Biochemistry test report

Patient:	ANNA	Species:	Canine	Patient ID:	260421002
Client:	OLAER	Gender:	Female	Sample No.:	01
Doctor:		Age:	6Y	Time of analysis:	2026/04/23 11:32

	Item		Current result		Ref. Ranges	
Protein	**TP**	↑ H−	**104.2**	g/L	53.1-79.2	
Protein	**ALB**		**26.5**	g/L	23.4-40.0	
Protein	**GLOB**	↑	**77.6**	g/L	25.4-52.0	
Protein	**A/G**		**0.3**			
Liver and gallbladder	**ALT**		**11.7**	U/L	10.1-100.3	
Liver and gallbladder	**AST**	H+	**34.1**	U/L	0.0-51.7	
Liver and gallbladder	**AST/ALT**		**2.91**			
Liver and gallbladder	**ALP**	↑	**339.0**	U/L	15.5-212.0	
Liver and gallbladder	**GGT**		**7.1**	U/L	0.0-15.9	
Liver and gallbladder	**TBIL**		**<1.70**	μmol/L	0.00-15.00	
Liver and gallbladder	**TBA**		**5.8**	μmol/L	0.0-30.0	
Pancreas	**AMY**		**863.2**	U/L	397.7-1285.1	
Kidneys	**BUN**	↑	**23.31**	mmol/L	2.50-9.77	
Kidneys	**CREA**	↑	**256.20**	μmol/L	20.00-123.70	
Kidneys	**BUN/CREA**		**22.5**			
Cardiovasc./Muscle	**CK**		**93.3**	U/L	66.4-257.5	
Cardiovasc./Muscle	**LDH**	↑ H+	**209.3**	U/L	0.0-143.6	
Energy metabolism	**GLU**		**4.72**	mmol/L	3.80-7.50	
Energy metabolism	**TC**	↑	**8.88**	mmol/L	2.67-8.38	
Energy metabolism	**TG**	↑	**1.85**	mmol/L	0.10-1.30	
Minerals	**Ca**		**2.32**	mmol/L	2.10-2.97	
Minerals	**PHOS**	↑	**2.68**	mmol/L	0.80-2.20	
Minerals	**CaxP**		**6.22**	mmol/L^2		
Minerals	**Mg**	↑	**1.47**	mmol/L	0.53-1.06	
Electrolytes	**Na+**		**141.2**	mmol/L	138.0-160.0	
Electrolytes	**K+**	↑	**7.0**	mmol/L	3.5-5.9	
Electrolytes	**Na/K**		**20.3**			
Electrolytes	**Cl-**	↓	**96.2**	mmol/L	102.7-125.0	

Operator:

Comprehensive Diagnosis Panel **QC QC OK**

HEM(Hemolysis degree): 1+ LIP(Lipemia degree): 1+ ICT(Jaundice degree): 0

Report Explan.

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 Time of Printing:2026-04-23 11:35:05

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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.
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.
LDH	↑	Increase is commonly associated with hemolysis (especially in canine), post-exercise, liver injury, exertional rhabdomyolysis, white muscle disease, myocardial injury, tumors, etc.
TC	↑	Increase is commonly associated with biliary obstruction, hypothyroidism, hypercorticalismus, nephropathy, diabetes, etc. Reduction is commonly associated with protein loss enteropathy, pancreatic exocrine insufficiency, and hypoadrenocorticism,etc.
TG	↑	Increase is commonly associated with postprandial, obesity, diabetes and hypercorticalismus, 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.
K+	↑	Increase is commonly associated with high potassium fluid replacement, diabetes, adrenocortical hypofunction, and acute kidney injury, etc. Reduction is commonly associated with low potassium or potassium-free fluid replacement, vomiting, diarrhea, and hypercorticalismus, 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.

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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