

# 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.

Time of Printing:2026-01-25 14:09:20



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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	62.1
Protein	ALB	↓	20.5	g/L	23.4-40.0	24.2
Protein	GLOB		30.7	g/L	25.4-52.0	37.9
Protein	A/G		0.7			0.6
Liver and gallbladder	ALT		10.5	U/L	10.1-100.3	61.0
Liver and gallbladder	AST		18.8	U/L	0.0-51.7	29.8
Liver and gallbladder	AST/ALT		1.79			0.49
Liver and gallbladder	ALP		66.6	U/L	15.5-212.0	182.8
Liver and gallbladder	GGT		<2.0	U/L	0.0-15.9	4.8
Liver and gallbladder	TBIL		2.03	μmol/L	0.00-15.00	1.73
Liver and gallbladder	TBA		7.1	μmol/L	0.0-30.0	<1.0
Pancreas	AMY	↑	1308.6	U/L	397.7-1285.1	1101.2
Kidneys	BUN	↑	43.16	mmol/L	2.50-9.77	13.56
Kidneys	CREA	↑	541.30	μmol/L	20.00-123.70	128.90
Kidneys	BUN/CREA		19.7			26.0
Cardiovasc./Muscle	CK		67.2	U/L	66.4-257.5	97.5
Cardiovasc./Muscle	LDH		69.3	U/L	0.0-143.6	124.1
Energy metabolism	GLU		6.18	mmol/L	3.80-7.50	6.36
Energy metabolism	TC		4.87	mmol/L	2.67-8.38	5.08
Energy metabolism	TG		1.01	mmol/L	0.10-1.30	1.32
Minerals	Ca	↓	2.01	mmol/L	2.10-2.97	2.14
Minerals	PHOS	↑	3.47	mmol/L	0.80-2.20	1.09
Minerals	CaxP		6.97	mmol/L^2		2.32
Minerals	Mg		0.97	mmol/L	0.53-1.06	0.69
Electrolytes	Na+	↓	133.0	mmol/L	138.0-160.0	138.5
Electrolytes	K+		4.1	mmol/L	3.5-5.9	4.3
Electrolytes	Na/K		32.2			32.2
Electrolytes	Cl-	↓	92.9	mmol/L	102.7-125.0	124.7

Operator:

## Comprehensive Diagnosis Panel

QC QC OK

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



## Report Explen.

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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Doctor:		Age:	12Y	Time of analysis:	2026/01/24 11:26



## 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.

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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Test Instrument: Mindray vetXpert I3

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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 Para.	WBC	H	42.81	10 <sup>9</sup> /L	5.32-16.92		32.12
	Neu#	H	40.54	10 <sup>9</sup> /L	3.05-12.10		28.43
	Lym#		1.20	10 <sup>9</sup> /L	0.70-4.95		2.54
	Mon#		0.98	10 <sup>9</sup> /L	0.20-1.38		1.00
	Eos#		0.09	10 <sup>9</sup> /L	0.04-1.28		0.13
	Bas#		0.00	10 <sup>9</sup> /L	0.00-0.13		0.03
	Neu%	H	0.947		0.420-0.840		0.885
	Lym%	L	0.028		0.060-0.400		0.079
	Mon%	L	0.023		0.025-0.120		0.031
	Eos%	L	0.002		0.003-0.110		0.004
	Bas%		0.000		0.000-0.010		0.001
RBC Para.	RBC	L	3.01	10 <sup>12</sup> /L	5.20-8.69		5.28
	HGB	L	64	g/L	115-201		106
	HCT	L	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	H	0.265		0.113-0.189		0.243
	RDW-SD	H	62.4	fL	29.1-55.1		55.2
PLT Para.	PLT		384	10 <sup>9</sup> /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 <sup>9</sup> /L	25-180		102
	P-LCR		0.226		0.100-0.570		0.284
	IPF		1.4	%	0.4-17.1		11.6
RET Para.	RET#		10.2	10 <sup>9</sup> /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

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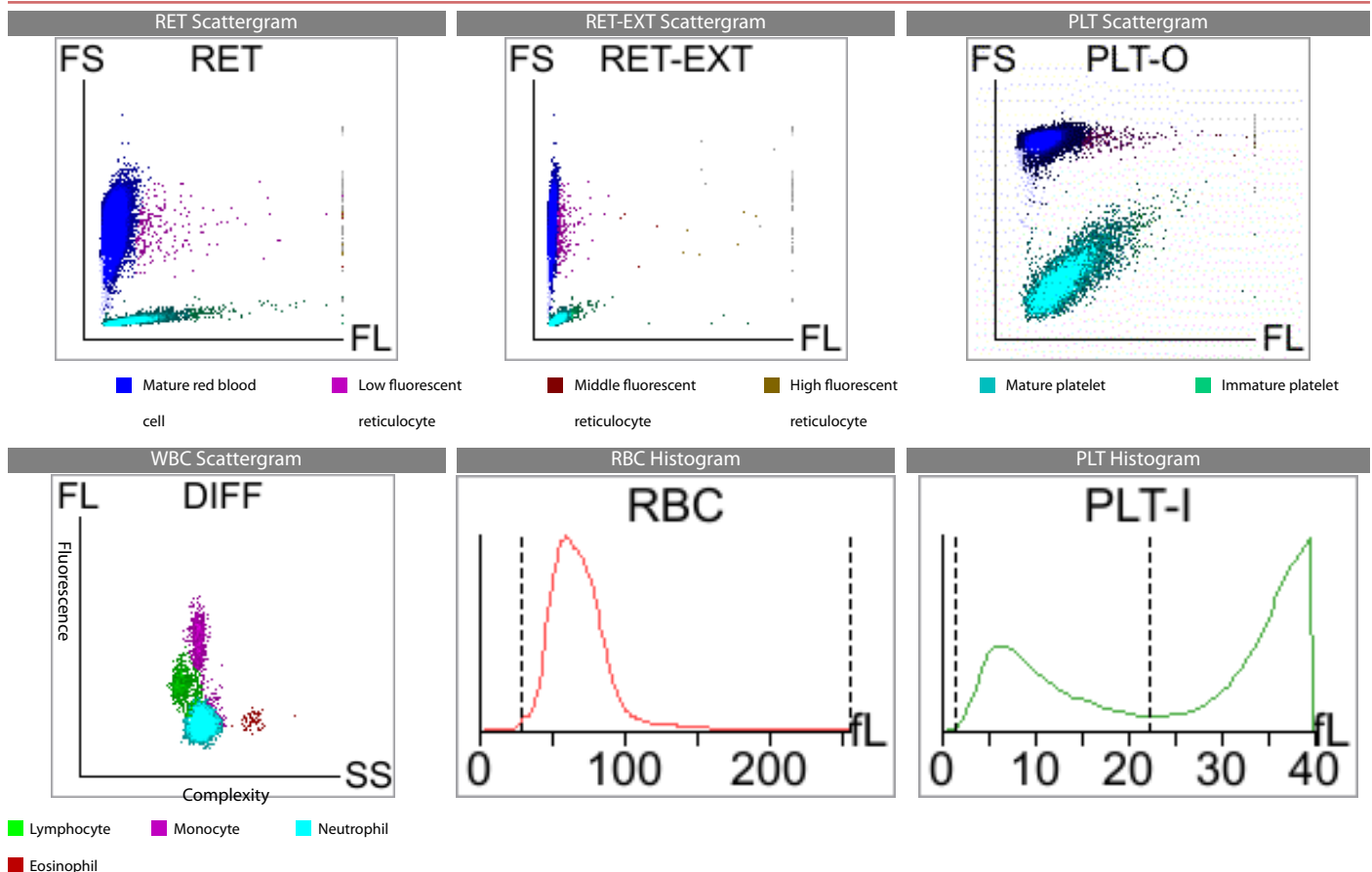
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Client:	Abalde	Gender:	Female	Sample No.:	25
Doctor:	DEXTER DALE M. ZACAL	Age:	12Years	Time of analysis:	2026/01/24 10:59

Operator:



## Diagnosis implications:

Anemia

Band cell suspected

Leucocytosis

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

### Band cell suspected

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

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