KET QUA SINH HOA MAU

Patient:	Cho	Species:	Canine	Patient ID:	
Client:		Gender:	Male	Sample No.:	28
Doctor:		Age:	Adult	Time of analysis:	2025/05/31 13:47

	Item		Current result		Ref. Ranges	
Protein	**TP**		**68.6**	g/L	53.1-79.2	
Protein	**ALB**		**28.3**	g/L	23.4-40.0	
Protein	**GLOB**		**40.3**	g/L	25.4-44.0	
Protein	**A/G**		**0.7**			
Liver and gallbladder	**ALT**		**28.9**	U/L	10.1-100.3	
Liver and gallbladder	**AST**	↓	**16.7**	U/L	21.0-51.7	
Liver and gallbladder	**AST/ALT**		**0.58**			
Liver and gallbladder	**ALP**		**68.9**	U/L	15.5-125.0	
Liver and gallbladder	**GGT**		**<2.0**	U/L	0.0-15.9	
Liver and gallbladder	**TBIL**		**<1.70**	μmol/L	0.00-15.00	
Pancreas	**AMY**		**753.4**	U/L	397.7-1285.1	
Kidneys	**BUN**		**3.02**	mmol/L	2.50-9.77	
Kidneys	**CREA**		**41.30**	μmol/L	33.80-123.70	
Kidneys	**BUN/CREA**		**18.1**			
Cardiovasc./Muscle	**CK**		**119.2**	U/L	66.4-257.5	
Cardiovasc./Muscle	**LDH**		**67.7**	U/L	36.4-143.6	
Energy metabolism	**GLU**	↑	**6.75**	mmol/L	3.80-6.29	
Energy metabolism	**TC**		**4.09**	mmol/L	2.67-8.38	
Minerals	**Ca**		**2.31**	mmol/L	2.30-2.97	
Minerals	**PHOS**	↓	**0.74**	mmol/L	1.00-2.20	
Minerals	**CaxP**		**1.71**	mmol/L^2		
Electrolytes	**tCO2**		**16.15**	mmol/L	13.14-25.13	
Electrolytes	**Na+**	↓	**134.6**	mmol/L	141.6-160.0	
Electrolytes	**K+**		**4.7**	mmol/L	3.5-5.9	
Electrolytes	**Na/K**		**28.5**			
Electrolytes	**Cl-**		**112.3**	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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Doctor:		Age:	Adult	Time of analysis:	2025/05/31 13:47

Report Explan.

AST	↓	Increase is commonly associated with liver injury and muscle injury, etc.
GLU	↑	Increase is commonly associated with diabetes and hypercorticalismus, etc. Reduction is commonly associated with insulin administration, malnutrition, and insulinoma, 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.

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.

The results only applies to this test sample.

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