

# PONKAN Test report



Patient:	PONKAN	Species:	Feline	Patient ID:	251216002
Client:		Gender:	Male	Age:	

## 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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# Immunoassay test report



Patient:	PONKAN	Species:	Feline	Patient ID:	251216002
Client:		Gender:	Male	Sample No.:	05
Doctor:		Age:		Time of analysis:	2026/02/07 18:28

Lab item	Current result	Ref. Ranges
fSDMA	↑ 90.7	µg/dL 0.0-14.0

Operator:

## Report Explan.

fSDMA

Result indications:

<14.0 ug/dL Normal

14.0-20.0 ug/dL Suspected

>20.0 ug/dL Abnormal

Clinical significance:

fSDMA 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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# Biochemistry test report



Patient: PONKAN Species: Feline Patient ID: 251216002  
 Client: Gender: Male Sample No.: 03  
 Doctor: Age: 5Y Time of analysis: 2026/02/07 14:38

Item	Current result	Ref. Ranges
Protein <b>TP</b>	<b>86.7</b> g/L	56.5-88.5
Protein <b>ALB</b>	<b>29.9</b> g/L	22.0-40.0
Protein <b>GLOB</b>	<b>↑ 56.8</b> g/L	28.2-51.3
Protein <b>A/G</b>	<b>0.5</b>	
Liver and gallbladder <b>ALT</b>	<b>31.1</b> U/L	12.0-149.2
Liver and gallbladder <b>AST</b>	<b>32.3</b> U/L	0.0-60.0
Liver and gallbladder <b>AST/ALT</b>	<b>1.04</b>	
Liver and gallbladder <b>ALP</b>	<b>↓ 5.0</b> U/L	8.7-110.9
Liver and gallbladder <b>GGT</b>	<b>7.2</b> U/L	0.0-8.2
Liver and gallbladder <b>TBIL</b>	<b>↑ 119.08</b> μmol/L	0.00-15.00
Liver and gallbladder <b>TBA</b>	<b>9.5</b> μmol/L	0.0-20.0
Pancreas <b>AMY</b>	<b>1314.7</b> U/L	555.6-1940.0
Kidneys <b>BUN</b>	<b>↑ 54.67</b> mmol/L	4.55-11.41
Kidneys <b>CREA</b>	<b>↑ 481.30</b> μmol/L	28.00-180.00
Kidneys <b>BUN/CREA</b>	<b>28.1</b>	
Cardiovasc./Muscle <b>CK</b>	<b>331.7</b> U/L	66.1-530.9
Cardiovasc./Muscle <b>LDH</b>	<b>139.9</b> U/L	0.0-334.2
Energy metabolism <b>GLU</b>	<b>6.64</b> mmol/L	3.39-8.39
Energy metabolism <b>TC</b>	<b>↑ 6.11</b> mmol/L	1.87-5.84
Energy metabolism <b>TG</b>	<b>↑ 1.86</b> mmol/L	0.10-1.30
Minerals <b>Ca</b>	<b>2.26</b> mmol/L	2.10-2.79
Minerals <b>PHOS</b>	<b>↑ 4.63</b> mmol/L	0.80-2.72
Minerals <b>CaxP</b>	<b>10.46</b> mmol/L <sup>2</sup>	
Minerals <b>Mg</b>	<b>↑ 1.77</b> mmol/L	0.66-1.22
Electrolytes <b>Na+</b>	<b>↓ 131.6</b> mmol/L	141.0-166.0
Electrolytes <b>K+</b>	<b>4.0</b> mmol/L	3.5-5.9
Electrolytes <b>Na/K</b>	<b>32.7</b>	
Electrolytes <b>Cl-</b>	<b>116.9</b> mmol/L	104.4-129.0

Operator:

## Comprehensive Diagnosis Panel

QC QC OK

HEM(Hemolysis degree): 0 LIP(Lipemia degree): 0 ICT(Jaundice degree): 2+



## Report Explan.

**GLOB** ↑

Increase is commonly associated with chronic inflammation and infection, and hyperimmunity, etc. Reduction is commonly associated with insufficient protein intake, anemia, and immunodeficiency.

The results only applies to this test sample.

Test Instrument: Mindray vetXpert C5

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# Biochemistry test report



Patient: PONKAN Species: Feline Patient ID: 251216002  
Client: Gender: Male Sample No.: 03  
Doctor: Age: 5Y Time of analysis: 2026/02/07 14:38



## Report Explan.

<b>ALP</b>	↓	Increase is commonly associated with fracture healing period, hepatobiliary diseases, hyperthyroidism, and osteosarcoma, etc.
<b>TBIL</b>	↑	Increase is commonly associated with hemolysis and hepatobiliary dysfunction. Reduction is commonly associated with decreased erythropoiesis, etc.
<b>BUN</b>	↑	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.
<b>CREA</b>	↑	Increase is commonly associated with nephropathy, etc. Reduction is commonly associated with malnutrition and muscular atrophy, etc.
<b>TC</b>	↑	Increase is commonly associated with biliary obstruction, hypothyroidism, hypercorticism, nephropathy, diabetes, etc. Reduction is commonly associated with protein loss enteropathy, pancreatic exocrine insufficiency, and hypoadrenocorticism, etc.
<b>TG</b>	↑	Increase is commonly associated with postprandial, obesity, diabetes and hypercorticism, etc.
<b>PHOS</b>	↑	Increase is commonly associated with nephropathy, bone healing period, and hyperthyroidism. Decreased in hyperparathyroidism, tumor, etc.
<b>Mg</b>	↑	Increase is commonly associated with nephropathy, hypoadrenocorticism, hypocalcemia, and muscle injury, etc. Reduction is commonly associated with gastrointestinal malabsorption, nephropathy, and hyperthyroidism, etc.
<b>Na+</b>	↓	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.

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# Hematology Analysis Report



Patient: PONKAN Species: Feline Patient ID: 251216002  
 Client: Gender: Male Sample No.: 03  
 Doctor: PRINCE JOLERRY TAN Age: 5Years Time of analysis: 2026/02/07 14:03

Para.	Current result	Ref. Ranges	2025/12/16
<b>WBC</b>	<b>H</b> 23.86 10 <sup>9</sup> /L	3.46-17.50	10.09
<b>Neu#</b>	<b>H</b> 22.12 10 <sup>9</sup> /L	1.95-11.50	7.48
<b>Lym#</b>	0.74 10 <sup>9</sup> /L	0.73-7.40	1.83
<b>Mon#</b>	0.95 10 <sup>9</sup> /L	0.06-0.98	0.78
<b>Eos#</b>	<b>L</b> 0.02 10 <sup>9</sup> /L	0.04-1.48	0.01
<b>Bas#</b>	0.02 10 <sup>9</sup> /L	0.00-0.25	0.00
<b>Neu%</b>	<b>H</b> 0.927	0.300-0.835	0.741
<b>Lym%</b>	<b>L</b> 0.031	0.070-0.600	0.181
<b>Mon%</b>	0.040	0.008-0.080	0.077
<b>Eos%</b>	<b>L</b> 0.001	0.005-0.115	0.001
<b>Bas%</b>	0.001	0.000-0.023	0.000
<b>RBC</b>	<b>L</b> 4.25 10 <sup>12</sup> /L	6.30-11.82	3.23
<b>HGB</b>	<b>L</b> 77 g/L	90-160	59
<b>HCT</b>	<b>L</b> 0.218	0.260-0.502	0.180
<b>MCV</b>	51.3 fL	34.0-55.0	55.6
<b>MCH</b>	<b>H</b> 18.2 pg	11.0-18.0	18.3
<b>MCHC</b>	353 g/L	285-384	328
<b>RDW-CV</b>	0.182	0.142-0.266	0.189
<b>RDW-SD</b>	35.2 fL	22.0-39.6	39.9
<b>PLT</b>	222 10 <sup>9</sup> /L	140-595	202
<b>MPV</b>	17.4 fL	8.6-18.4	12.9
<b>PDW</b>	14.8	12.0-17.5	15.3
<b>PCT</b>	3.87 mL/L	1.50-9.00	2.61
<b>IPF</b>	9.2 %	0.7-28.0	28.8
<b>RET#</b>	11.9 10 <sup>9</sup> /L	4.0-52.0	21.3
<b>RET%</b>	0.28 %	0.05-0.90	0.66
<b>IRF</b>	10.6 %	0.0-33.0	30.0
<b>LFR</b>	89.4 %	66.0-100.0	70.0
<b>MFR</b>	10.6 %	0.0-25.8	23.3
<b>HFR</b>	0.0 %	0.0-8.5	6.7
<b>RHE</b>	17.4 pg	14.2-21.5	17.6

Operator:

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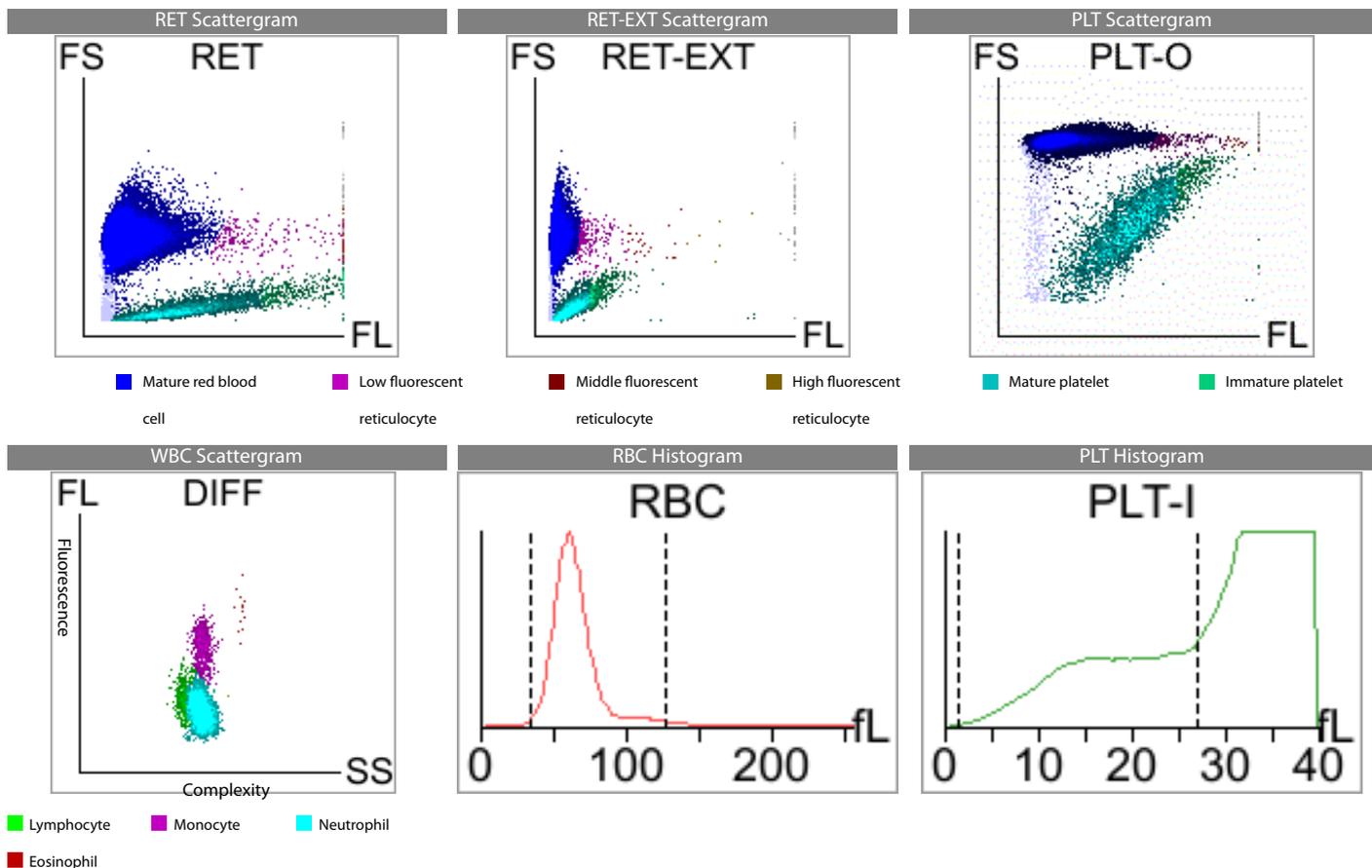
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# Hematology Analysis Report

Patient: PONKAN Species: Feline Patient ID: 251216002  
 Client: Gender: Male Sample No.: 03  
 Doctor: PRINCE JOLERRY TAN Age: 5Years Time of analysis: 2026/02/07 14:03



### 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

### Band cell suspected

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

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