KET QUA SINH HOA MAU

Patient:	VAN	Species:	Feline	Patient ID:	
Client:		Gender:		Sample No.:	45
Doctor:		Age:	Adult	Time of analysis:	2025/09/13 11:03

	Item		Current result		Ref. Ranges	
Protein	**TP**	↑	**92.0**	g/L	56.5-88.5	
Protein	**ALB**		**39.5**	g/L	22.0-40.0	
Protein	**GLOB**	↑	**52.5**	g/L	28.2-51.3	
Protein	**A/G**		**0.8**			
Liver and gallbladder	**ALT**	↑	**386.0**	U/L	25.8-149.2	
Liver and gallbladder	**AST**	↑	**207.0**	U/L	16.5-60.0	
Liver and gallbladder	**AST/ALT**		**0.54**			
Liver and gallbladder	**ALP**		**73.2**	U/L	8.7-110.9	
Liver and gallbladder	**GGT**		**<2.0**	U/L	0.0-8.2	
Liver and gallbladder	**TBIL**	↑	**40.61**	μmol/L	0.00-15.00	
Pancreas	**AMY**	↑	**2043.3**	U/L	555.6-1940.0	
Kidneys	**BUN**	↑	**17.60**	mmol/L	4.55-11.41	
Kidneys	**CREA**	↑	**276.50**	μmol/L	44.80-180.00	
Kidneys	**BUN/CREA**		**15.8**			
Cardiovasc./Muscle	**CK**		**185.3**	U/L	66.1-530.9	
Cardiovasc./Muscle	**LDH**		**331.1**	U/L	60.9-334.2	
Energy metabolism	**GLU**	↑	**>30.00**	mmol/L	3.39-8.39	
Energy metabolism	**TC**	↑	**10.28**	mmol/L	1.87-5.84	
Minerals	**Ca**		**2.51**	mmol/L	2.10-2.79	
Minerals	**PHOS**	↓	**<0.06**	mmol/L	1.02-2.72	
Minerals	**CaxP**		****	mmol/L^2		
Electrolytes	**tCO2**		**<5.00**	mmol/L	11.10-21.17	
Electrolytes	**Na+**	↓	**141.9**	mmol/L	143.0-166.0	
Electrolytes	**K+**	↓	**2.8**	mmol/L	3.5-5.9	
Electrolytes	**Na/K**		**50.2**			
Electrolytes	**Cl-**	↓	**97.1**	mmol/L	104.4-129.0	

Operator:

Comprehensive Diagnosis Panel **QC QC OK**

HEM(Hemolysis degree):	1+	LIP(Lipemia degree):	2+	ICT(Jaundice degree):	2+

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.
ALT	↑	Increase is commonly associated with liver injury and muscle injury, etc.
AST	↑	Increase is commonly associated with liver injury and muscle injury, etc.
TBIL	↑	Increase is commonly associated with hemolysis and hepatobiliary dysfunction. Reduction is commonly associated with decreased erythropoiesis, etc.
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.
GLU	↑	Increase is commonly associated with diabetes and hypercorticalismus, etc. Reduction is commonly associated with insulin administration, malnutrition, and insulinoma, etc.
TC	↑	Increase is commonly associated with biliary obstruction, hypothyroidism, hypercorticalismus, nephropathy, diabetes, etc. Reduction is commonly associated with protein loss enteropathy, pancreatic exocrine insufficiency, and hypoadrenocorticism,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.
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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