Biochemistry test report



Patient:	LUCKY	Species:	Canine	Patient ID:	260921001
Client:	SILAN	Gender:	Male	Sample No.:	04
Doctor:		Age:	11Y	Time of analysis:	2026/10/10 11:48

	Item		Current result		Ref. Ranges
Protein	**TP**		**73.8**	g/L	52.0-82.0
Protein	**ALB**		**31.8**	g/L	21.0-40.0
Protein	**GLOB**		**42.0**	g/L	25.4-52.0
Protein	**A/G**		**0.8**		
Liver and gallbladder	**ALT**		**74.5**	U/L	10.1-100.3
Liver and gallbladder	**AST**		**20.7**	U/L	0.0-51.7
Liver and gallbladder	**AST/ALT**		**0.28**		
Liver and gallbladder	**ALP**		**85.8**	U/L	15.5-212.0
Liver and gallbladder	**GGT**		**4.2**	U/L	0.0-15.9
Liver and gallbladder	**TBIL**		**4.41**	μmol/L	0.00-15.00
Liver and gallbladder	**TBA**		**<1.0**	μmol/L	0.0-30.0
Pancreas	**AMY**		**873.2**	U/L	200.0-1285.1
Pancreas	**LIPA-D**	↑	**170.2**	U/L	0.0-125.0
Kidneys	**BUN**		**7.79**	mmol/L	2.50-9.77
Kidneys	**CREA**		**51.70**	μmol/L	20.00-123.70
Kidneys	**BUN/CREA**		**37.3**		
Cardiovasc./Muscle	**CK**		**58.1**	U/L	30.0-257.5
Cardiovasc./Muscle	**LDH**		**20.8**	U/L	0.0-143.6
Energy metabolism	**GLU**		**7.16**	mmol/L	3.80-7.50
Energy metabolism	**TC**		**6.90**	mmol/L	2.67-8.38
Energy metabolism	**TG**		**1.09**	mmol/L	0.10-1.30
Minerals	**Ca**		**2.61**	mmol/L	1.95-2.97
Minerals	**PHOS**	↓	**0.61**	mmol/L	0.70-2.20
Minerals	**CaxP**		**1.59**	$(mmol/L)^2$	
Minerals	**Mg**		**0.85**	mmol/L	0.53-1.06
Electrolytes	**Na+**		**149.3**	mmol/L	138.0-160.0
Electrolytes	**K+**	↓	**3.0**	mmol/L	3.5-5.9
Electrolytes	**Na/K**		**50.1**		
Electrolytes	**Cl-**		**107.4**	mmol/L	100.7-125.0

LIPA-D: 0.0-125.0 U/L Negative 125.0-250.0 U/L Suspected >250.0 U/L Positive

Operator:

Comprehensive Diagnosis Panel **QC QC OK**

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

Report Explan.

LIPA-D ↑ Increase is commonly associated with pancreatitis, pancreatic tumor, etc.

The results only applies to this test sample. Test Instrument:Mindray vetXpert C5 Time of Printing:2026-10-10 11:52:10

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Report Explan.

PHOS	↓	Increase is commonly associated with nephropathy, bone healing period, and hyperthyroidism. Decreased in hyperparathyroidism, tumor, 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.

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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