

ZOEY Test report



Patient:	ZOEY	Species:	Canine	Patient ID:	260620001
Client:	BORROMEO	Gender:	Female	Age:	12Y

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.

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:2026-07-04 13:33:04



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Biochemistry test report



Patient:	ZOEY	Species:	Canine	Patient ID:	260620001
Client:	BORROMEIO	Gender:	Female	Sample No.:	SAMPLE00000000001
Doctor:		Age:	12Y	Time of analysis:	2026/06/30 10:39

Item		Current result		Ref. Ranges	
Protein	TP	↑	94.7	g/L	53.1-79.2
Protein	ALB		35.6	g/L	23.4-40.0
Protein	GLOB	↑	59.2	g/L	25.4-52.0
Protein	A/G		0.6		
Liver and gallbladder	ALT		32.4	U/L	10.1-100.3
Liver and gallbladder	AST		16.1	U/L	0.0-51.7
Liver and gallbladder	AST/ALT		0.50		
Liver and gallbladder	ALP		191.0	U/L	15.5-212.0
Liver and gallbladder	GGT		<2.0	U/L	0.0-15.9
Liver and gallbladder	TBIL		<1.70	μmol/L	0.00-15.00
Liver and gallbladder	TBA		6.1	μmol/L	0.0-30.0
Pancreas	AMY		539.0	U/L	397.7-1285.1
Pancreas	LIPA-D		49.8	U/L	0.0-120.0
Kidneys	BUN	↑	12.11	mmol/L	2.50-9.77
Kidneys	CREA	↑	138.10	μmol/L	20.00-123.70
Kidneys	BUN/CREA		21.7		
Cardiovasc./Muscle	CK	↓	44.6	U/L	66.4-257.5
Cardiovasc./Muscle	LDH		42.8	U/L	0.0-143.6
Energy metabolism	GLU		6.10	mmol/L	3.80-7.50
Energy metabolism	TC		7.14	mmol/L	2.67-8.38
Energy metabolism	TG	↑	1.76	mmol/L	0.10-1.30
Minerals	Ca	↓	<1.00	mmol/L	2.10-2.97
Minerals	PHOS		1.45	mmol/L	0.80-2.20
Minerals	CaxP		****	(mmol/L) ²	
Minerals	Mg	↓	0.05	mmol/L	0.53-1.06
Electrolytes	Na+	↑	163.2	mmol/L	138.0-160.0
Electrolytes	K+	↑	7.9	mmol/L	3.5-5.9
Electrolytes	Na/K		20.6		
Electrolytes	Cl-	↓	92.0	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

The results only applies to this test sample.

Test Instrument:Mindray vetXpert C5

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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.

GLOB



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

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.

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.

Mg



Increase is commonly associated with nephropathy, hypoadrenocorticism, hypocalcemia, and muscle injury, etc. Reduction is commonly associated with gastrointestinal malabsorption, nephropathy, and hyperthyroidism, etc.

Na+



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.

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 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.

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