

 **ZAGHLOL**

PET OWNER: **SHEROUK**
SPECIES: **Feline**
BREED:
GENDER:
AGE: **4 Years**
PATIENT ID:

Dr. Paws Hospital
1st Settlement, New Cairo., Al Farouk Mall,Al
Banafsag 10
Cairo, Egypt 11865
+201008886446 /+201117873666
ACCOUNT #:
ATTENDING VET:

LAB ID:
ORDER ID:
DATE OF RECEIPT: **12/9/2025**
DATE OF RESULT: **12/9/2025**

IDEXX Services: **Catalyst One Chemistry Analyser**

Chemistry



12/9/2025 **10:53 pm**

TEST	RESULT	REFERENCE VALUE	
ALT	44	12 - 130 U/L	<input type="text"/>