

Patient Info:

Name: Rosie
Chart No:
Owner: Ryan
Doctor: Maqueda

Species: Canine
Breed: Golden Retriever
Age: 11Y
Sex: SF

Hospital:

Bullville Animal Hospital
 PO Box 303
 Bullville, NY 10915
Antech ID: 200154

Lab:

Antech Diagnostics
 1111 Marcus Avenue
 Lake Success, NY 11042
Reported: 04/22/08 02:01 PM
Received: 04/22/08

Accession No.	Doctor	Owner	Pet Name
NYAA21471632	Maqueda	Ryan	Rosie
Test	Results	Adult Reference Range	L Normal H
Superchem			
Glucose	179	70-138 mg/dL	HIGH
Urea Nitrogen	241	6-25 mg/dL	HIGH
Verified by repeat analysis.			
Creatinine	6.3	0.5-1.6 mg/dL	HIGH
Total Protein	5.9	5.0-7.4 g/dL	
Albumin	1.8	2.7-4.4 g/dL	LOW
Total Bilirubin	0.2	0.1-0.3 mg/dL	
Alkaline Phosphatase	13	5-131 U/L	
ALT (SGPT)	42	12-118 U/L	
AST (SGOT)	51	15-66 U/L	
Cholesterol	286	92-324 mg/dL	
Calcium	7.4	8.9-11.4 mg/dL	LOW
Phosphorus	22.5	2.5-6.0 mg/dL	HIGH
Sodium	145	139-154 mEq/L	
Potassium	3.9	3.6-5.5 mEq/L	
Chloride	99	102-120 mEq/L	LOW
Albumin/Globulin Ratio	0.4	0.8-2.0 RATIO	LOW
BUN/Creatinine Ratio	38	4-27 RATIO	HIGH
Globulin	4.1	1.6-3.6 g/dL	HIGH
Lipase	367	77-695 U/L	
Amylase	1458	290-1125 U/L	HIGH
Triglycerides	87	29-291 mg/dL	
CPK	145	59-895 U/L	
GGTP	5	1-12 U/L	
Magnesium	2.5	1.5-2.5 mEq/L	
Corrected Calcium	9.1		
Complete Blood Count			
Hemoglobin	13.4	12.1-20.3 g/dL	
Hematocrit	40.6	36-60 %	

Accession No. NYAA21471632	Doctor Maqueda	Owner Ryan	Pet Name Rosie
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Test	Results	Adult Reference Range	L	Normal	H
WBC	21.5	4.0-15.5 10³/μL	HIGH		
RBC	5.71	4.8-9.3 10 ⁶ /μL			
MCV	71	58-79 fl			
MCH	23.5	19-28 pg			
MCHC	33.0	30-38 g/dl			

Platelet Count **80** **170-400 10³/μL** **LOW**

Specimen contained fibrin clots which may invalidate results.

Platelet Estimate **Decreased** **Adequate** **LOW**

Differential	Absolute	%	L	Normal	H
Neutrophils	18705	87	2060-10600	HIGH	
Bands	0	0	0-300		
Lymphocytes	1290	6	690-4500		
Monocytes	645	3	0-840		
Eosinophils	860	4	0-1200		
Basophils	0	0	0-150		

Blood Parasites None Seen

T4

T4	0.3	1.0-4.0 μg/dL	LOW		
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The Total T4 result is less than 1.0 mcg/dl. A Free-T4 by equilibrium dialysis may be helpful in supporting the diagnosis of hypothyroidism in patients demonstrating clinical signs compatible with hypothyroidism. Please use test code 9816 for this additional testing.

Urinalysis

pH	6.5	5.5-7.0			
Specific Gravity	1.017	1.015-1.050			
Appearance	Clear	*Clear			
Color	Yellow				

Protein **3+** **Neg** **HIGH**

Urine protein verified with 3% sulfosalicylic acid.

Glucose	Trace	Neg			
Ketone	Neg	Neg			
Bilirubin	Negative	Neg To 1+			

Blood **3+** **Neg** **HIGH**

WBC	0-3	0-3 HPF			
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RBC **51-100** **0-3 HPF** **HIGH**

Bacteria	None	None HPF			
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Accession No.	Doctor	Owner	Pet Name		
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Test	Results	Adult Reference Range	L	Normal	H
Epithelia	Rare	None-Few HPF			
Renal Epithelia Cells	None	None-Rare HPF			
Transitional Epithelia Cells	None	None-Rare HPF			
Triple Phosphate Crystals	None	HPF			
Amorphous Phosphates	None	HPF			
Calcium Phosphate Crystals	None	HPF			
Calcium Carbonate Crystals	None	HPF			
Ammonium Biurate Crystals	None	HPF			
Amorphous Urate	None	HPF			
Calcium Oxalate Crystals	None	HPF			
Uric Acid Crystals	None	HPF			
Mucous	None	None-2+ STRANDS/HPF			
Hyaline Casts	None Seen	0-3 LPF			
Granular Casts	None Seen	LPF			
RBC Casts	None Seen	LPF			
Waxy Casts	None Seen				
WBC Casts	None Seen	LPF			
Budding Yeast	None	None HPF			
Oval Fat Body	None	None HPF			

Urine Microalbumin (Canine)

Microalbuminuria **>30** **<2.5 mg/dL** **HIGH**

***** Please note NEW NORMAL RANGE *****

Recent Studies indicate the normal range for the microalbuminuria test is <2.5 mg/dL rather than <1 mg/dL.

The MA is greater than 30 mg/dl indicating overt albuminuria. A P:C ratio suggested to quantify the proteinuria.

Microalbuminuria (MA) usually indicates compromise of the glomerular barrier and is a significant finding when it is persistent (2 or more positive results obtained 2 or more weeks apart). Persistent MA, in the majority of pets, is due to renal injury secondary to other systemic disease or primary renal disease. Systemic diseases associated with persistent MA include inflammatory disease, chronic infections, metabolic disease (e.g. hypertension, Cushing's Syndrome, diabetes mellitus, hyperthyroidism) and neoplasia. False positive results may occur with pyuria and gross hematuria.

Suggestions for evaluating patients with microalbuminuria:

1. Check for and treat underlying diseases indicated above.
2. Recheck MA in 2-4 weeks
3. In the absence of underlying disease, monitor for progression of MA and development of renal failure