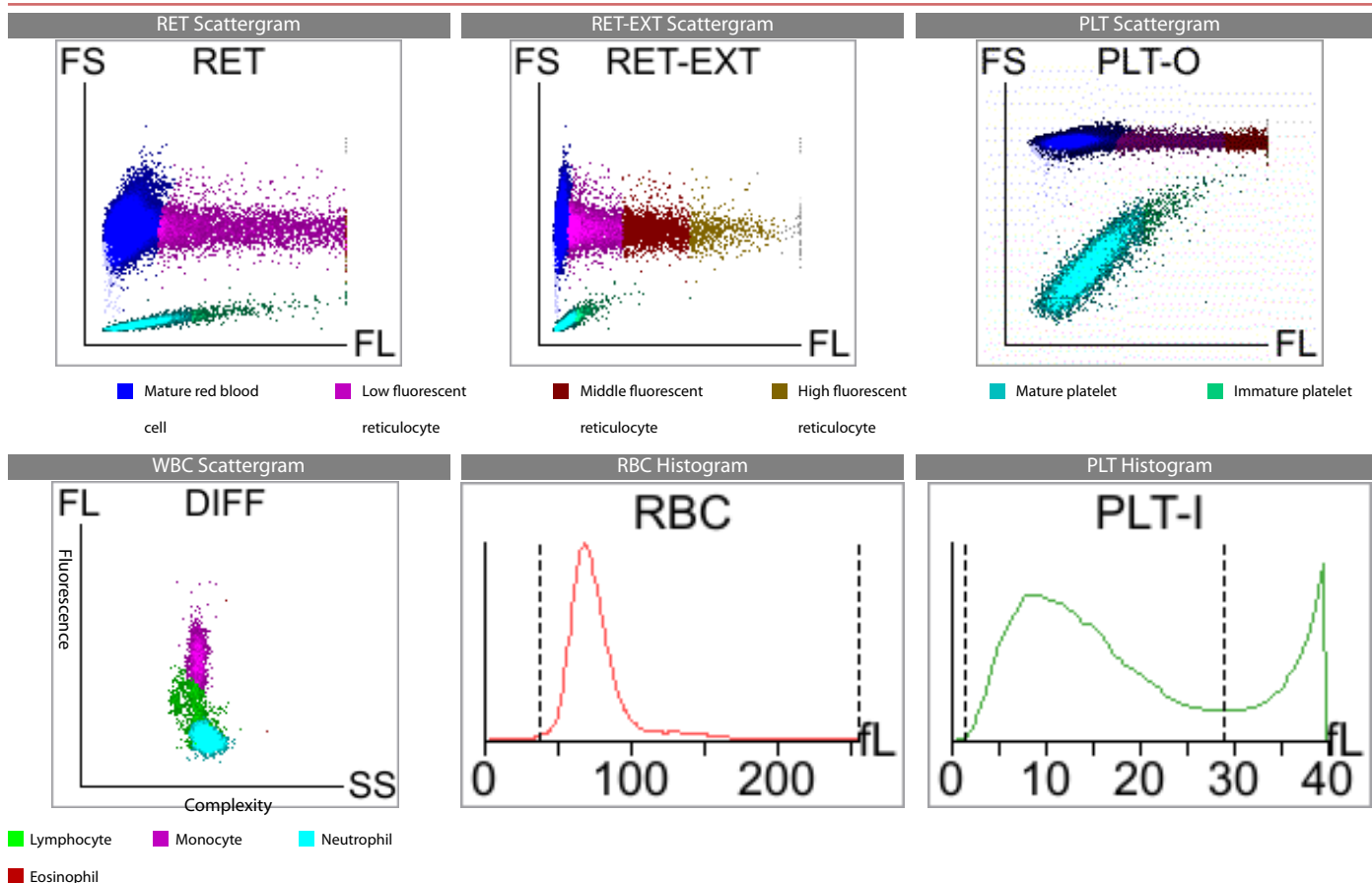


Hematology Analysis Report



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Doctor:	MT ABIGAIL LINO	Age:	4Years	Time of analysis:	2025/10/20 12:38

Operator:



Diagnosis implications:

Anemia
Monocytosis

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, and immune-mediated diseases

Monocytosis

It occurs in stress response or corticosteroid response, bacterial/fungal/protozoal infections, immune-mediated diseases, paraneoplastic reactions (such as lymphoma), monocytic leukemia, etc

Band cell suspected

Possible presence of band cells and/or toxic neutrophils, and it occurs in infection and inflammation

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