

# NYCO Test report



Patient:	NYCO	Species:	Canine	Patient ID:	260208001
Client:	REJAS	Gender:	Male	Age:	6Y

## 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.  
The results only applies to this test sample.

Time of Printing:2026-02-13 12:23:09



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# Biochemistry test report



Patient: NYCO Species: Canine Patient ID: 260208001  
 Client: REJAS Gender: Male Sample No.: 09  
 Doctor: Age: 6Y Time of analysis: 2026/02/10 17:25

Item	Current result	Ref. Ranges
Protein <b>TP</b>	<b>71.3</b> g/L	53.1-79.2
Protein <b>ALB</b>	<b>30.7</b> g/L	23.4-40.0
Protein <b>GLOB</b>	<b>40.6</b> g/L	25.4-52.0
Protein <b>A/G</b>	<b>0.8</b>	
Liver and gallbladder <b>ALT</b>	<b>60.9</b> U/L	10.1-100.3
Liver and gallbladder <b>AST</b>	<b>↑ 57.9</b> U/L	0.0-51.7
Liver and gallbladder <b>AST/ALT</b>	<b>0.95</b>	
Liver and gallbladder <b>ALP</b>	<b>145.9</b> U/L	15.5-212.0
Liver and gallbladder <b>GGT</b>	<b>5.3</b> U/L	0.0-15.9
Liver and gallbladder <b>TBIL</b>	<b>4.15</b> μmol/L	0.00-15.00
Liver and gallbladder <b>TBA</b>	<b>1.8</b> μmol/L	0.0-30.0
Pancreas <b>AMY</b>	<b>↑ 1773.6</b> U/L	397.7-1285.1
Kidneys <b>BUN</b>	<b>↑ &gt;65.00</b> mmol/L	2.50-9.77
Kidneys <b>CREA</b>	<b>↑ 1048.00</b> μmol/L	20.00-123.70
Kidneys <b>BUN/CREA</b>	<b>****</b>	
Cardiovasc./Muscle <b>CK</b>	<b>↑ 301.0</b> U/L	66.4-257.5
Cardiovasc./Muscle <b>LDH</b>	<b>57.4</b> U/L	0.0-143.6
Energy metabolism <b>GLU</b>	<b>↑ 8.50</b> mmol/L	3.80-7.50
Energy metabolism <b>TC</b>	<b>6.69</b> mmol/L	2.67-8.38
Energy metabolism <b>TG</b>	<b>0.66</b> mmol/L	0.10-1.30
Minerals <b>Ca</b>	<b>↓ 2.08</b> mmol/L	2.10-2.97
Minerals <b>PHOS</b>	<b>↑ 5.29</b> mmol/L	0.80-2.20
Minerals <b>CaxP</b>	<b>11.02</b> mmol/L <sup>2</sup>	
Minerals <b>Mg</b>	<b>↑ 1.30</b> mmol/L	0.53-1.06
Electrolytes <b>Na+</b>	<b>151.2</b> mmol/L	138.0-160.0
Electrolytes <b>K+</b>	<b>4.7</b> mmol/L	3.5-5.9
Electrolytes <b>Na/K</b>	<b>32.2</b>	
Electrolytes <b>Cl-</b>	<b>113.8</b> 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.

- AST** ↑ Increase is commonly associated with liver injury and muscle injury, etc.
- AMY** ↑ Increase is commonly associated with gastroenteritis, pancreatitis, pancreatic tumor, etc.

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Test Instrument: Mindray vetXpert C5

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Doctor:		Age:	6Y	Time of analysis:	2026/02/10 17:25



## Report Explan.

**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.

**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.

**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:	NYCO	Species:	Canine	Patient ID:	260208001
Client:	REJAS	Gender:	Male	Sample No.:	04
Doctor:	ROLANDO TIBON JR.	Age:	6Years	Time of analysis:	2026/02/10 12:32

Para.		Current result		Ref. Ranges		2026/02/08	
WBC Para.	WBC	H	17.45	10 <sup>9</sup> /L	5.32-16.92		11.51
	Neu#	H	15.98	10 <sup>9</sup> /L	3.05-12.10		10.52
	Lym#	L	0.47	10 <sup>9</sup> /L	0.70-4.95		0.33
	Mon#		0.98	10 <sup>9</sup> /L	0.20-1.38		0.46
	Eos#	L	0.02	10 <sup>9</sup> /L	0.04-1.28		0.20
	Bas#		0.00	10 <sup>9</sup> /L	0.00-0.13		0.00
	Neu%	H	0.916		0.420-0.840		0.914
	Lym%	L	0.027		0.060-0.400		0.029
	Mon%		0.056		0.025-0.120		0.040
	Eos%	L	0.001		0.003-0.110		0.017
	Bas%		0.000		0.000-0.010		0.000
	RBC Para.	RBC	L	2.72	10 <sup>12</sup> /L	5.20-8.69	
HGB		L	71	g/L	115-201		73
HCT		L	0.204		0.350-0.600		0.207
MCV			75.0	fL	60.0-77.5		74.4
MCH			26.3	pg	20.0-27.0		26.3
MCHC			348	g/L	300-380		353
RDW-CV		L	0.112		0.113-0.189		0.113
RDW-SD			32.0	fL	29.1-55.1		32.2
PLT Para.	PLT	L	123	10 <sup>9</sup> /L	140-520		96
	MPV		10.8	fL	7.6-16.1		9.4
	PDW		16.5		13.8-17.9		16.5
	PCT		1.33	mL/L	1.20-7.00		0.91
	P-LCC		32	10 <sup>9</sup> /L	25-180		17
	P-LCR		0.262		0.100-0.570		0.173
	IPF		1.0	%	0.4-17.1		0.5
	RET Para.	RET#	L	6.5	10 <sup>9</sup> /L	9.0-115.0	
RET%			0.24	%	0.16-1.95		0.18
IRF			12.8	%	0.0-45.1		5.7
LFR			87.2	%	56.0-100.0		94.3
MFR			12.8	%	0.0-26.0		5.7
HFR			0.0	%	0.0-22.0		0.0
RHE			22.5	pg	20.0-28.3		22.7

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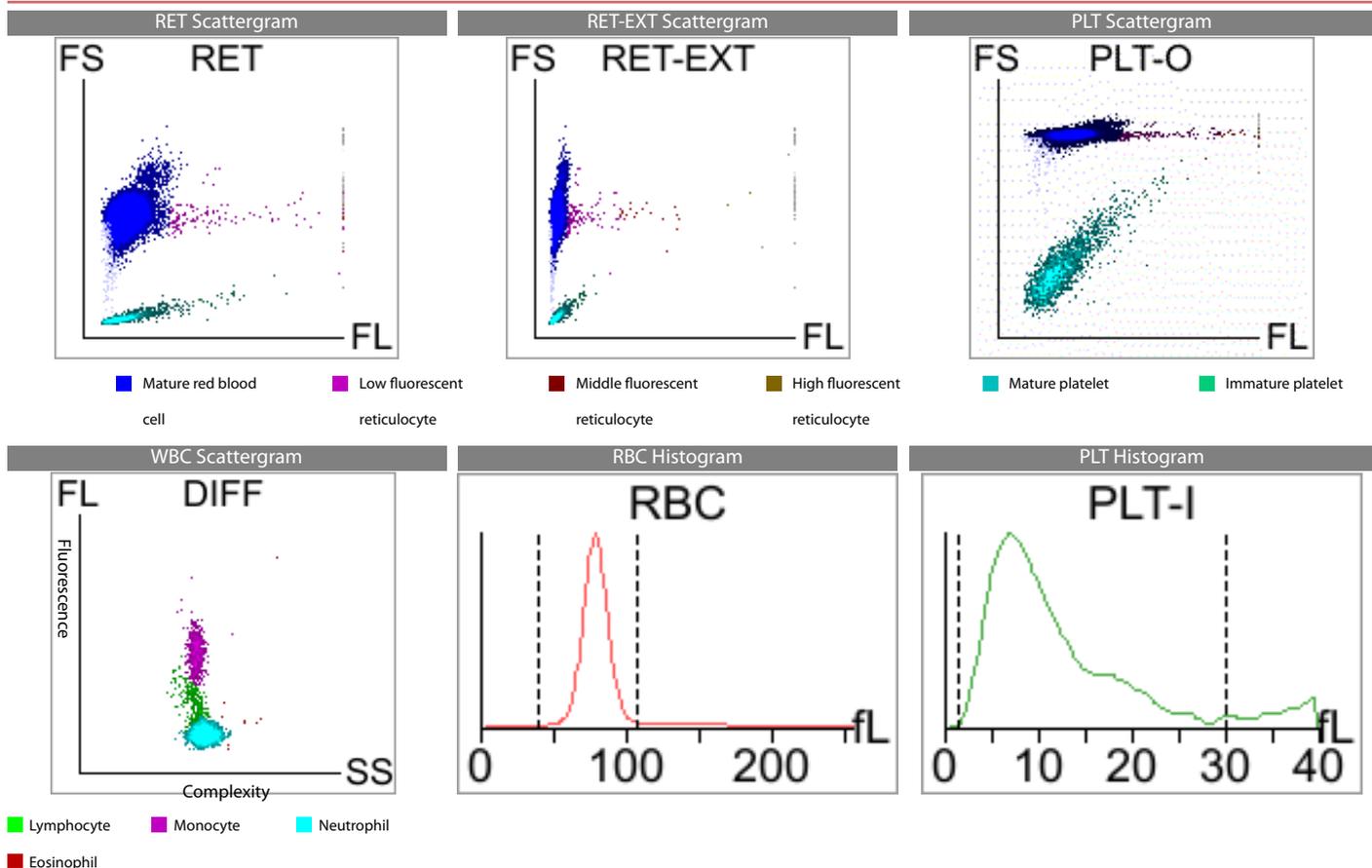
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Client:	REJAS	Gender:	Male	Sample No.:	04
Doctor:	ROLANDO TIBON JR.	Age:	6Years	Time of analysis:	2026/02/10 12:32

Operator:



## Diagnosis implications:

**Anemia**

**Neutrophilia**

**Lymphopenia**

## 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, and immune-mediated diseases

### Lymphopenia

It occurs in stress response or corticosteroid response, viral diseases (such as parvovirus), drug treatment (such as chemotherapy drugs and long-term use of corticosteroid), and lymphoid fluid loss (chylothorax and lymphangiectasia)

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