

BLAIR Test report



Patient:	BLAIR	Species:	Feline	Patient ID:	25112462
Client:	VERGORA	Gender:	Female	Age:	2Y

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.

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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Time of Printing:2025-11-25 12:12:28



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animalcare

Biochemistry test report



Patient:	BLAIR	Species:	Feline	Patient ID:	25112462
Client:	VERGORA	Gender:	Female	Sample No.:	02
Doctor:		Age:	2Y	Time of analysis:	2025/11/24 10:42

Item		Current result		Ref. Ranges	
Protein	TP	76.4	g/L	56.5-88.5	
Protein	ALB	25.4	g/L	22.0-40.0	
Protein	GLOB	50.9	g/L	28.2-51.3	
Protein	A/G	0.5			
Liver and gallbladder	ALT	29.9	U/L	12.0-149.2	
Liver and gallbladder	AST	17.4	U/L	0.0-60.0	
Liver and gallbladder	AST/ALT	0.58			
Liver and gallbladder	ALP	8.5	U/L	8.7-110.9	
Liver and gallbladder	GGT	<2.0	U/L	0.0-8.2	
Liver and gallbladder	TBIL	<1.70	μmol/L	0.00-15.00	
Liver and gallbladder	TBA	<1.0	μmol/L	0.0-20.0	
Pancreas	AMY	1785.2	U/L	555.6-1940.0	
Kidneys	BUN	>65.00	mmol/L	4.55-11.41	
Kidneys	CREA	683.00	μmol/L	28.00-180.00	
Kidneys	BUN/CREA	****			
Cardiovasc./Muscle	CK	240.3	U/L	66.1-530.9	
Cardiovasc./Muscle	LDH	140.7	U/L	0.0-334.2	
Energy metabolism	GLU	9.55	mmol/L	3.39-8.39	
Energy metabolism	TC	5.29	mmol/L	1.87-5.84	
Energy metabolism	TG	1.19	mmol/L	0.10-1.30	
Minerals	Ca	1.61	mmol/L	2.10-2.79	
Minerals	PHOS	>6.50	mmol/L	0.80-2.72	
Minerals	CaxP	****	mmol/L^2		
Minerals	Mg	1.32	mmol/L	0.66-1.22	
Electrolytes	Na+	160.5	mmol/L	141.0-166.0	
Electrolytes	K+	5.2	mmol/L	3.5-5.9	
Electrolytes	Na/K	31.0			
Electrolytes	Cl-	108.3	mmol/L	104.4-129.0	

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.

ALP



Increase is commonly associated with fracture healing period, hepatobiliary diseases, hyperthyroidism, and osteosarcoma, 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 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.

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.

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Hematology Analysis Report



Patient:	BLAIR	Species:	Feline	Patient ID:	25112462
Client:	VERGORA	Gender:	Female	Sample No.:	02
Doctor:	DR. ZACAL	Age:	2Years	Time of analysis:	2025/11/24 10:15

Para.		Current result		Ref. Ranges	
WBC Para.	WBC	H	21.13 10^9/L	5.50-19.50	
	Neu#	H	17.34 10^9/L	1.80-12.60	
	Lym#		2.22 10^9/L	0.80-7.90	
	Mon#		1.25 10^9/L	0.00-1.80	
	Eos#		0.32 10^9/L	0.00-1.90	
	Neu%		0.821	0.300-0.850	
	Lym%		0.105	0.100-0.530	
	Mon%		0.059	0.000-0.100	
	Eos%		0.015	0.000-0.110	
RBC Para.	RBC	L	4.37 10^12/L	5.10-11.20	
	HGB	L	61 g/L	85-162	
	HCT	L	0.174	0.260-0.510	
	MCV		39.7 fL	35.0-54.0	
	MCH		14.0 pg	11.8-18.0	
	MCHC		353 g/L	300-380	
	RDW-CV	H	0.265	0.132-0.256	
	RDW-SD		43.2 fL	23.7-45.6	
PLT Para.	PLT	H	696 10^9/L	100-518	
	MPV		10.0 fL	8.2-16.3	
	PDW		14.3	12.0-17.5	
	PCT		6.98 mL/L	0.90-7.00	

Operator:

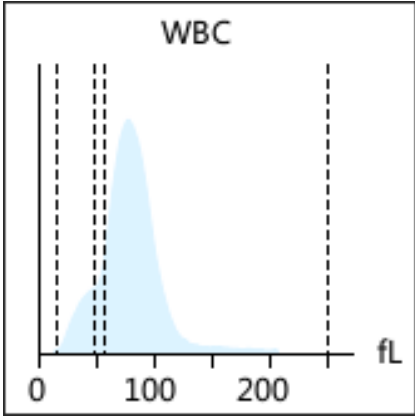
The results only applies to this test sample. Test Instrument:Mindray BC-30 Vet Time of Printing:2025-11-25 12:12:31



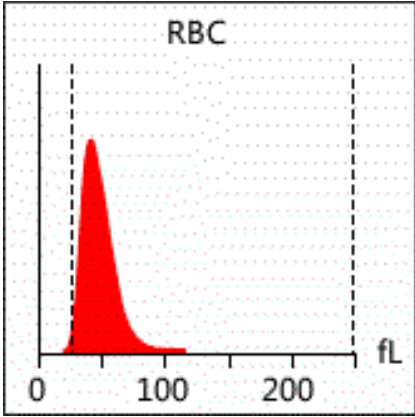
Hematology Analysis Report

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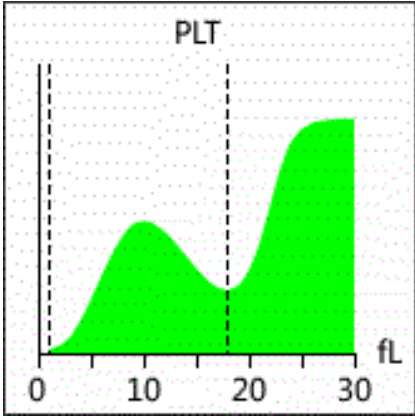
WBC Histogram



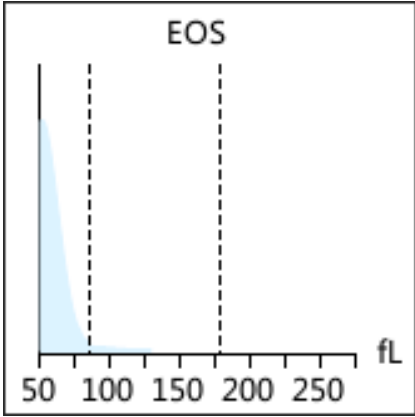
RBC Histogram



PLT Histogram



EOS Histogram



Diagnosis
implications:

Anemia

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
Neutrophilia	It occurs in stress response or corticosteroid response, inflammation, granulocytic leukemia

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