



Received
8/20/2025

Reported
8/20/2025



Patient Name
Lollipop

Owner



Species
Feline

Breed
Domestic Shorthair

Sex
SF

Age
4Y

Patient ID



Test Requested	Results	Adult Reference Interval	Units
Chemistry Renal Profile w/SDMA			
TOTAL PROTEIN	6.2	5.2-8.8	g/dL
ALBUMIN	3.1	2.5-3.9	g/dL
GLOBULIN	3.1	2.3-5.3	g/dL
A/G RATIO	1.0	0.35-1.5	
BUN	82 (HIGH)	14-36	mg/dL
CREATININE	3.3 (HIGH)	0.6-2.4	mg/dL
SDMA	17.6 (MILD INC.)	<15.0	UG/dL

A mild increase in SDMA (15.0-20.0 ug/dL in cats and 14.0-16.0 ug/dL in dogs) should be interpreted in light of the patient's history, clinical presentation and hydration status. Some non-renal conditions may cause a mild increase in SDMA. Refer to the Antech SDMA algorithm for further guidance. It is recommended to recheck SDMA and creatinine in 2-4 weeks to assess for persistence of trends in SDMA.

BUN/CREAT RATIO	25	4-33	
PHOSPHORUS	3.6	2.4-8.2	mg/dL
CALCIUM	10.0	8.2-10.8	mg/dL
SODIUM	156	145-158	mEq/L
POTASSIUM	3.9	3.4-5.6	mEq/L
NA/K RATIO	40	32-41	
CHLORIDE	118	104-128	mEq/L

Test Requested	Results	Adult Reference Interval	Units
Complete Blood Count			
WBC	10.3	3.5-16.0	10 ³ /uL
RBC	6.9	5.92-9.93	10 ⁶ /uL
HGB	11.3	9.3-15.9	g/dL
HCT	37	29-48	%
MCV	53	37-61	fL
MCH	16.4	11-21	pg
MCHC	31	30-38	g/dL
Blood Parasites	NONE SEEN		
RBC Comment			
RBC Morphology	Normal		
Platelet Count	156 (LOW)	200-500	10 ³ /uL
Platelet count reflects the minimum number due to platelet clumping.			
Platelet Estimate	ADEQUATE		

Differential	Absolute	%		
Neutrophils	2,781	27	2,500-8,500	/uL
Bands		0	0-3	
Lymphocytes	6,695	65	1,200-8,000	/uL
Monocytes	206	2	0-600	/uL
Eosinophils	618	6	0-1,000	/uL
Basophils	0	0	0-150	/uL
Comment				

Blood smear reviewed by technologist.

Test Requested	Results	Adult Reference Interval	Units
Urinalysis-Complete			
Collection Method	CYSTOCENTESIS		
Color	YELLOW		
Appearance	CLEAR		
Specific Gravity	1.030	1.015-1.060	
pH	6.0	5.5-7.0	
Protein	1+ (HIGH)	NEGATIVE	
Microalbuminuria testing is recommended (if sediment is inactive) to help determine the clinical significance of proteinuria.			
Glucose-Strip	NEGATIVE	NEGATIVE	
Ketones	NEGATIVE	NEGATIVE	
Bilirubin	NEGATIVE	NEGATIVE	
Occult Blood	1+ (HIGH)	NEGATIVE	
WBC	NONE	0-3	HPF
RBC	NONE	0-3	HPF
Casts	NONE SEEN	Hyaline 0-3	LPF
Amorphous Crystals	0-1		HPF
Bacteria	NONE SEEN	None Seen	HPF
Squamous Epithelia	0-1	0-3	HPF
Fat Droplets	4-10		HPF

Test Requested	Results	Adult Reference Interval	Units
Urine Microalbumin Feline Reflex			
Microalbuminuria	>30 (HIGH)	<2.5	mg/dL

The microalbuminuria (MA) result is >30 mg/dl indicating overt albuminuria. A urine protein:creatinine ratio is indicated to quantify proteinuria.

MA usually indicates compromise of the glomerular barrier and is a significant finding when it is persistent (3 or more positive results obtained 2 or more weeks apart). Persistent MA, in the majority of pets, is due to primary renal disease or renal injury secondary to other systemic 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 overt albuminuria:

1. Add on a urine P:C ratio
2. Check for and treat underlying diseases indicated above.
3. Recheck MA in 2-4 weeks
4. In the absence of underlying disease, monitor for progression of proteinuria and development of renal failure

Test Requested	Results	Adult Reference Interval	Units
Urine Protein/Creatinine Ratio			
PROTEIN	225.9		mg/dL
CREATININE	215.2		mg/dL
UR/PROT CREAT RATIO	1.0 (HIGH)	<0.5	

----- URINE P:C RATIO INTERPRETATION -----

The urine P:C ratio must be evaluated in conjunction with urine sediment findings as gross hematuria or inflammation can cause elevated ratios.

Urine P:C ratios ≥ 0.5 in dogs & cats indicate overt proteinuria and are evidence of persistent renal proteinuria when found repeatedly (3 or more samples obtained 2 or more weeks apart) and are unable to be attributed to a pre-renal or post-renal cause.

The urine microalbumin test is a more sensitive test and will be positive before overt proteinuria is detected.

In dogs, persistent renal proteinuria with urine P:C ratios ≥ 2.0 is usually due to glomerular disease.