

Biochemistry test report



Patient: Hershey Species: Canine Patient ID:
 Client: Gender: Female Sample No.: 0000003
 Doctor: Age: 3Y Time of analysis: 2026/04/19 13:38

Item	Current result	Ref. Ranges
Protein TP	↓ H- <0.50 g/dL	5.31-7.92
Protein ALB	↑ H+ 4.58 g/dL	2.34-4.00
Protein GLOB	**** g/dL	2.54-5.20
Protein A/G	****	
Liver and gallbladder ALT	85.7 U/L	10.1-100.3
Liver and gallbladder AST	↑ H+ 224.2 U/L	0.0-51.7
Liver and gallbladder AST/ALT	2.61	
Liver and gallbladder ALP	19.4 U/L	15.5-212.0
Liver and gallbladder GGT	↑ 41.9 U/L	0.0-15.9
Liver and gallbladder TBIL	H- <0.10 mg/dL	0.00-0.88
Liver and gallbladder TBA	↑ >110.0 μmol/L	0.0-30.0
Pancreas AMY	↓ 57.7 U/L	397.7-1285.1
Pancreas LIPA-D	71.2 U/L	0.0-120.0
Kidneys BUN	13.72 mg/dL	7.02-27.45
Kidneys CREA	↓ <0.20 mg/dL	0.23-1.40
Kidneys BUN/CREA	****	
Cardiovasc./Muscle CK	↑ H+ 1570.3 U/L	66.4-257.5
Cardiovasc./Muscle LDH	↑ H+ >1400.0 U/L	0.0-143.6
Energy metabolism GLU	↓ 42.6 mg/dL	68.5-135.2
Energy metabolism TC	↓ H+ <19.3 mg/dL	103.2-324.1
Energy metabolism TG	↓ <8.9 mg/dL	8.9-115.1
Minerals Ca	↓ 8.09 mg/dL	8.40-11.88
Minerals PHOS	↓ H+ <0.19 mg/dL	2.48-6.81
Minerals CaxP	****	mmol/L^2
Minerals Mg	H+ 2.30 mg/dL	1.29-2.58
Electrolytes Na+	↓ <110.0 mmol/L	138.0-160.0
Electrolytes K+	↓ H+ <1.0 mmol/L	3.5-5.9
Electrolytes Na/K	****	
Electrolytes Cl-	↓ H- <70.0 mmol/L	102.7-125.0

Operator:

Comprehensive Diagnosis Panel		QC QC OK	
HEM(Hemolysis degree):	3+	LIP(Lipemia degree):	1+
		ICT(Jaundice degree):	0

The results only applies to this test sample.

Test Instrument: Mindray vetXpert C5

Time of Printing: 2026-04-19 18:47:33



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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.
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.
AST	↑	Increase is commonly associated with liver injury and muscle injury, etc.
GGT	↑	Elevated is commonly associated with bile duct injury or cholestasis, 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.
AMY	↓	Increase is commonly associated with gastroenteritis, pancreatitis, pancreatic tumor, 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 hypercorticalism, etc. Reduction is commonly associated with insulin administration, malnutrition, and insulinoma, etc.
TC	↓	Increase is commonly associated with biliary obstruction, hypothyroidism, hypercorticalism, 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 hypercorticalism, 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.
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 hypercorticalism, 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. The results only applies to this test sample.

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