

# KET QUA SINH HOA MAU



Patient:	THUAN	Species:	Feline	Patient ID:	
Client:	HOANG QUAN	Gender:		Sample No.:	48
Doctor:		Age:	Adult	Time of analysis:	2025/09/23 16:55

Item		Current result		Ref. Ranges	
Protein	TP	77.3	g/L	56.5-88.5	<div><div></div></div>
Protein	ALB	33.5	g/L	22.0-40.0	<div><div></div></div>
Protein	GLOB	43.8	g/L	28.2-51.3	<div><div></div></div>
Protein	A/G	0.8			
Liver and gallbladder	ALT	50.8	U/L	25.8-149.2	<div><div></div></div>
Liver and gallbladder	AST	38.8	U/L	16.5-60.0	<div><div></div></div>
Liver and gallbladder	AST/ALT	0.76			
Liver and gallbladder	ALP	35.5	U/L	8.7-110.9	<div><div></div></div>
Liver and gallbladder	GGT	<2.0	U/L	0.0-8.2	<div><div></div></div>
Liver and gallbladder	TBIL	<1.70	μmol/L	0.00-15.00	<div><div></div></div>
Pancreas	AMY	1003.2	U/L	555.6-1940.0	<div><div></div></div>
Kidneys	BUN	7.96	mmol/L	4.55-11.41	<div><div></div></div>
Kidneys	CREA	90.70	μmol/L	44.80-180.00	<div><div></div></div>
Kidneys	BUN/CREA	21.7			
Cardiovasc./Muscle	CK	158.8	U/L	66.1-530.9	<div><div></div></div>
Cardiovasc./Muscle	LDH	179.1	U/L	60.9-334.2	<div><div></div></div>
Energy metabolism	GLU	8.30	mmol/L	3.39-8.39	<div><div></div></div>
Energy metabolism	TC	3.80	mmol/L	1.87-5.84	<div><div></div></div>
Minerals	Ca	<div>↑</div> 2.80	mmol/L	2.10-2.79	<div><div></div></div>
Minerals	PHOS	1.29	mmol/L	1.02-2.72	<div><div></div></div>
Minerals	CaxP	3.61	mmol/L^2		
Electrolytes	tCO2	17.83	mmol/L	11.10-21.17	<div><div></div></div>
Electrolytes	Na+	152.7	mmol/L	143.0-166.0	<div><div></div></div>
Electrolytes	K+	5.2	mmol/L	3.5-5.9	<div><div></div></div>
Electrolytes	Na/K	29.5			
Electrolytes	Cl-	111.0	mmol/L	104.4-129.0	<div><div></div></div>

Operator:

Comprehensive Diagnosis Panel				QC QC OK	
HEM(Hemolysis degree):	1+	LIP(Lipemia degree):	0	ICT(Jaundice degree):	0

The results only applies to this test sample. Time of Printing:2025-09-23 02:58:47

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## Report Explan.

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.

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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