BROWNIE Test report

Patient:	BROWNIE	Species:	Feline	Patient ID:	AUG11-4:21PM
Client:	LIMBAROC	Gender:	Male	Age:	

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:2026-08-15 00:41:31

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Immunoassay test report



Patient:	BROWNIE	Species:	Feline	Patient ID:	AUG11-4:21PM
Client:	LIMBAROC	Gender:	Male	Sample No.:	05
Doctor:		Age:		Time of analysis:	2026/08/11 16:42

Lab item		Current result		Ref. Ranges	
fSDMA	↑	**36.4**	µg/dL	0.0-14.0	

Operator:

Report Explan.

fSDMA

Result indications:
<14.0 ug/dL Normal
14.0-20.0 ug/dL Suspected
>20.0 ug/dL Abnormal
Clinical significance:
fSDMA is an early biomarker of progressive kidney injury, and an increase may indicate impaired renal function.

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The results only applies to this test sample. Test Instrument:Mindray vetXpert I3 Time of Printing:2026-08-15 00:41:33

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Biochemistry test report



Patient:	BROWNIE	Species:	Canine	Patient ID:	AUG11-4:21PM
Client:	LIMBAROC	Gender:	Male	Sample No.:	05
Doctor:		Age:		Time of analysis:	2026/08/11 16:39

	Item		Current result		Ref. Ranges	
Kidneys	**BUN**	↑	**47.61**	mmol/L	2.50-9.77	
Kidneys	**CREA**	↑	**452.80**	μmol/L	20.00-123.70	
Kidneys	**BUN/CREA**		**26.0**			
Energy metabolism	**GLU**		**6.37**	mmol/L	3.80-7.50	
Minerals	**Ca**		**2.67**	mmol/L	2.10-2.97	
Minerals	**PHOS**	↑	**3.45**	mmol/L	0.70-2.20	
Minerals	**CaxP**		**9.21**	$(mmol/L)^2$		
Minerals	**Mg**	↑	**1.31**	mmol/L	0.53-1.06	
Electrolytes	**tCO2**		**21.68**	mmol/L	13.14-25.13	
Electrolytes	**Na+**		**145.2**	mmol/L	138.0-160.0	
Electrolytes	**K+**		**3.5**	mmol/L	3.5-5.9	
Electrolytes	**Na/K**		**41.4**			
Electrolytes	**Cl-**		**121.2**	mmol/L	100.7-125.0	

Operator:

Electrolyte Panel **QC QC OK**

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

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.
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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The results only applies to this test sample. Test Instrument:Mindray vetXpert C5 Time of Printing:2026-08-15 00:41:35

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Hematology Analysis Report



Patient:	BROWNIE	Species:	Canine	Patient ID:	AUG11-4:21PM
Client:	LIMBAROC	Gender:	Male	Sample No.:	05
Doctor:	JOPLIN RAE CORNEJO	Age:		Time of analysis:	2026/08/11 16:14

	Para.		Current result		Ref. Ranges
WBC Para.	WBC		7.15	10^9/L	5.32-16.92
	Neu#		4.85	10^9/L	3.05-12.10
	Lym#		1.48	10^9/L	0.70-4.95
	Mon#		0.44	10^9/L	0.20-1.38
	Eos#		0.39	10^9/L	0.04-1.28
	Bas#		0.00	10^9/L	0.00-0.13
	Neu%		0.678		0.420-0.840
	Lym%		0.207		0.060-0.400
	Mon%		0.061		0.025-0.120
	Eos%		0.054		0.003-0.110
	Bas%		0.000		0.000-0.010
RBC Para.	RBC	L	3.65	10^12/L	5.20-8.69
	HGB	L	90	g/L	115-201
	HCT	L	0.262		0.350-0.600
	MCV		71.8	fL	60.0-77.5
	MCH		24.5	pg	20.0-27.0
	MCHC		344	g/L	300-380
	RDW-CV		0.180		0.113-0.189
	RDW-SD		49.2	fL	29.1-55.1
PLT Para.	PLT		229	10^9/L	140-520
	MPV	L	7.3	fL	7.6-16.1
	PDW		14.9		13.8-17.9
	PCT		1.68	mL/L	1.20-7.00
	P-LCC	L	12	10^9/L	25-180
	P-LCR	L	0.051		0.100-0.570
	IPF		0.4	%	0.4-17.1
RET Para.	RET#	L	4.4	10^9/L	9.0-115.0
	RET%	L	0.12	%	0.16-1.95
	IRF		22.8	%	0.0-45.1
	LFR		77.2	%	56.0-100.0
	MFR		22.8	%	0.0-26.0
	HFR		0.0	%	0.0-22.0
	RHE		21.1	pg	20.0-28.3

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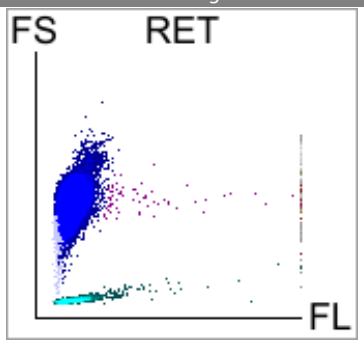
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Hematology Analysis Report

Patient:	BROWNIE	Species:	Canine	Patient ID:	AUG11-4:21PM
Client:	LIMBAROC	Gender:	Male	Sample No.:	05
Doctor:	JOPLIN RAE CORNEJO	Age:		Time of analysis:	2026/08/11 16:14

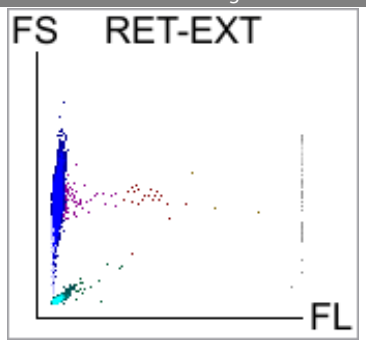
Operator:

RET Scattergram



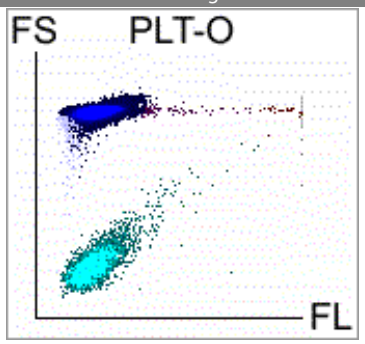
Mature red blood cell
Low fluorescent reticulocyte

RET-EXT Scattergram



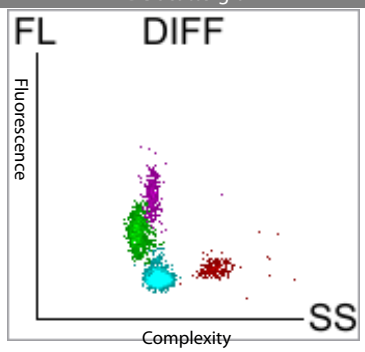
Middle fluorescent reticulocyte
High fluorescent reticulocyte

PLT Scattergram



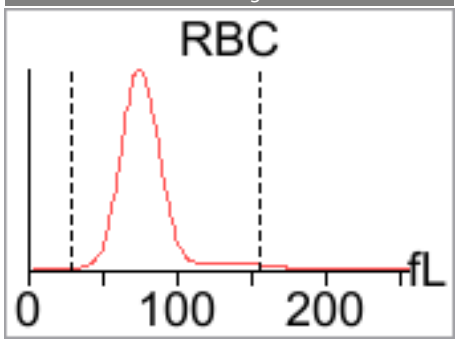
Mature platelet
Immature platelet

WBC Scattergram

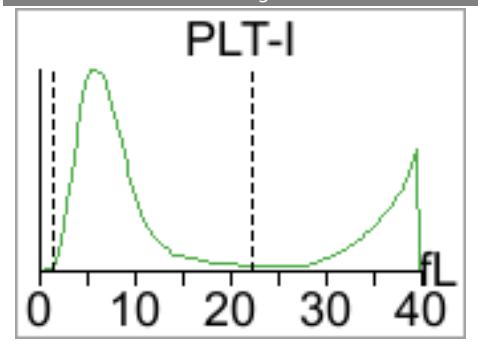


Lymphocyte
Monocyte
Neutrophil
Eosinophil

RBC Histogram



PLT Histogram



Diagnosis implications: **Anemia**

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

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