



Miki Test report

Patient:	Miki	Species:	Canine	Patient ID:	251228002
Client:	Abalde	Gender:	Female	Age:	12Y

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.

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:	Miki	Species:	Canine	Patient ID:	251228002
Client:	Abalde	Gender:	Female	Sample No.:	25
Doctor:		Age:	12Y	Time of analysis:	2026/01/24 11:26

Item	Current result	Ref. Ranges	2025/12/28
Protein	TP	51.2	g/L 53.1-79.2
Protein	ALB	20.5	g/L 23.4-40.0
Protein	GLOB	30.7	g/L 25.4-52.0
Protein	A/G	0.7	
Liver and gallbladder	ALT	10.5	U/L 10.1-100.3
Liver and gallbladder	AST	18.8	U/L 0.0-51.7
Liver and gallbladder	AST/ALT	1.79	
Liver and gallbladder	ALP	66.6	U/L 15.5-212.0
Liver and gallbladder	GGT	<2.0	U/L 0.0-15.9
Liver and gallbladder	TBIL	2.03	μmol/L 0.00-15.00
Liver and gallbladder	TBA	7.1	μmol/L 0.0-30.0
Pancreas	AMY	1308.6	U/L 397.7-1285.1
Kidneys	BUN	43.16	mmol/L 2.50-9.77
Kidneys	CREA	541.30	μmol/L 20.00-123.70
Kidneys	BUN/CREA	19.7	
Cardiovasc./Muscle	CK	67.2	U/L 66.4-257.5
Cardiovasc./Muscle	LDH	69.3	U/L 0.0-143.6
Energy metabolism	GLU	6.18	mmol/L 3.80-7.50
Energy metabolism	TC	4.87	mmol/L 2.67-8.38
Energy metabolism	TG	1.01	mmol/L 0.10-1.30
Minerals	Ca	2.01	mmol/L 2.10-2.97
Minerals	PHOS	3.47	mmol/L 0.80-2.20
Minerals	CaxP	6.97	mmol/L ²
Minerals	Mg	0.97	mmol/L 0.53-1.06
Electrolytes	Na+	133.0	mmol/L 138.0-160.0
Electrolytes	K+	4.1	mmol/L 3.5-5.9
Electrolytes	Na/K	32.2	
Electrolytes	Cl-	92.9	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



Report Explain.

TP ↓

Increase is commonly associated with dehydration and increased globulin. Reduction is commonly associated with blood loss, protein-losing enteropathy, and decreased albumin.

The results only applies to this test sample.

Test Instrument: Mindray vetXpert C5

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Biochemistry test report



Patient:	Miki	Species:	Canine	Patient ID:	251228002
Client:	Abalde	Gender:	Female	Sample No.:	25
Doctor:		Age:	12Y	Time of analysis:	2026/01/24 11:26



Report Explain.

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.
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.
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.
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.
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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Immunoassay test report

Patient:	Miki	Species:	Canine	Patient ID:	251228002
Client:	Abalde	Gender:	Female	Sample No.:	26
Doctor:		Age:	12Y	Time of analysis:	2026/01/24 11:23

Lab item	Current result	Ref. Ranges
cSDMA	↑ 44.2	μg/dL 0.0-14.0

Operator:

Report Explan.

cSDMA	Result indications:
	<14.0 ug/dL Normal
	14.0-20.0 ug/dL Suspected
	>20.0 ug/dL Abnormal
Clinical significance:	
cSDMA is an early biomarker of progressive kidney injury, and an increase may indicate impaired renal function.	

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The results only applies to this test sample.

Test Instrument: Mindray vetXpert I3 Time of Printing: 2026-01-25 14:09:24



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Hematology Analysis Report



Patient:	Miki	Species:	Canine	Patient ID:	251228002
Client:	Abalde	Gender:	Female	Sample No.:	25
Doctor:	DEXTER DALE M. ZACAL	Age:	12Years	Time of analysis:	2026/01/24 10:59
Para.	Current result	Ref. Ranges			2025/12/28
WBC		42.81	10 ⁹ /L	5.32-16.92	32.12
Neu#		40.54	10 ⁹ /L	3.05-12.10	28.43
Lym#		1.20	10 ⁹ /L	0.70-4.95	2.54
Mon#		0.98	10 ⁹ /L	0.20-1.38	1.00
Eos#		0.09	10 ⁹ /L	0.04-1.28	0.13
Bas#		0.00	10 ⁹ /L	0.00-0.13	0.03
Neu%		0.947		0.420-0.840	0.885
Lym%		0.028		0.060-0.400	0.079
Mon%		0.023		0.025-0.120	0.031
Eos%		0.002		0.003-0.110	0.004
Bas%		0.000		0.000-0.010	0.001
RBC		3.01	10 ¹² /L	5.20-8.69	5.28
HGB		64	g/L	115-201	106
HCT		0.187		0.350-0.600	0.320
MCV		62.1	fL	60.0-77.5	60.6
MCH		21.3	pg	20.0-27.0	20.1
MCHC		342	g/L	300-380	331
RDW-CV		0.265		0.113-0.189	0.243
RDW-SD		62.4	fL	29.1-55.1	55.2
PLT		384	10 ⁹ /L	140-520	360
MPV		9.7	fL	7.6-16.1	10.2
PDW		16.2		13.8-17.9	16.2
PCT		3.72	mL/L	1.20-7.00	3.68
P-LCC		87	10 ⁹ /L	25-180	102
P-LCR		0.226		0.100-0.570	0.284
IPF		1.4	%	0.4-17.1	11.6
RET#		10.2	10 ⁹ /L	9.0-115.0	57.6
RET%		0.34	%	0.16-1.95	1.09
IRF		2.0	%	0.0-45.1	19.8
LFR		98.0	%	56.0-100.0	80.2
MFR		2.0	%	0.0-26.0	11.5
HFR		0.0	%	0.0-22.0	8.3
RHE		20.2	pg	20.0-28.3	21.1

The results only applies to this test sample.

Test Instrument: Mindray BC-60R Vet

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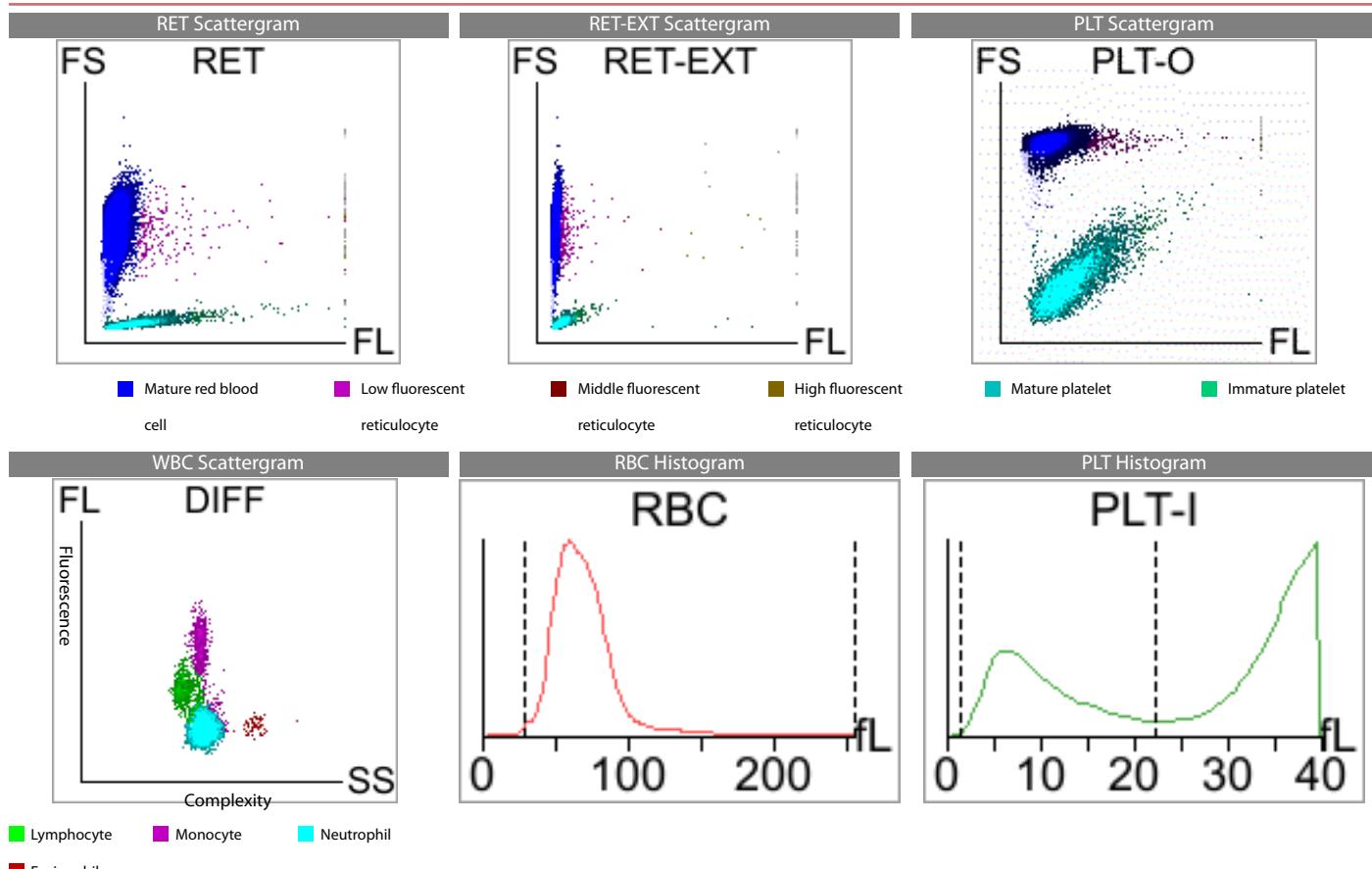
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Hematology Analysis Report



Patient:	Miki	Species:	Canine	Patient ID:	251228002
Client:	Abalde	Gender:	Female	Sample No.:	25
Doctor:	DEXTER DALE M. ZACAL	Age:	12 Years	Time of analysis:	2026/01/24 10:59

Operator:



Diagnosis implications: Anemia
Anemia
Leucocytosis
Neutrophilia
Band cell suspected

Report Explain.

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

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