KET QUA SINH HOA MAU

Patient:	MACTIN	Species:	Canine	Patient ID:	
Client:	CO MY	Gender:	Female	Sample No.:	65
Doctor:		Age:	Adult 4Y	Time of analysis:	2025/12/14 08:44

	Item		Current result		Ref. Ranges
Protein	**TP**		**72.2**	g/L	53.1-79.2
Protein	**ALB**		**30.5**	g/L	23.4-40.0
Protein	**GLOB**		**41.7**	g/L	25.4-52.0
Protein	**A/G**		**0.7**		
Liver and gallbladder	**ALT**		**70.9**	U/L	10.1-100.3
Liver and gallbladder	**AST**		**34.5**	U/L	0.0-51.7
Liver and gallbladder	**AST/ALT**		**0.49**		
Liver and gallbladder	**ALP**	↑	**659.4**	U/L	15.5-212.0
Liver and gallbladder	**GGT**	↑	**16.8**	U/L	0.0-15.9
Liver and gallbladder	**TBIL**		**5.24**	μmol/L	0.00-15.00
Liver and gallbladder	**TBA**		**11.1**	μmol/L	0.0-30.0
Pancreas	**AMY**		**893.2**	U/L	397.7-1285.1
Kidneys	**BUN**	↑	**>65.00**	mmol/L	2.50-9.77
Kidneys	**CREA**	↑	**1397.60**	μmol/L	20.00-123.70
Kidneys	**BUN/CREA**		****		
Cardiovasc./Muscle	**CK**	↑	**590.5**	U/L	66.4-257.5
Cardiovasc./Muscle	**LDH**	↑	**144.8**	U/L	0.0-143.6
Energy metabolism	**GLU**	↑	**10.28**	mmol/L	3.80-7.50
Energy metabolism	**TC**		**6.49**	mmol/L	2.67-8.38
Energy metabolism	**TG**	↑	**1.47**	mmol/L	0.10-1.30
Minerals	**Ca**	↓	**1.89**	mmol/L	2.10-2.97
Minerals	**PHOS**	↑	**>6.50**	mmol/L	0.80-2.20
Minerals	**CaxP**		****	mmol/L^2	
Minerals	**Mg**	↑	**1.48**	mmol/L	0.53-1.06
Electrolytes	**Na+**	↓	**134.8**	mmol/L	138.0-160.0
Electrolytes	**K+**	↑	**7.2**	mmol/L	3.5-5.9
Electrolytes	**Na/K**		**18.8**		
Electrolytes	**Cl-**	↓	**89.9**	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

Report Explan.

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.

The results only applies to this test sample.

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Doctor:		Age:	Adult 4Y	Time of analysis:	2025/12/14 08:44

Report Explan.

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.
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.
TG	↑	Increase is commonly associated with postprandial, obesity, diabetes and hypercorticalismus, etc.
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.
PHOS	↑	Increase is commonly associated with nephropathy, bone healing period, and hyperthyroidism. Decreased in hyperparathyroidism, tumor, etc.
Mg	↑	Increase is commonly associated with nephropathy, hypoadrenocorticism, hypocalcemia, and muscle injury, etc. Reduction is commonly associated with gastrointestinal malabsorption, nephropathy, and hyperthyroidism, 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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