



VET



DIAGNOSTIC CENTRE

Mob. : 8601949100
9450713483
6389714242

FULLY COMPUTERIZED LAB

(A Milestone In Veterinary Diagnosis)

JIVAN SAHARA TOWER, SHOP NO.11, NEAR GULACIN MANDIR, KURSI ROAD, LUCKNOW - 22

Veterinarian Name	Dr J S Yadav	Owner Contact no	
Owner Name		Age	9 month
Patient name	Alex	Sex	Male
Sample Date	18/03/2023	Breed/Species	Canine /gsd

Complete Blood Count

Parameter		Sample Finding	Units	Normal Range
TLC (Total Leucocyte Count)		6.1	10^3 /mm	6.0-17.0
DLC (Differential Leucocyte Count)	Lymphocyte	44.0	%	12.0-30.0
	Monocyte	6.9	%	3.0-10.0
	Neutrophil	41.6	%	60.0-75
	Eosinophil	7.5	%	2.0-10.0
	Basophil	00	%	0-1
RBC (Red Blood Corpuscles)		7.61	10^6 /mm	5.50-8.50
Heamoglobin		16.0	g/dl	12.0-18.0
Hematocrit (PCV)		50.5	%	37.0-55.0
MCV (Mean Corpuscles Volume)		66	μm^3	60-77
MCH (Mean Corpuscles Hemoglobin)		21.0	pg	19.5-24.5
MCHC (Mean Corpuscles Hemoglobin Concentration)		31.7	g/dl	32.0-36.0
RDW (Red Cell Distribution Wid ,KVKth)		16.2	%	14.0-17.0
Platelets		237	10^3 /mm	200-500
MPV (Mean Platelets Volume)		9.1	μm^3	6.7-11.1

Note: This is not the final diagnosis. Kindly co-relate with clinical symptom.

E-Mail : vetdiagnostic2017@gmail.com

Timing : 10:00 am. to 8:00 pm.

Microbiologist / Pathologist

Note : This report helps veterinarian for better patient management.

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Patient name	Alex	Sex	Male
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Biochemical Report

Liver Function Test (L F T)

Parameter	Unit	Sample Finding	Normal range
TOTAL BILIRUBIN	mg/dl	0.27	0-0.4
DIRECT BILIRUBIN	mg/dl	0.12	0-0.4
INDIRECT BILIRUBIN	mg/dl	0.15	0-0.3
SGPT(ALT)	IU/l	48.6	10-71
SGOT(AST)	IU/l	43.6	14-38
TOTAL PROTEIN	gm/dl	4.40	5.5-8.5
ALBUMIN	gm/dl	2.40	2.7-4.4
GLOBULIN	gm/dl	2.00	1.6-3.3
A:G RATIO		1.02	0.8-2
ALKALINE PHOSPHATASE	IU/L	274.8	10-150

Comment:-

- Hyperbilirubinemia is seen in viral hepatitis, toxic hepatitis, cirrhosis, hemolysis.
- Indirect bilirubin is increased in haemolytic and neonatal jaundice.
- Direct bilirubin is increased in obstructive jaundice
- Elevated level of Total Protein and Albumin may be found in dehydration
- ALT is increased in hepatocellular injury, corticosteroid treatment.
- SGOT in canine elevated in inflammatory condition associated with Liver, heart, muscle and pancreas. SGOT may also elevated than normal after hemolysis.
- Hypoproteinaemia and hypoalbuminemia are seen in renal disease.
- Hypoalbuminemia and normal total protein may be observed in hepatic damage.
- Decreased A/G ratio and increase protein seen in protein losing enteropathies
- ALP is increased in intrahepatic and extrahepatic obstruction, osteomalacia, increased osteoclast activity

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Owner Name		Age	9 month
Patient name	Alex	Sex	Male
Sample Date	18/03/2023	Breed/Species	Canine /gsd

Biochemical Report

Renal Function Test (K F T)

Parameter	Unit	Sample Finding	Normal Value
BUN	mg/dl	12.9	6-27
CREATININE	mg/dl	1.45	0.7-1.5
URIC ACID	mg/dl	1.54	0-2.0
PHOSPHOROUS	mg/dl	6.53	2.5-6.0
CALCIUM	mg/dl	8.2	8.7-11.8
SODIUM	mEq/L	142	139-154
POTASSIUM	mEq/L	5.1	3.6-5.5
CHLORIDE	mEq/L	97	95-115

Comment -

- Elevated serum BUN are found in renal disorder like nephrosis, nephritis, anuria etc while decreased level are observed in Low protein intake, liver disorder etc
- Elevated serum creatinine is seen in renal disease and extensive muscle destruction.
- Elevated serum uric acid seen in gout, leukemia, broncho and lobar pneumonia and polycythemia.
- Elevated serum phosphorus level is found in hypoparathyroidism, disease of bone, acromegaly, neoplasm, magnesium deficiency, chronic renal failure and child hood while low level is seen in alcoholism, diabetic mellitus, hyperalimentation, vit D deficiency, hypokalemia, hyperparathyroidism
- Increased serum calcium are observed in hyperparathyroidism, hypervitaminosis D and multiple myeloma while decreased level are observed in hypoparathyroidism, tetany, steatorrhea and nephritis.
- Hyponatremia occur due to diuretics treatment, pathological cardiac and kidney involvement, vomiting, diarrhea, dehydration, excessive hydration, adrenal gland insufficiency.
- Hypokalemia occurs due to diuretic drugs, vomiting, diarrhea, sweating, folic acid deficiency, low magnesium diet while hyperkalemia occurs in pathological kidney involvement, adrenal gland involvement.
- Hypochloremia occurs in pathological involvement of kidney and cardiac, prolong diarrhea or vomiting, diuretics drugs, metabolic alkalosis

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Blood Smear Examinations

Result: The given blood sample does not reveals presence of any hemoprotozoa infection.

Note:

- Blood protozoa not seen, does not rule out hemoprotozoan infection. False negative result may occurs because of small size of organism and when parasitism level is very low.
- Sampling of blood from capillary bed yields more diagnostic smear than sampling from larger vein
- PCR testing has become very useful in identifying the infective species, detecting low level of parasitemia, recognizing subclinical infections and monitoring response to therapy.

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