

Biochemistry test report



Patient:	LOKI	Species:	Canine	Patient ID:	2507233
Client:	CALONIA/ORTEGA	Gender:	Male	Sample No.:	01
Doctor:		Age:	5Y	Time of analysis:	2026/07/01 10:53

Item		Current result		Ref. Ranges		2026/03/18
Protein	TP	53.2	g/L	52.0-82.0		60.4
Protein	ALB	↓ 12.9	g/L	21.0-40.0		18.5
Protein	GLOB	40.3	g/L	25.4-52.0		41.9
Protein	A/G	0.3				0.4
Liver and gallbladder	ALT	39.3	U/L	10.1-100.3		40.9
Liver and gallbladder	AST	31.3	U/L	0.0-51.7		23.1
Liver and gallbladder	AST/ALT	0.80				0.56
Liver and gallbladder	ALP	↑ 270.5	U/L	15.5-212.0		134.3
Liver and gallbladder	GGT	14.4	U/L	0.0-15.9		9.5
Liver and gallbladder	TBIL	<1.70	μmol/L	0.00-15.00		2.56
Liver and gallbladder	TBA	4.0	μmol/L	0.0-30.0		<1.0
Pancreas	AMY	1006.9	U/L	397.7-1285.1		1377.6
Pancreas	LIPA-D	64.7	U/L	0.0-100.0		
Kidneys	BUN	↑ 30.11	mmol/L	2.50-9.77		7.26
Kidneys	CREA	116.80	μmol/L	20.00-123.70		44.10
Kidneys	BUN/CREA	63.8				40.8
Cardiovasc./Muscle	CK	↑ 330.4	U/L	66.4-257.5		163.9
Cardiovasc./Muscle	LDH	58.2	U/L	0.0-143.6		32.1
Energy metabolism	GLU	7.42	mmol/L	3.80-7.50		6.47
Energy metabolism	TC	↑ 10.93	mmol/L	2.67-8.38		7.78
Energy metabolism	TG	↑ 1.83	mmol/L	0.10-1.30		1.08
Minerals	Ca	↓ 1.98	mmol/L	2.10-2.97		2.23
Minerals	PHOS	↑ 2.22	mmol/L	0.70-2.20		1.73
Minerals	CaxP	4.39	(mmol/L) ²			3.85
Minerals	Mg	0.86	mmol/L	0.53-1.06		0.80
Electrolytes	Na+	144.6	mmol/L	138.0-160.0		141.1
Electrolytes	K+	4.2	mmol/L	3.5-5.9		5.6
Electrolytes	Na/K	34.8				25.0
Electrolytes	Cl-	106.3	mmol/L	100.7-125.0		119.9

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

The results only applies to this test sample.

Test Instrument:Mindray vetXpert C5

Time of Printing:2026-07-01 11:09:54



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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.

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.

CK



Increase is commonly associated with trauma, increased muscle activity (such as tetanus and convulsion), myocarditis, and myocardial infarction, etc.

TC



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.

TG



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

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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