



KET QUA SINH HOA MAU

Patient:	VANG	Species:	Feline	Patient ID:	
Client:	BS DAT	Gender:	Male	Sample No.:	68
Doctor:		Age:	Adult	Time of analysis:	2025/12/18 08:46

Item	Current result	Ref. Ranges
Protein	TP	71.9
Protein	ALB	28.2
Protein	GLOB	43.7
Protein	A/G	0.6
Liver and gallbladder	ALT	37.2
Liver and gallbladder	AST	56.3
Liver and gallbladder	AST/ALT	1.51
Liver and gallbladder	ALP	11.9
Liver and gallbladder	GGT	2.9
Liver and gallbladder	TBIL	<1.70
Liver and gallbladder	TBA	<1.0
Pancreas	AMY	1072.1
Kidneys	BUN	↑ 41.58
Kidneys	CREA	↑ 971.40
Kidneys	BUN/CREA	10.6
Cardiovasc./Muscle	CK	↑ 1999.2
Cardiovasc./Muscle	LDH	306.6
Energy metabolism	GLU	↑ 17.19
Energy metabolism	TC	2.51
Energy metabolism	TG	0.84
Minerals	Ca	2.26
Minerals	PHOS	1.19
Minerals	CaxP	2.69
Minerals	Mg	1.06
Electrolytes	Na+	157.9
Electrolytes	K+	↑ 7.2
Electrolytes	Na/K	22.0
Electrolytes	Cl-	120.9

Operator:

Comprehensive Diagnosis Panel

QC QC OK

HEM(Hemolysis degree): 0

LIP(Lipemia degree): 0

0

ICT(Jaundice degree): 0

0



Report Explan.

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.

The results only applies to this test sample.

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Report Explan.

CREA ↑ Increase is commonly associated with nephropathy, etc. Reduction is commonly associated with malnutrition and muscular atrophy, etc.

CK ↑ Increase is commonly associated with trauma, increased muscle activity (such as tetanus and convulsion), myocarditis, and myocardial infarction, etc.

GLU ↑ Increase is commonly associated with diabetes and hypercorticalismus, etc. Reduction is commonly associated with insulin administration, malnutrition, and insulinoma, 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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