Biochemistry test report



Patient:	PEANUT	Species:	Canine	Patient ID:	261010007
Client:	NACASABOG	Gender:	Female	Sample No.:	07
Doctor:		Age:	7Y	Time of analysis:	2026/10/10 14:25

	Item		Current result		Ref. Ranges	
Protein	**TP**	↑	**103.3**	g/L	52.0-82.0	
Protein	**ALB**		**26.1**	g/L	21.0-40.0	
Protein	**GLOB**	↑	**77.1**	g/L	25.4-52.0	
Protein	**A/G**		**0.3**			
Liver and gallbladder	**ALT**		**19.5**	U/L	10.1-100.3	
Liver and gallbladder	**AST**	↑	**79.1**	U/L	0.0-51.7	
Liver and gallbladder	**AST/ALT**		**4.06**			
Liver and gallbladder	**ALP**		**132.9**	U/L	15.5-212.0	
Liver and gallbladder	**GGT**		**<2.0**	U/L	0.0-15.9	
Liver and gallbladder	**TBIL**		**12.17**	μmol/L	0.00-15.00	
Liver and gallbladder	**TBA**		**2.3**	μmol/L	0.0-30.0	
Pancreas	**AMY**		**1175.4**	U/L	200.0-1285.1	
Pancreas	**LIPA-D**		**19.1**	U/L	0.0-125.0	
Kidneys	**BUN**	↑	**36.82**	mmol/L	2.50-9.77	
Kidneys	**CREA**	↑	**920.60**	μmol/L	20.00-123.70	
Kidneys	**BUN/CREA**		**9.9**			
Cardiovasc./Muscle	**CK**		**110.4**	U/L	30.0-257.5	
Cardiovasc./Muscle	**LDH**	↑	**432.2**	U/L	0.0-143.6	
Energy metabolism	**GLU**		**6.19**	mmol/L	3.80-7.50	
Energy metabolism	**TC**		**6.75**	mmol/L	2.67-8.38	
Energy metabolism	**TG**	↑	**1.61**	mmol/L	0.10-1.30	
Minerals	**Ca**		**2.20**	mmol/L	1.95-2.97	
Minerals	**PHOS**	↑	**4.61**	mmol/L	0.70-2.20	
Minerals	**CaxP**		**10.12**	$(mmol/L)^2$		
Minerals	**Mg**	↑	**1.47**	mmol/L	0.53-1.06	
Electrolytes	**Na+**	↓	**131.4**	mmol/L	138.0-160.0	
Electrolytes	**K+**	↑	**6.8**	mmol/L	3.5-5.9	
Electrolytes	**Na/K**		**19.5**			
Electrolytes	**Cl-**	↓	**90.2**	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

The results only applies to this test sample. Test Instrument:Mindray vetXpert C5 Time of Printing:2026-10-10 14:25:38

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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.
AST	↑	Increase is commonly associated with liver injury and muscle injury, 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.
CREA	↑	Increase is commonly associated with nephropathy, etc. Reduction is commonly associated with malnutrition and muscular atrophy, etc.
LDH	↑	Increase is commonly associated with hemolysis (especially in canine), post-exercise, liver injury, exertional rhabdomyolysis, white muscle disease, myocardial injury, tumors, etc.
TG	↑	Increase is commonly associated with postprandial, obesity, diabetes and hypercorticalismus, 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.
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 hypercorticalismus, 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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