KET QUA SINH HOA MAU

Patient:	Cu Cai	Species:	Canine	Patient ID:	
Client:	Chi Ut	Gender:	Male	Sample No.:	17
Doctor:		Age stage:		Time of analysis:	2025/04/05 15:27

	Item		Current result		Ref. Ranges	
Protein	**TP**	↑	**98.0**	g/L	53.1-79.2	
Protein	**ALB**	↓	**20.4**	g/L	23.4-40.0	
Protein	**GLOB**	↑	**77.6**	g/L	25.4-44.0	
Protein	**A/G**		**0.3**			
Liver and gallbladder	**ALT**		**24.7**	U/L	10.1-100.3	
Liver and gallbladder	**AST**		**25.9**	U/L	21.0-51.7	
Liver and gallbladder	**AST/ALT**		**1.05**			
Liver and gallbladder	**ALP**		**27.3**	U/L	15.5-125.0	
Liver and gallbladder	**GGT**		**<2.0**	U/L	0.0-15.9	
Liver and gallbladder	**TBIL**		**<1.70**	μmol/L	0.00-15.00	
Pancreas	**AMY**	↑	**1592.6**	U/L	397.7-1285.1	
Kidneys	**BUN**	↑	**>65.00**	mmol/L	2.50-9.77	
Kidneys	**CREA**	↑	**771.90**	μmol/L	33.80-123.70	
Kidneys	**BUN/CREA**		********			
Cardiovasc./Muscle	**CK**		**181.8**	U/L	66.4-257.5	
Cardiovasc./Muscle	**LDH**	↑	**240.2**	U/L	36.4-143.6	
Energy metabolism	**GLU**		**4.75**	mmol/L	3.80-6.29	
Energy metabolism	**TC**		**5.81**	mmol/L	2.67-8.38	
Minerals	**Ca**		**2.74**	mmol/L	2.30-2.97	
Minerals	**PHOS**	↑	**4.30**	mmol/L	1.00-2.20	
Minerals	**CaxP**		**11.77**	mmol/L^2		
Electrolytes	**tCO2**		**13.19**	mmol/L	13.14-25.13	
Electrolytes	**Na+**	↓	**136.9**	mmol/L	141.6-160.0	
Electrolytes	**K+**		**4.8**	mmol/L	3.5-5.9	
Electrolytes	**Na/K**		**28.5**			
Electrolytes	**Cl-**	↑	**126.6**	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.

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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.
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.
GLOB	↑	Increase is commonly associated with chronic inflammation and infection, and hyperimmunity, etc. Reduction is commonly associated with insufficient protein intake, anemia, and immunodeficiency.
AMY	↑	Increase is commonly associated with gastroenteritis, pancreatitis, pancreatic tumor, 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.
PHOS	↑	Increase is commonly associated with nephropathy, bone healing period, and hyperthyroidism. Decreased in hyperparathyroidism, tumor, 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.
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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