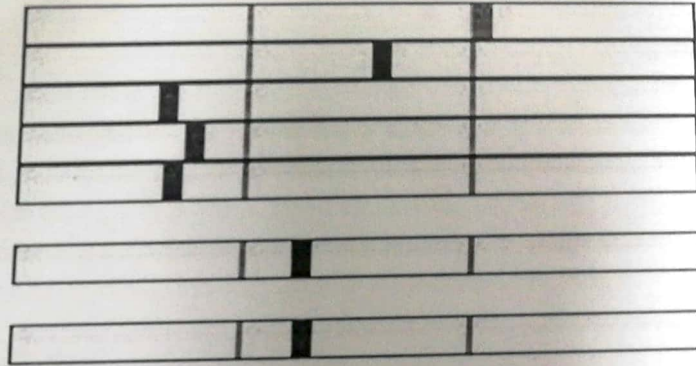Client: Helmi, christien (01010016669)
Patient Name: Sasha
Species: Canine
Breed: Golden Retriever

Gender: Female
Weight: 27.00 kgs
Age: 7 Years
Doctor: Nadia Essam

Test	Results	Reference Interval	LOW	NORMAL	HIGH

VetAutoread (August 11, 2021 12:13 PM)

8/11/21
11:58 AM

Test	Results	Reference Interval	Flag		
HCT	55.1 %	37.0 - 55.0	HIGH		56.6 %
HGB	# 15.6 g/dL	12.0 - 18.0			# 13.5 g/dL
MCHC	# 28.3 g/dL	30.0 - 36.9	LOW		--.-- g/dL
WBC	# 5.10 K/µL	6.00 - 16.90	LOW		--.-- K/µL
GRANS	# 2.60 K/µL	3.30 - 12.00	LOW		--.-- K/µL
%GRANS	# 51.0 %				--.-- %
L/M	# 2.5 x10^9/L	1.1 - 6.3			--.-- x10^9/L
%L/M	# 49 %				--.-- %
PLT	# 264 K/µL	175 - 500			--.-- K/µL
NRBC	Likely				

Buffy Coat (1) Granulocytes have not separated cleanly from the lymph/mono layer. Confirm results with a blood smear.

Buffy Coat (4) Buffy coat layers inconsistent due to clumped platelets, expired tube or stain on tube exterior. Remove tube, carefully clean exterior, and retest. If situation persists, obtain a fresh sample and retest.

DNA
RNA/LP

PLT   L/Grans   RBCs

Client: Helmi, christien (01010016669)
Patient Name: Sasha
Species: Canine
Breed: Golden Retriever

Gender: Female
Weight: 27.00 kgs
Age: 7 Years
Doctor: Nadia Essam

Dr Paws Animal Hospital
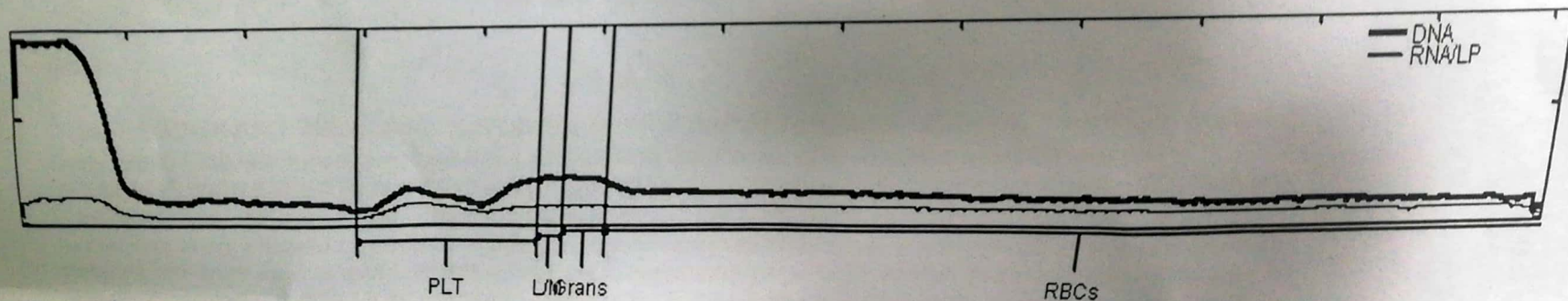New Cairo - First Settlement
01008886446 - 01117873666

Test	Results	Reference Interval	LOW	NORMAL	HIGH

Catalyst One (August 11, 2021 12:15 PM)

Test	Results	Reference Interval		
FRU	284 µmol/L	177 - 314		
SDMA	56 µg/dL	0 - 14	HIGH	

Fructosamine concentration is a marker of mean blood glucose concentrations during the preceding 2 to 3 weeks. The higher the average blood glucose concentration is over this time, the higher the fructosamine concentration. The chart below can be used to help determine effectiveness of therapy in diabetic patients already receiving therapy. Results should be interpreted in conjunction with clinical signs and other laboratory results. For dogs with inadequate control, consider a serial blood glucose curve, causes of insulin resistance and possibility of Somogyi phenomenon before increasing the insulin dose.

Fructosamine (µmol/L)	Glycemic control in diabetic patients receiving therapy
300 to 400	Good
400 to 450	Fair
>450	Poor
<300	Possibilities include:
	• Good control
	• Prolonged hypoglycemia

SDMA:

IF BOTH SDMA AND CREATININE ARE WELL WITHIN THE REFERENCE INTERVAL, then kidney function is likely good. Evaluate a complete urinalysis and confirm there is no other evidence of kidney disease.

IF SDMA IS INCREASED BUT CREATININE IS WITHIN THE REFERENCE INTERVAL. Catalyst SDMA Test is a more reliable indicator of kidney function than creatinine because SDMA detects declining kidney function earlier and is not impacted by muscle mass. Creatinine can miss early function loss and be falsely decreased in patients with poor muscle mass. SDMA increases in acute and active injury as well as chronic kidney disease. A complete urinalysis should be performed to evaluate for inappropriate specific gravity, proteinuria and other evidence of kidney disease. For information on recommended actions visit: idexx.com/SDMAalgorithm (U.S.), idexx.ca/AlgorithmSDMA (Canada) or idexx.eu/SDMAalgorithm (EU).

IF SDMA IS WITHIN THE REFERENCE INTERVAL AND CREATININE IS INCREASED. This combination of results is uncommon. SDMA and creatinine can both be affected by biologic and assay variability resulting in fluctuations around the upper end of the reference interval; this can be seen with well-managed stable CKD and results will likely align as disease progresses. Creatinine can exceed the reference interval in muscular dogs with normal kidney function. Creatinine can be artifactually increased postprandially. If kidney disease is still suspected, a complete urinalysis should be performed on all patients to evaluate for inappropriate specific gravity, proteinuria or other evidence of kidney disease.

IF BOTH SDMA AND CREATININE ARE INCREASED, then kidney disease is probable and action should be taken. A complete urinalysis should be performed to evaluate for inappropriate urine specific gravity, proteinuria or other evidence of kidney disease. For information on recommended actions visit: idexx.com/SDMAalgorithm (U.S.), idexx.ca/AlgorithmSDMA (Canada) or idexx.eu/SDMAalgorithm (EU).

IDEX

Biochemical Inspection Report

Name: Sasha Sex: Female Age: 7 Years ID: 01010016 660 Bed No.:

Sample Type: Serum Department: Surgery Patient Area: In-patient

Clinical Diagnosis:

LOT: 34210-32.2-0142-0223-20-201280-196 Abnormal Sample: Hemolysis

Item	Result	Indicator	Ranges	Unit	Item	Result	Indicator	Ranges	Unit
ALT	56		10-118	U/L	CHOL	≥542		124-271	mg/dL
AST	279	↑	8.9-48.5	U/L	HDL-C	≥115		44.6-54.6	mg/dL
TBIL	0.55		0-0.6	mg/dL	LDL-C	289.80	↑	0-120	mg/dL
DPIL	0.35		0-0.35	mg/dL					
IBIL	0.20		0-1	mg/dL					
TP	7.86		5.4-8.2	g/dL					
ALB	2.86		2.5-4.4	g/dL					
GLO	5.00	↑	2-4	g/dL					
A/G	0.60/1	↓	1.2-2.4/1						
UREA	≥214		37-92.4	mg/dL					
CRE	5.99	↑	0.3-1.5	mg/dL					
GLU	121		70-143	mg/dL					
TG	288	↑	9-80	mg/dL					

Submit Datetime: ٢٠٢١-٠٨-١١ ٢٣:٣٩

Submitter:

Remark:

Analysis Datetime: ٢٠٢١-٠٨-١١ ١٨:٠٩

Operator:

Print Datetime: 2021-08-11 12:32

Reviewer: Nadia Essam

The result is only responsible for this sample

Biochemical Inspection Report

Name:　　　　　　　　　　　　　　　　Sex:　Male　　　　Age:　7　　Years　　　ID:　　　　　　　ΟΙΟΙΟΟΙΟ
Sample Type:　　　Serum　　　　　　Department:　　Surgery　　　　　　　　　　　　　　660　　Bed No.:
Clinical Diagnosis:　　　　　　　　　　　　　　　　　　　　　　　　　　　　Patient Area:　　　In-patient
LOT:　　　34210-32.2-0142-0223-17-201281-93　　　　　　　　　Abnormal Sample: Hemolysis

Item	Result	Indicator	Ranges	Unit
K+	5.45		3.7-5.8	mmol/L
Na+	142		138-160	mmol/L
Cl-	105	↓	106-120	mmol/L
CO2	11.00	↓	12-27	mmol/L
Ca2+	11.46		8.6-11.8	mg/dL
Mg2+	2.81	↑	0.74-0.99	mg/dL
P	≥10.8		2.9-6.6	mg/dL

Submit Datetime:　　　　　　　　Analysis Datetime:　　٢٠٢١-٠٨-١١ ١٨:٤٣　　Print Datetime:　　　2021-08-11 13:01
Submitter:　　　　　　　　　　　Operator:　　　　　　　　　　　　　　　　Reviewer:
Remark:

The result is only responsible for this sampl