

## HospitalName

## **Inspection Report**

AnimalName:Nozi MedicalID:20241450 PetOwner:Safi cicamenedek

SampleNo:4 Dept: Operator:

Type:Feline Age:Adult BloodType:Venous blood

DeviceID:121011175 PlateID:019809251177 PlateBatchNo:9251177

SoftwareVer:V1.00.01.21 TestTime:2025-06-26 20:23:00

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say Result		Ra	ange	Lower	Normal	High
ALB	29.1g/L	22	-44	1 1		
TP	77.9g/L	57	-89			
GLOB	48.7g/L	23	-52			
A/G	0.6					
ТВ	4.4umol/L	0-	15	1 /2		
GGT	< 2U/L	0-8	8 [	4		
AST	51.0U/L	↑ O	48 [			
ALT	103.0U/L	5-	130			
ALP	14.0U/L	14	-111 [	4 2		
TBA	6.19umol/L	0-9	9 [			
AMY	72.0U/L	↓ 50	0-1500			
LPS	190.0U/L	↑ O-4	40 [	4 8		
LDH	300.0U/L	0-7	798	1		
CK	74.0U/L	0-	559			
Crea	45.8umol/L	44	-212			
UA	< 10.00umol/L	0-6	60 <u> </u>	4 2		
BUN	6.18mmol/L	4-	12.9			
GLU	10.0mmol/L	↑ 4.´	11-8.83	1		
TC	2.4mmol/L	1.6	68-5.81 <sub>[</sub>			
TG	1.46mmol/L	↑ O-	1.13			
tCO2	15.0mmol/L	13	-25	18.7		
Са	0.75mmol/L	1.9	95-2.83	1		
PHOS	1.44mmol/L	1-2	2.42			
BUN/CREA	134.872	27	-182 <u> </u>			

## Report interpretation Assay Clinical significance Generally it has no clinical significance and is rarely seen in pancreatic **AMY** degeneration and atrophy. **AST** 1. Pathologically elevated:a. Hepatobiliary system diseases;b. Skeletal an d muscle diseases (injury, dissolution, bacterial infection, nutritional m yopathy, canine degenerative myopathy, etc.);c. Myocardial injury and necr osis;d. Non-specific tissue damage (increased cell damage, sepsis, chronic copper poisoning, aflatoxin poisoning, colic, etc.);2. Non-pathological:C ommon factors such as increased physiology, drugs, and artificial hemolysi S. Ca 1. Insufficient intake of calcium and VD;2. Hypoproteinemia;3. Acute or ch ronic renal failure; 4. Hypothyroidism, hypercalcitonin; 5. Acute pancreatit is, acute azotemia; 6. Production activities; 7. Misuse of EDTA anticoagulat ion tube test, etc. **GLU** 1. Pathologically elevated:a. Diabetes; b. Chronic liver disease; c. Endoc rine disorders (adrenal cortex hyperfunction, pituitary hyperfunction, pit uitary tumor, hyperthyroidism, pancreatitis, pheocytoma, etc.);2. Non-path ological elevation:a. Drugs (glucose, steroid hormones, corticotropin, thi azide diuretics, etc.); b. Increased stress; c. Test after eating, etc. **LPS** 1. Prerenal, renal and postrenal ammoniaemia, renal failure; 2. Pancreatic disease, common in acute pancreatitis or necrosis, pancreatic abscess, pan creatic duct blockage, pancreatic tumor, etc.;3. Small intestine inflammat ion and intestinal blockage; 4. Increased adrenal cortex hormones, hyperpar athyroidism, liver disease, etc. TG It is common in factors such as pancreatitis, hypothyroidism, liver fat de

## Remark

- 1.As the disease diagnosis of specific cases has the characteristics of complexity and individuality the interpretation of this report is only for general reference and is not used as a one-sided basis for the diagnosis of specific diseases.
- 2. The result followed by \"high\" indicates that the result of the test item exceeds the upper limit of the normal range

position syndrome, bile duct blockage, diabetes, hyperlipidemia, etc. or a

- and the result followed by \"low\" indicates that the result of the test item is lower than the lower limit of the normal range.
- 3. The result preceded by \">\" indicates that the result of the test item exceeds the upper limit of the instrument measurement range
- and the result preceded by \"<\" indicates that the result of the test item is lower than the lower limit of the instrument measurement range.
- \*This report is only responsible for the test samples and the results are for doctors' reference

fter eating tests, obesity, etc.

Hospital Address:

Hospital Tel: