KET QUA SINH HOA MAU

Patient:	Lu	Species:	Canine	Patient ID:	
Client:	Thy	Gender:	Female	Sample No.:	66
Doctor:		Age:	Adult	Time of analysis:	2025/12/15 08:53

	Item		Current result		Ref. Ranges	
Protein	**TP**	↑	**88.3**	g/L	53.1-79.2	
Protein	**ALB**	↓	**22.8**	g/L	23.4-40.0	
Protein	**GLOB**	↑	**65.6**	g/L	25.4-52.0	
Protein	**A/G**		**0.3**			
Liver and gallbladder	**ALT**	↑	**>2000.0**	U/L	10.1-100.3	
Liver and gallbladder	**AST**	↑	**436.3**	U/L	0.0-51.7	
Liver and gallbladder	**AST/ALT**		********			
Liver and gallbladder	**ALP**	↑ I–	**1758.9**	U/L	15.5-212.0	
Liver and gallbladder	**GGT**	↑	**82.4**	U/L	0.0-15.9	
Liver and gallbladder	**TBIL**	↑	**113.86**	μmol/L	0.00-15.00	
Liver and gallbladder	**TBA**	↑	**>110.0**	μmol/L	0.0-30.0	
Pancreas	**AMY**		**512.0**	U/L	397.7-1285.1	
Kidneys	**BUN**		**9.62**	mmol/L	2.50-9.77	
Kidneys	**CREA**		**80.10**	μmol/L	20.00-123.70	
Kidneys	**BUN/CREA**		**29.7**			
Cardiovasc./Muscle	**CK**	↑	**276.5**	U/L	66.4-257.5	
Cardiovasc./Muscle	**LDH**	↑	**210.6**	U/L	0.0-143.6	
Energy metabolism	**GLU**	↑	**10.84**	mmol/L	3.80-7.50	
Energy metabolism	**TC**	↑	**13.79**	mmol/L	2.67-8.38	
Energy metabolism	**TG**	↑	**1.32**	mmol/L	0.10-1.30	
Minerals	**Ca**		**2.21**	mmol/L	2.10-2.97	
Minerals	**PHOS**	↓	**0.71**	mmol/L	0.80-2.20	
Minerals	**CaxP**		**1.57**	mmol/L^2		
Minerals	**Mg**		**0.90**	mmol/L	0.53-1.06	
Electrolytes	**Na+**		**141.7**	mmol/L	138.0-160.0	
Electrolytes	**K+**	↓	**3.4**	mmol/L	3.5-5.9	
Electrolytes	**Na/K**		**41.9**			
Electrolytes	**Cl-**		**120.1**	mmol/L	102.7-125.0	

Operator:

Comprehensive Diagnosis Panel **QC QC OK**

HEM(Hemolysis degree): 0 LIP(Lipemia degree): 1+ ICT(Jaundice degree): 2+

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.

The results only applies to this test sample.

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Report Explan.

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.
ALT	↑	Increase is commonly associated with liver injury and muscle injury, etc.
AST	↑	Increase is commonly associated with liver injury and muscle injury, etc.
ALP	↑	Increase is commonly associated with fracture healing period, hepatobiliary diseases, hyperthyroidism, and osteosarcoma, etc.
GGT	↑	Elevated is commonly associated with bile duct injury or cholestasis, etc.
TBIL	↑	Increase is commonly associated with hemolysis and hepatobiliary dysfunction. Reduction is commonly associated with decreased erythropoiesis, etc.
TBA	↑	Increase is commonly associated with hepatic insufficiency or failure, portal vein shunt, and cholestasis, etc. Reduction is commonly associated with long-term fasting and intestinal malabsorption, etc.
CK	↑	Increase is commonly associated with trauma, increased muscle activity (such as tetanus and convulsion), myocarditis, and myocardial infarction, etc.
LDH	↑	Increase is commonly associated with hemolysis (especially in canine), post-exercise, liver injury, exertional rhabdomyolysis, white muscle disease, myocardial injury, tumors, 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.
TG	↑	Increase is commonly associated with postprandial, obesity, diabetes and hypercorticalismus, etc.
PHOS	↓	Increase is commonly associated with nephropathy, bone healing period, and hyperthyroidism. Decreased in hyperparathyroidism, tumor, 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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