

 BIG GEORGE BAKER

PET OWNER: **BAKER**
SPECIES: Feline
BREED:
GENDER: Male Neutered
AGE: 12 Years
PATIENT ID: 40222



LAB ID: 4905783562
ORDER ID: 332325011
COLLECTION DATE: **7/17/26**
DATE OF RECEIPT: **7/18/26**
DATE OF RESULT: **7/18/26**

IDEXX Services: **Senior Profile**

Hematology



7/18/26 (Order Received)
7/18/26 5:18 AM (Last Updated)

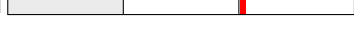
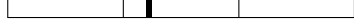
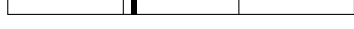
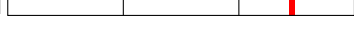
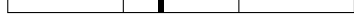
TEST	RESULT	REFERENCE VALUE	
RBC	9.82	6.50 - 11.53 M/ μ L	
Hematocrit	45.7	31.0 - 51.0 %	
Hemoglobin	14.8	10.6 - 16.7 g/dL	
MCV	47	38 - 53 fL	
MCH	15.1	12.3 - 17.3 pg	
MCHC	32.4	29.1 - 35.7 g/dL	
RDW	^a 22.4	10.0 - 26.0 %	
% Reticulocytes	0.5	%	
Reticulocytes	49	0 - 70 K/ μ L	
Reticulocyte Hemoglobin	15.7	14.4 - 19.3 pg	
WBC	6.1	3.9 - 19.0 K/ μ L	
% Neutrophils	47.5	%	
% Lymphocytes	33.9	%	
% Monocytes	4.2	%	
% Eosinophils	13.2	%	
% Basophils	1.2	%	
Neutrophils	2.898	2.62 - 15.17 K/ μ L	
Lymphocytes	2.068	0.65 - 6.86 K/ μ L	
Monocytes	0.256	0.042 - 0.467 K/ μ L	
Eosinophils	0.805	0.209 - 1.214 K/ μ L	
Basophils	0.073	0 - 0.1 K/ μ L	
Platelets	379	100 - 440 K/ μ L	

^a AUTOMATED CBC

Chemistry



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TEST	RESULT	REFERENCE VALUE	
Glucose	^a 515	72 - 175 mg/dL	H 
IDEXX SDMA	^b 10	0 - 14 µg/dL	
Creatinine	1.1	0.9 - 2.3 mg/dL	
BUN	30	16 - 37 mg/dL	
IDEXX Cystatin B (Urine)	^c 107	0 - 99 ng/mL	H 
BUN: Creatinine Ratio	27.3		
Phosphorus	4.6	2.9 - 6.3 mg/dL	
Calcium	10.1	8.2 - 11.2 mg/dL	
Sodium	149	147 - 157 mmol/L	
Potassium	4.9	3.7 - 5.2 mmol/L	
Na: K Ratio	30	29 - 42	
Chloride	111	114 - 126 mmol/L	L 
TCO2 (Bicarbonate)	15	12 - 22 mmol/L	
Anion Gap	28	12 - 25 mmol/L	H 
Total Protein	^a 10.3	6.3 - 8.8 g/dL	H 
Albumin	3.0	2.6 - 3.9 g/dL	
Globulin	7.3	3.0 - 5.9 g/dL	H 
Albumin: Globulin Ratio	0.4	0.5 - 1.2	L 
ALT	40	27 - 158 U/L	
AST	28	16 - 67 U/L	
ALP	39	12 - 59 U/L	
GGT	1	0 - 6 U/L	
Bilirubin - Total	0.1	0.0 - 0.3 mg/dL	
Bilirubin - Unconjugated	0.0	0.0 - 0.2 mg/dL	
Bilirubin - Conjugated	<0.1	0.0 - 0.2 mg/dL	
Cholesterol	215	91 - 305 mg/dL	
Amylase	820	623 - 2,239 U/L	



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Chemistry (continued)

TEST	RESULT	REFERENCE VALUE	
Lipase	13	0 - 45 U/L	
Creatine Kinase	146	64 - 440 U/L	
Hemolysis Index	^d 1+		
Lipemia Index	^d 1+		

^a RESULT VERIFIED BY REPEAT ANALYSIS

^b SDMA and creatinine are within the reference interval: impairment of GFR is unlikely. Recommended next step: evaluate complete urinalysis.

^c In a patient that presented unwell, a result that is ≥ 100 ng/mL indicates that active kidney injury may be present. If an insult that may have caused kidney injury is suspected, consider additional diagnostics such as imaging, urine protein: creatinine ratio and urine culture with susceptibility. If patient presented well and kidney injury is not suspected, subclinical injury cannot be ruled out. A comprehensive history including diet, supplements, preventives, travel, etc. should be obtained. Consider rechecking Cystatin B and renal functional markers in 1-2 weeks. If Cystatin B remains elevated, additional diagnostics are recommended. Note: Dehydration, subclinical illness and certain medications (e.g., NSAIDS) may contribute to kidney injury. Consider the risk/benefit of such medications in the overall management of the patient. For more information on Cystatin B, visit [idexx.com/cystatinb](https://www.idexx.com/cystatinb).

^d Index of N, 1+, 2+ exhibits no significant effect on chemistry values.

Urinalysis



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TEST	RESULT	REFERENCE VALUE	
Collection Method	TABLE_TOP		
Color	STRAW		
Clarity	CLEAR		
Specific Gravity	1.045	1.035 - 1.098	
pH	6.0	6.0 - 7.5	
Urine Protein	2+		
Glucose	^a 3+ (1000 mg/dL)		
Ketones	NEGATIVE		
Blood / Hemoglobin	TRACE		



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Urinalysis (continued)

TEST	RESULT	REFERENCE VALUE
Bilirubin	NEGATIVE	
Urobilinogen	NORMAL	
White Blood Cells	0-2	HPF
Red Blood Cells	0-2	HPF
Bacteria	NONE SEEN	
Epithelial Cells	RARE (0-1)	
Mucus	NONE SEEN	
Casts	NONE SEEN	
Crystals	NONE SEEN	

^a RESULT VERIFIED BY REPEAT ANALYSIS

Endocrinology



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TEST	RESULT	REFERENCE VALUE	
Total T4	^a 1.7	0.8 - 4.7 µg/dL	

^a Cats with no clinical signs of hyperthyroidism and a T4 within the reference interval are likely euthyroid. Cats with concurrent illnesses may need further assessment. For cats being treated for hyperthyroidism with controlled clinical signs, this result suggests adequate therapeutic response.