

KET QUẢ SINH HOA MÁU



| | | | | | |
|----------|----------|----------|--------|-------------------|------------------|
| Patient: | LU | Species: | Canine | Patient ID: | |
| Client: | ANH TUAN | Gender: | | Sample No.: | 39 |
| Doctor: | | Age: | Adult | Time of analysis: | 2025/08/05 17:33 |

| Item | | Current result | | Ref. Ranges | |
|-----------------------|-----------------|---|----------|--------------|--|
| Protein | TP | 75.0 | g/L | 53.1-79.2 | |
| Protein | ALB | 31.6 | g/L | 23.4-40.0 | |
| Protein | GLOB | 43.4 | g/L | 25.4-44.0 | |
| Protein | A/G | 0.7 | | | |
| Liver and gallbladder | ALT | ↑ 309.2 | U/L | 10.1-100.3 | |
| Liver and gallbladder | AST | 39.6 | U/L | 21.0-51.7 | |
| Liver and gallbladder | AST/ALT | 0.13 | | | |
| Liver and gallbladder | ALP | ↑ 220.6 | U/L | 15.5-125.0 | |
| Liver and gallbladder | GGT | 5.7 | U/L | 0.0-15.9 | |
| Liver and gallbladder | TBIL | <1.70 | μmol/L | 0.00-15.00 | |
| Pancreas | AMY | 453.4 | U/L | 397.7-1285.1 | |
| Kidneys | BUN | 7.09 | mmol/L | 2.50-9.77 | |
| Kidneys | CREA | 49.70 | μmol/L | 33.80-123.70 | |
| Kidneys | BUN/CREA | 35.3 | | | |
| Cardiovasc./Muscle | CK | 121.1 | U/L | 66.4-257.5 | |
| Cardiovasc./Muscle | LDH | 79.1 | U/L | 36.4-143.6 | |
| Energy metabolism | GLU | 5.21 | mmol/L | 3.80-6.29 | |
| Energy metabolism | TC | ↑ 9.96 | mmol/L | 2.67-8.38 | |
| Minerals | Ca | 2.73 | mmol/L | 2.30-2.97 | |
| Minerals | PHOS | ↓ 0.85 | mmol/L | 1.00-2.20 | |
| Minerals | CaxP | 2.33 | mmol/L^2 | | |
| Electrolytes | tCO2 | 16.04 | mmol/L | 13.14-25.13 | |
| Electrolytes | Na+ | 150.4 | mmol/L | 141.6-160.0 | |
| Electrolytes | K+ | 3.7 | mmol/L | 3.5-5.9 | |
| Electrolytes | Na/K | 40.5 | | | |
| Electrolytes | Cl- | 110.7 | mmol/L | 102.7-125.0 | |

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.

ALT



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.

TC



Increase is commonly associated with biliary obstruction, hypothyroidism, hypercorticism, 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.

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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