

Biochemistry test report



Patient:	MOLLY	Species:	Canine	Patient ID:	260622006
Client:	JABIGUERO	Gender:	Female	Sample No.:	02
Doctor:		Age:		Time of analysis:	2026/06/30 10:39

Item		Current result		Ref. Ranges		2026/06/22
Protein	TP	77.5	g/L	52.0-82.0		82.5
Protein	ALB	30.4	g/L	21.0-40.0		31.3
Protein	GLOB	47.1	g/L	25.4-52.0		51.2
Protein	A/G	0.6				0.6
Liver and gallbladder	ALT	63.8	U/L	10.1-100.3		56.0
Liver and gallbladder	AST	23.7	U/L	0.0-51.7		243.5
Liver and gallbladder	AST/ALT	0.37				4.35
Liver and gallbladder	ALP	198.2	U/L	15.5-212.0		136.1
Liver and gallbladder	GGT	<2.0	U/L	0.0-15.9		5.7
Liver and gallbladder	TBIL	<1.70	μmol/L	0.00-15.00		<1.70
Liver and gallbladder	TBA	19.1	μmol/L	0.0-30.0		18.9
Pancreas	AMY	706.9	U/L	397.7-1285.1		708.3
Pancreas	LIPA-D	38.0	U/L	0.0-100.0		61.4
Kidneys	BUN	↑ 10.60	mmol/L	2.50-9.77		10.57
Kidneys	CREA	46.60	μmol/L	20.00-123.70		65.00
Kidneys	BUN/CREA	56.4				40.2
Cardiovasc./Muscle	CK	143.0	U/L	66.4-257.5		>2500.0
Cardiovasc./Muscle	LDH	63.2	U/L	0.0-143.6		457.8
Energy metabolism	GLU	6.37	mmol/L	3.80-7.50		5.04
Energy metabolism	TC	4.72	mmol/L	2.67-8.38		3.60
Energy metabolism	TG	↑ 1.86	mmol/L	0.10-1.30		0.83
Minerals	Ca	2.39	mmol/L	2.10-2.97		1.19
Minerals	PHOS	0.87	mmol/L	0.70-2.20		0.82
Minerals	CaxP	2.07	(mmol/L) ²			0.97
Minerals	Mg	0.77	mmol/L	0.53-1.06		0.51
Electrolytes	Na+	148.2	mmol/L	138.0-160.0		159.8
Electrolytes	K+	4.4	mmol/L	3.5-5.9		5.0
Electrolytes	Na/K	33.6				31.9
Electrolytes	Cl-	↓ 91.7	mmol/L	100.7-125.0		111.9

LIPA-D: 0.0-100.0 U/L Negative 100.0-200.0 U/L Suspected >200.0 U/L Positive

Operator:

Comprehensive Diagnosis Panel		QC QC Fail	
HEM(Hemolysis degree):	0	LIP(Lipemia degree):	1+
		ICT(Jaundice degree):	0

The results only applies to this test sample.

Test Instrument:Mindray vetXpert C5

Time of Printing:2026-06-30 10:40:16



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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.

TG



Increase is commonly associated with postprandial, obesity, diabetes and hypercorticism, 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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