KET QUA SINH HOA MAU

Patient:	Cuc	Species:	Feline	Patient ID:	
Client:		Gender:	Male	Sample No.:	25
Doctor:		Age stage:	Adult	Time of analysis:	2025/05/22 13:44

	Item		Current result		Ref. Ranges	
Protein	**TP**	↑	**102.5**	g/L	56.5-88.5	
Protein	**ALB**		**29.3**	g/L	22.0-40.0	
Protein	**GLOB**	↑	**73.2**	g/L	28.2-51.3	
Protein	**A/G**		**0.4**			
Liver and gallbladder	**ALT**		**27.1**	U/L	25.8-149.2	
Liver and gallbladder	**AST**		**32.1**	U/L	16.5-60.0	
Liver and gallbladder	**AST/ALT**		**1.18**			
Liver and gallbladder	**ALP**		**15.7**	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**	↑	**1998.6**	U/L	555.6-1940.0	
Kidneys	**BUN**	↑	**42.11**	mmol/L	4.55-11.41	
Kidneys	**CREA**	↑	**688.00**	μmol/L	44.80-180.00	
Kidneys	**BUN/CREA**		**15.2**			
Cardiovasc./Muscle	**CK**		**113.9**	U/L	66.1-530.9	
Cardiovasc./Muscle	**LDH**		**180.3**	U/L	60.9-334.2	
Energy metabolism	**GLU**		**6.27**	mmol/L	3.39-8.39	
Energy metabolism	**TC**		**2.68**	mmol/L	1.87-5.84	
Minerals	**Ca**		**2.29**	mmol/L	2.10-2.79	
Minerals	**PHOS**	↑	**3.18**	mmol/L	1.02-2.72	
Minerals	**CaxP**		**7.27**	mmol/L^2		
Electrolytes	**tCO2**	↓	**7.96**	mmol/L	11.10-21.17	
Electrolytes	**Na+**		**153.7**	mmol/L	143.0-166.0	
Electrolytes	**K+**		**4.5**	mmol/L	3.5-5.9	
Electrolytes	**Na/K**		**34.4**			
Electrolytes	**Cl-**	↑	**>135.0**	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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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.
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.
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
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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