



PET OWNER: **MARAM**  
SPECIES: Equine  
BREED:  
GENDER: Female Entire  
AGE: 5 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: **27/2/2026**  
DATE OF RESULT: **27/2/2026**

IDEXX Services: **Catalyst One Chemistry Analyser**

## Endocrinology



**27/2/2026**

**10:42 pm**

TEST	RESULT	REFERENCE VALUE
Catalyst Progesterone	> 20.0	ng/mL