KET QUA SINH HOA MAU

Patient:		Species:	Feline	Patient ID:	
Client:	SNOW	Gender:	Male	Sample No.:	43
Doctor:		Age:	Adult	Time of analysis:	2025/09/05 12:15

	Item		Current result		Ref. Ranges	
Protein	**TP**		**76.4**	g/L	56.5-88.5	
Protein	**ALB**		**29.3**	g/L	22.0-40.0	
Protein	**GLOB**		**47.1**	g/L	28.2-51.3	
Protein	**A/G**		**0.6**			
Liver and gallbladder	**ALT**	↓	**24.9**	U/L	25.8-149.2	
Liver and gallbladder	**AST**		**25.8**	U/L	16.5-60.0	
Liver and gallbladder	**AST/ALT**		**1.04**			
Liver and gallbladder	**ALP**		**17.3**	U/L	8.7-110.9	
Liver and gallbladder	**GGT**		**<2.0**	U/L	0.0-8.2	
Liver and gallbladder	**TBIL**		**<1.70**	μmol/L	0.00-15.00	
Pancreas	**AMY**		**950.1**	U/L	555.6-1940.0	
Kidneys	**BUN**	↑	**57.60**	mmol/L	4.55-11.41	
Kidneys	**CREA**	↑	**>2000.00**	μmol/L	44.80-180.00	
Kidneys	**BUN/CREA**		********			
Cardiovasc./Muscle	**CK**		**453.4**	U/L	66.1-530.9	
Cardiovasc./Muscle	**LDH**		**209.8**	U/L	60.9-334.2	
Energy metabolism	**GLU**	↑	**12.71**	mmol/L	3.39-8.39	
Energy metabolism	**TC**		**4.63**	mmol/L	1.87-5.84	
Minerals	**Ca**	↓	**1.78**	mmol/L	2.10-2.79	
Minerals	**PHOS**	↑	**3.53**	mmol/L	1.02-2.72	
Minerals	**CaxP**		**6.27**	mmol/L^2		
Electrolytes	**tCO2**	↓	**9.15**	mmol/L	11.10-21.17	
Electrolytes	**Na+**		**143.4**	mmol/L	143.0-166.0	
Electrolytes	**K+**	↑	**7.1**	mmol/L	3.5-5.9	
Electrolytes	**Na/K**		**20.1**			
Electrolytes	**Cl-**	↓	**98.9**	mmol/L	104.4-129.0	

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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Doctor:		Age:	Adult	Time of analysis:	2025/09/05 12:15

Report Explan.

ALT	↓	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.
GLU	↑	Increase is commonly associated with diabetes and hypercorticalismus, etc. Reduction is commonly associated with insulin administration, malnutrition, and insulinoma, 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.
PHOS	↑	Increase is commonly associated with nephropathy, bone healing period, and hyperthyroidism. Decreased in hyperparathyroidism, tumor, etc.
tCO2	↓	Increase is commonly associated with metabolic alkalosis and respiratory acidosis; Reduction is commonly associated with metabolic acidosis, respiratory alkalosis
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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