

Clinical Management of Common Liver Disease I

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I. 생리 기능적 세부

A. 간세포

- ▶ 실질 세포가 간의 60% 차지
- ▶ 비실질 세포

1. Kupffer's Cell
2. Lipocytes
3. Endothelial Cells
4. Granular Lymphocytes (Pit Cells)

B. 간세포의 한쪽 면은 도양혈관 / space of Disse와 접하고 있습니다.

인접한 간세포들은 세관을 이룹니다.

C. 담즙계는 담즙 세관과 함께 시작하고 표면에 위치합니다.

D. 세관 연결망은 확대된 상피선 담즙관계로 배출되며 결국 총담즙관을 통해 십이지장에서 배출됩니다.

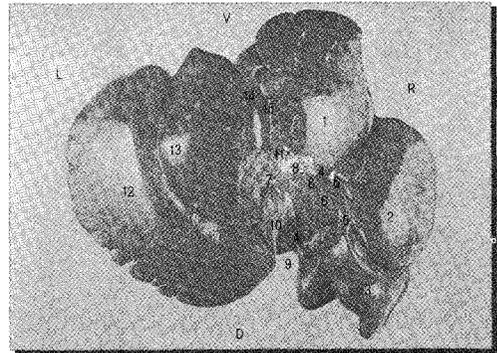
E. 간 기능단위:

1. Classic Hepatic Lobule
2. Acinar

F. 간은 두 혈관으로부터 혈액을 공급받음

1. 간 동맥은 영양과 산소를 공급

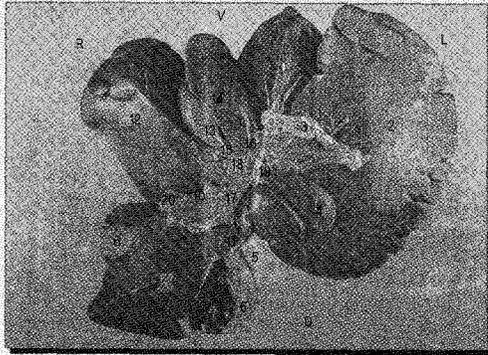
2. 간문맥 정맥은 위장관으로부터 흡수된 물질들과 췌장 호르몬을 운반합니다.



Diaphragmatic surface of the liver of dog

(Orientation ventrally(V), dorsally(D), left(L) and right(R) is indicated)

1. Right medial lobe
2. Right lateral lobe
3. Caudate lobe
4. Caudal vena cava
5. Right triangular ligament
6. Coronary ligament
7. Left triangular ligament
8. Oesophageal notch
9. Papillary ligament
10. Papillary process of Caudate lobe
11. Falciform ligament
12. Left lateral lobe
13. Left medial lobe
14. Quadrate lobe
15. Gall bladder

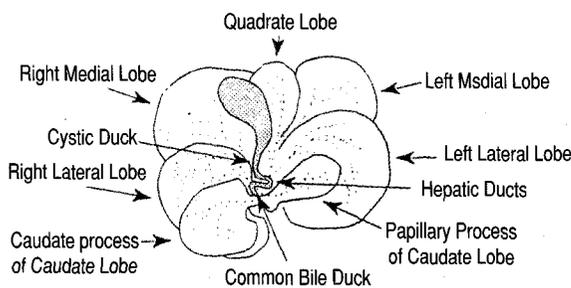


Visceral surface of the liver of dog

(Orientation ventrally(V), dorsally(D), left(L) and right(R) is indicated)

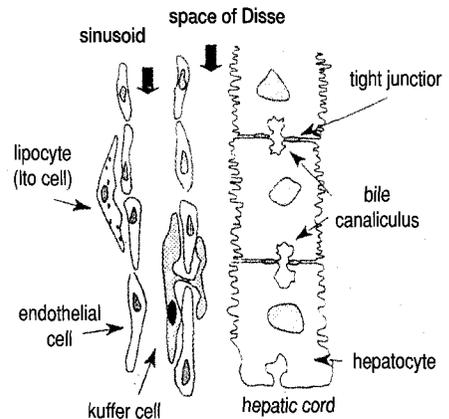
1. Left medial lobe
2. Left lateral lobe
3. Lesser omentum(hepatogastric ligament)
4. Papillary process of caudate lobe
5. Oesophageal notch

6. Right lateral lobe
7. Caudate process of caudate lobe
8. Renal fossa
9. hepatorenal ligament
10. Lesser omentum(hepatoduodenal ligament)
11. Caudal vena cava
12. Right medial lobe
13. Gall bladder
14. Quadrate lobe
15. Cystic duct
16. Hepatic duct
17. Bile duct
18. Portal vein
19. Hepatic artery
20. Gastroduodenal artery



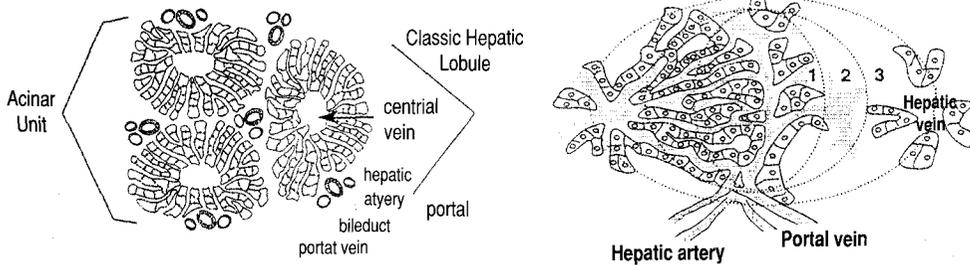
Overview of gross liver lobe anatomy.

Dotted line indicates anatomic of intrahepatic biliary tree.



Anatomic orientation of the cellular components of hepatic sinusoid and hepatic cords. Note the extraluminal position of lipocyte(Ito cell) and the intraluminal position of the Kupffer cell, with extending a pseudopod through sinusoidal fenestrations.

VI. Approach to the patient with Liver Disease



Zonal distribution of blood flow in an acinar unit that corresponds to zonal distribution of blood flow, hepatocellular functions, and certain histologic lesions.

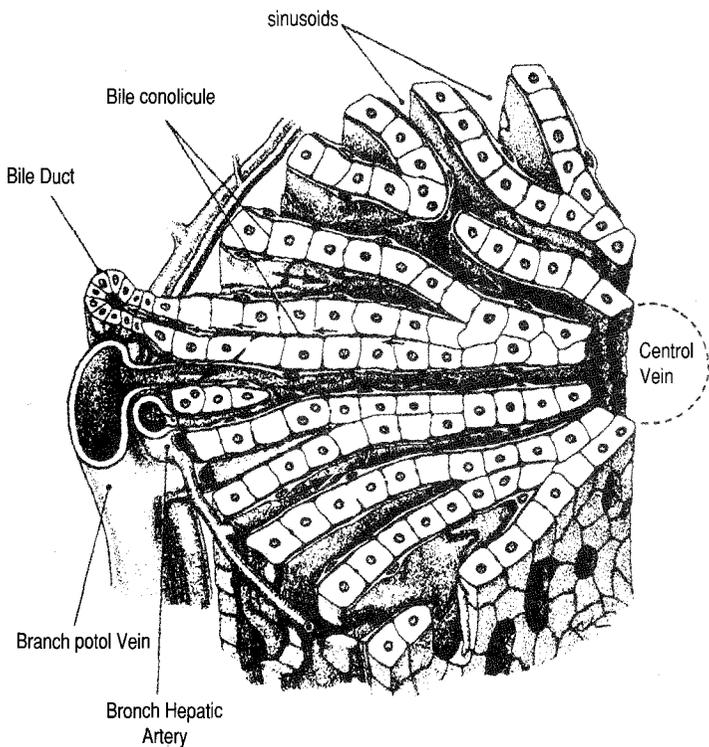


Figure 28-5. Hepatic microanatomy is complex and can be visualized in several ways. Note the relationship of the bile canaliculi to the bile ducts; the biliary system may be imagined as an acinar lens with the bile canaliculi forming a long narrow acinus. (Modified from Hamwal textbook of Histology, 5th ed. Philadelphia, JB Lippincott, 1965.)



II. 간 질환의 개요

- A. 가장 큰 분비 기관. 단일 선 조직
- B. 현재까지 1,500개의 생리화학적 기능과 대사 기능이 밝혀짐
- C. 대단히 큰 여유 능력과 독성과 전염체에 대한 특별한 저항능력이 있음
- D. 간세포의 80% 이상 손상되기 전까지는 심각한 임상 증상을 유발하지 않음
- E. 손상 후 회복되는 능력이 매우 큼
- F. 다른 많은 기능들을 하는 일반 기관들은 다양한 독성물질과 감염체로부터 쉽게 손상 받지만 간은 쉽게 손상 받지 않음

III. 병인론

- A. 일반적으로 다음의 요인들에 의해 간 질환이 유발됨
 - 1. 바이러스, 세균, 기생충 등 전염 가능성이 있는 병원체에 감염
 - 2. 독성물질의 흡수, 섭취를 통한 손상
 - 3. 심각한 영양 불균형에 의한 간 기능의 손상
 - 4. 원발성 또는 전이성 종양에 의한 손상
 - 5. 기타 : 외상(교통사고)
대사 이상(고양이의 지방간)
온도, 열사병
- B. 개와 고양이 급성 간 질환의 일반적인 원인
 - 1. 감염성 또는 기생충
 - a. 바이러스
 - b. 세균
 - c. 곰팡이
 - d. 원충성
 - e. 기생충
 - 2. 간독성물질
 - a. 약물과 마취제
 - b. 화학물질과 생물학적 물질

- c. 전신성, 대사성 이상
- d. 외상, 온도, 저산소성 손상

IV. 간담도계의 주기능

- A. 탄수화물 대사
- B. 지방 대사
- C. 단백질 대사
- D. 비타민 대사
- E. 내분비물질, 호르몬 대사
- F. 면역 기능
- G. 저장 기능
- H. 혈액학적 기능
- I. 소화 기능
- J. 해독작용과 분비 기능

V. 간담도계 질환의 임상 증상

- A. 일반적으로 질병 초기에는 모호한 증상들을 보임
- B. 담도계 폐쇄 시에는 72시간 후 황달이 나타나며 21일 후에는 출혈성 경향을 나타냄
- C. 선천적인 간문맥혈관계 이상 시에는 생후 2달 안에 간성뇌증을 보임
- D. 간담도계 질환의 주된 증상들
 - ▶ 식욕 저하, 구역질, 구토, 설사, 변비, 체중 감소 등을 포함한 위장관계 이상 증상
- E. 식욕저하는 고양이 간 질환에서 일반적으로 나타나는 증상임
- F. 위장관 궤양과 출혈
- G. 발열
- H. 출혈성 경향
- I. 황달
- J. 다음/다뇨

MAJOR HEPATOBILIARY FUNCTIONS

Carbohydrate Metabolism

Glucos homeostasis : gluconeogenesis ; glycogenolysis., insulin metabolism : glucagon metabolism
Glycogen : metabolism and storage
Insulin : degradation
Glucagon : degradation
Growth hormone : regulation

Lipid Metabolism

Cholesterol : synthesis, esterification, excretion
Bile acid : synthesis and regulation
Ketogenesis
Fatty acid : oxidation and mobilization
Triglyceride: synthesis and release
Phospholipid : metabolism

Protein Metabolism

Albumin : synthesis : turnover
Globulins ; acute-phase proteins ; transport proteins ; enertain immunoglobulins (bile)
Apoproteins : synthesis(some)
Coagulation proteins:
Activators for : procoagulants and inhibitors
inhibitors for : procoagulants and inhibitors
Aminoacid : regulation
Ammonia : synthesis and detoxification
Urea : synthesis

Vitamin Metabolism

Water-soluble : activation, synthesis, strage(B₁, B₆ (pyridoxine), B₁₂ (cyanocobalamin), folic acid, nicotinic acid, and riboflavin)
Fat-soluble : activation, synthesis, storage(vitamins E, D, A, and K)

Immunologic Fuctions

Kupffer cell: population, Function : phagocytic protection, gut bacteria, toxins, particulate debris
Complement metabolism
Interleukin production

Immunomodulation(metabolic products)

Endocrine Hormone Metabolism

Polypeptide homones : target organ influence. degradation
steroid homones : conjugation : degradation and excretion

storage Function

| | |
|------------------------|----------------------|
| Water-soluble vitamins | fat-soluble vitamins |
| Triglycerides | Glycogen |
| Copper, iron, zinc | Blood |

Hematologic Functions

In utero : hematopoiesis
Extramedullary hematopoiesis : severe anemia : marrow failure
Coagulation system : factor synthesis, activation : overall homeostasis
Reticuloendothelial function : senescent, RBC breakdown
Transferrin synthesis
Bilirubin : uptake, conjugation, excretion, enterohepatic circulation
Hematopoietic factor storage and activation : B₁₂, folate, iron
Iron homeostasis

Digestive Function

Bile acids : synthesis, regulation, enterohepatic circulation
Bile : component synthesis-excretion, digestive release
Bladder : bile storage, bile digesive interval release

Detoxification and Excere Fuctions

bilirubin : conjugation, uptake, biliary excretion
Ammonia : urea cycle
Steroid homones : cortisol, androgens, estrongen, aldosterone
Micosomal enzyme induction : dog especially

| | | |
|-------------------|-----------------|---------------|
| xenobiotic : e.g. | barbiturates | propoxyphene |
| | chloramphenical | pentazocine |
| | clindamycin | diazepam |
| | metronidazole | meperidine |
| | propranolol | lidocaine |
| | theophylline | aminophylline |

Copper : biliary excretion, lysosomal storage

Cholesterol : biliary excretion

HISTORICAL AND PHYSICAL SINGS OF LIVER DISEASE

ACQUIRED

Early Sings

vomiting
Diarrhea/constipation
Weight loss
Pyrexia
Normal bilirubinemia
Polyuria/ polydipsia
clear to yellow urine

Mojoir Bile Occlusion

Anorexia
Vomintion
Diarrhea/consripation
Weight loss
Pyrexia
Jaundice Within 72 hours
Polydipsia
Orange urine
Negative urobilinogen
Bleeding tendencies
Achollic(pale) feces
Melenic feces if bleeding
Jepatomegaly
(firm, rounded borders)
Palpable gallbladder(cat)
gastroduodenal ulceration
If chronic: > 6 wk - ascites

Severe hepatic Insufficiency

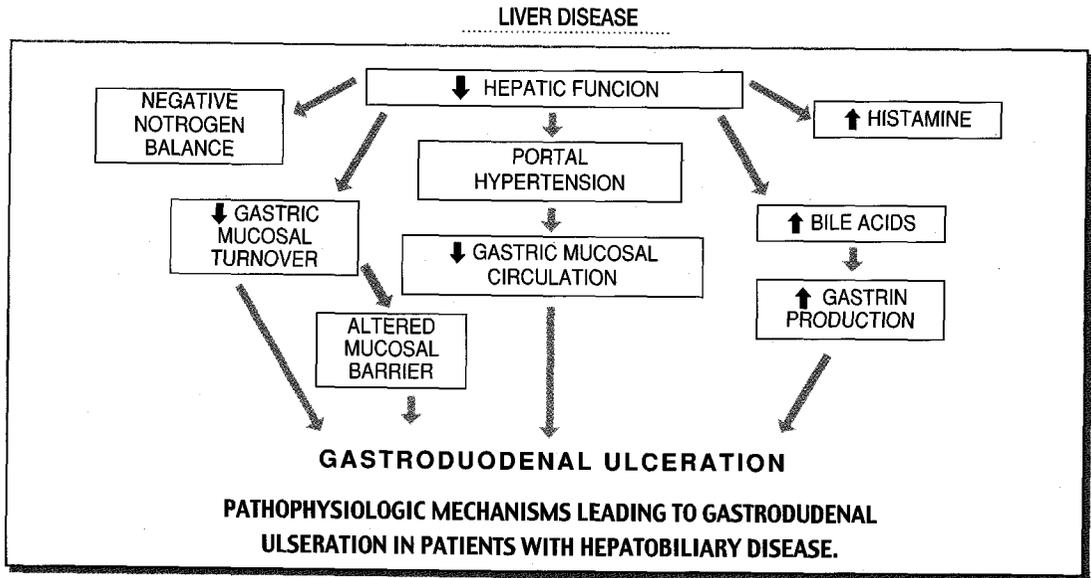
Anorexia
Vomintion
Diarrhea/consripation
Weight loss
Pyrexia
Jaundice as disease advances
Polydipsia/polydipsia
Clear to orange urine
urobilinigen "+"
Bruising/bleeding tendencies
Brown to melenic feces
Green feces : | stercobilin
Hepatomegaly (cat)
Normal to microhepatica(dog)
Pytalism (cat)
Gastroduodenal ulceration
If ↓ albumin and portal hypertension
Ascites
Edema (rare in cat)
Hepatic encephalopathy
Stupor, lethargy, depression, pacing, head pressing, rarely coma, seizures
Hyperammonemia
Usually coincides with HE signs
Ammonium biurate crystalluria
Cystic/renal caculi
Urinary tract obstruction

CONGENITAL

Portosystemic Vascular Anomaly

Stunted body size
Abnormal behavior : lethargic
Diarrhea/constipation
Weight loss
Pyrexia
No jaundice
Polyuria/ polydipsia
Clear urine, urobilinogen "+"
Copper-colored iris (cat)
Nomal coagulation
Brown feces
Melena : hookworms, coccidia
Microhepatica
"Plump" kidneys
Clyptorchid (dog)
Gastrointestinal ulceration (rare)
Potal hypertension : ± ligation, AV fistula
Ascits rare unless hepatic AV fistula
Edema does not occur
Hepatic encephalopathy
Amaurosis, stupor, depression, head pressing, pacing, aggression (esp, cat), ptyalism, seize with prolonged prodrome
Hyperamminemia
Usually coincides With HE signs
Ammonium biurate crystalluria
Cystic/renal calculi
Urinary tract obstruction : pollakiuria, hematuri





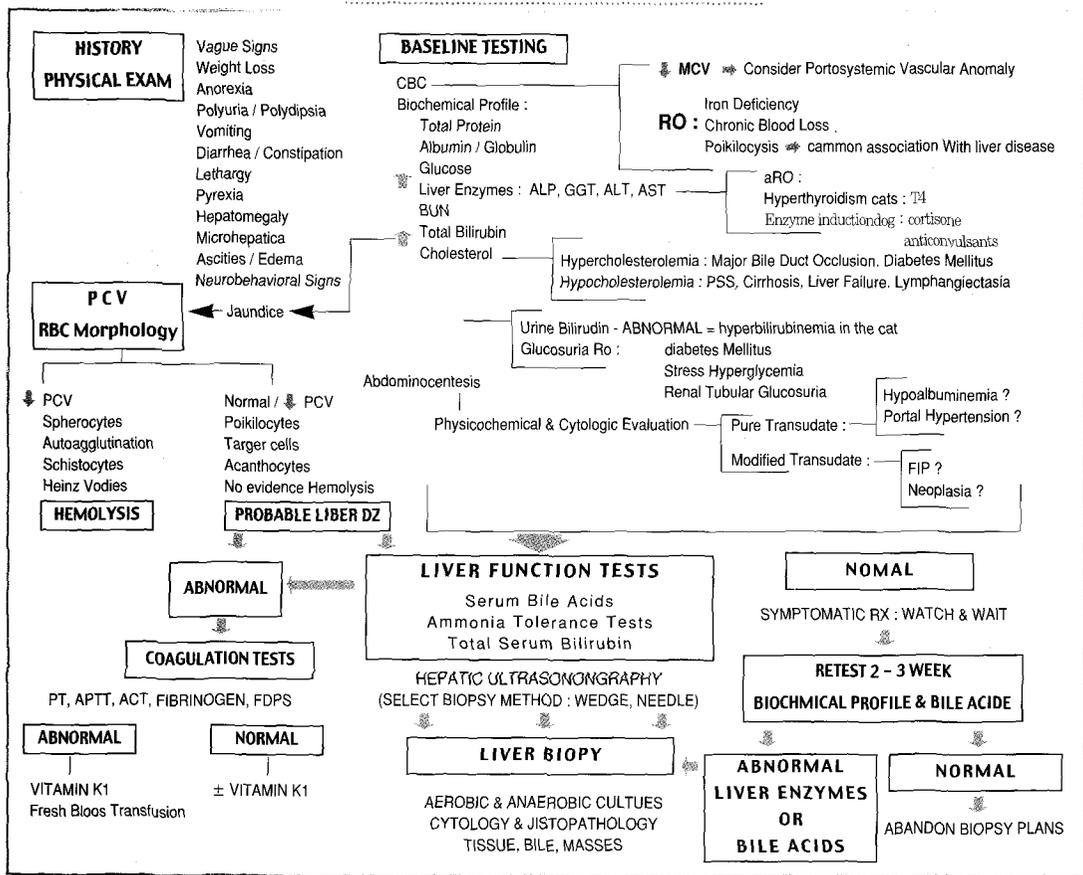
VI. 간질환 환축에 대한 진단적 접근

- A. 병력 및 신체검사
- B. 기초 검사
 - 1. 일반혈액검사(CBC)
 - 2. 혈액화학검사 간 효소: ALP, GGT, ALT, AST
 - 3. 노분석
 - 4. 고양이 백혈병 검사(FeLV)
 - 5. 복수 천자 검사
- C. 간 기능 검사:
 - 1. Serum bile acids
 - 2. Ammonia Tolerance Test
 - 3. Total serum bilirubin
- D. 방사선
- E. 간 초음파, MRI, CCT
- F. 간 생검

VI. Approach to the patient with Liver Disease

- A. History / Physical Exam
- B. Baseline Testing :
 - 1. CBC
 - 2. Biochemistry - Live Enzymes : ALP, GGT, ALT & AST
 - 3. Urinalysis
 - 4. FeL V
 - 5. Abdominalcentesis
- C. Liver Function Test :
 - 1. Serum bile acids
 - 2. Ammonia Tolerance Test
 - 3. Total serum bilirubin
- D. Radiology
- E. Hepatic Ultrasonography - Mri, CCT
- F. Liver Biopsy

MAJOR HEPATOBILIARY FUNCTIONS



VII 간 기초 검사

A. 기초 검사

1. 일반혈액검사(CBC)
2. 혈액화학검사

B. 간 기능검사

1. Serum bile acid
2. Ammonia Tolerance Test
3. Total Serum Bilirubin

C. 방사선, 초음파

Glossary and Abbreviations (for Table #1)

A. ALP: Alkaline Phosphatase

B. GGT: Gauma Geutamyl transferase

C. ALT: Alanine Amino transferase

D. AST: Asporate Amino transferase

E. Triglycerides: 혈액중의 지방량을 측정하는 검사

F. Glucose: 췌장과 간의 이상을 검사, 당뇨병

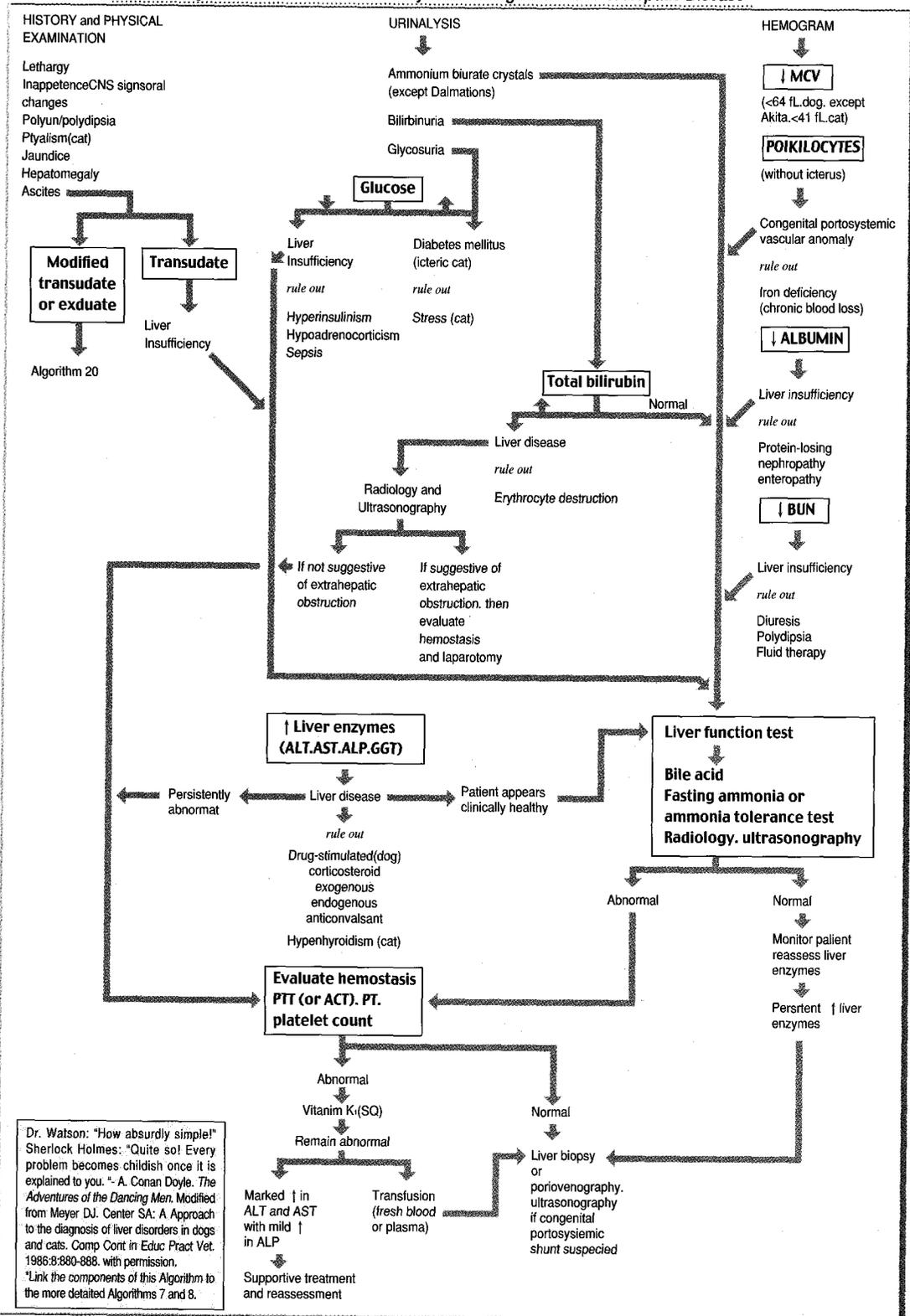
G. Uric Acid: 단백질 대사의 최종산물

H. BUN: 혈액 중 요소질소 농도

I. ATT: Ammonia Tolerance Test

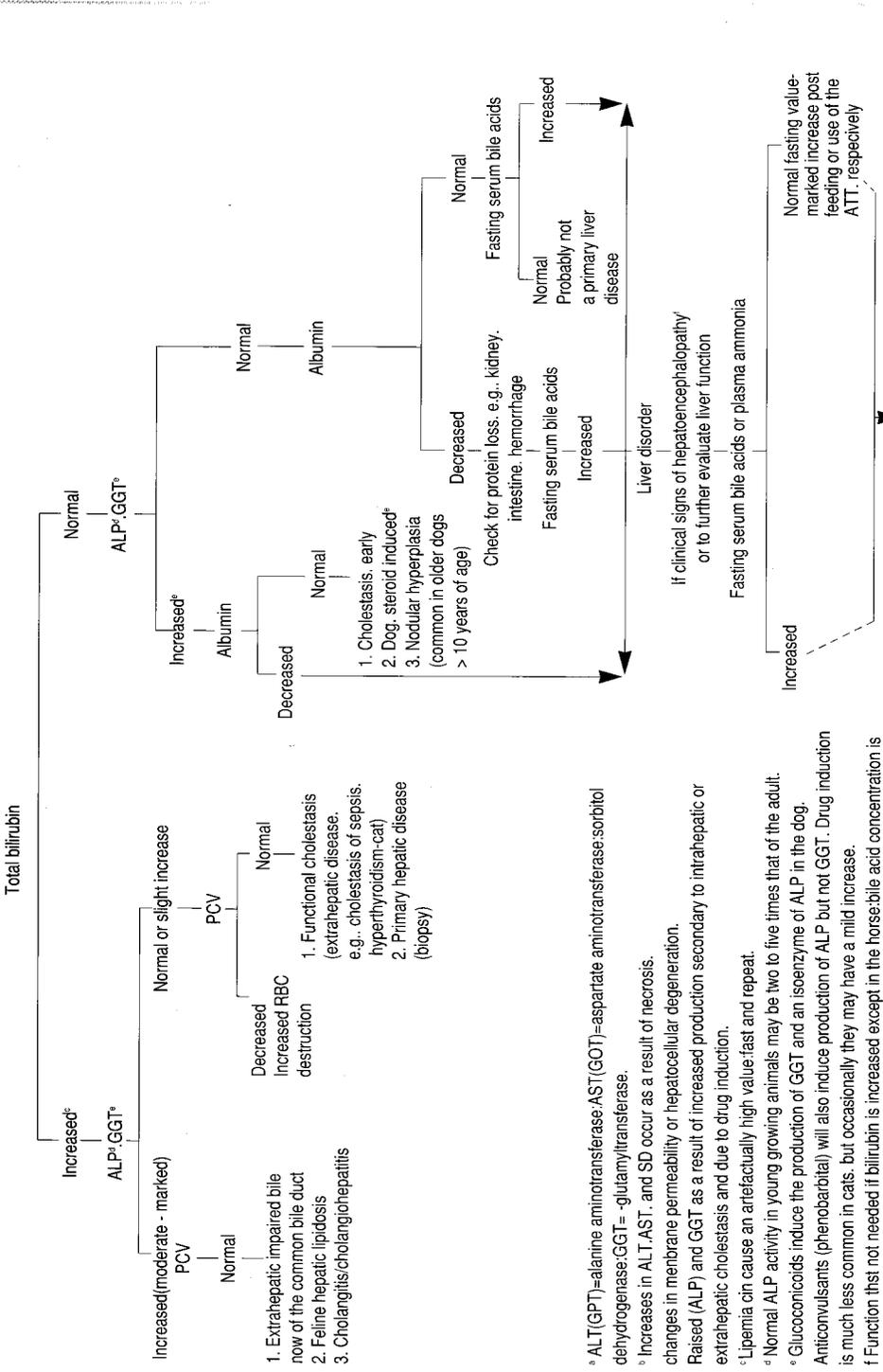
J. LDH: Lactic Dehydrogenase

Hematologic, Biochemical, and Uroanalytical Findings Indicative of Hepatic Disease



Dr. Watson: "How absurdly simple!" Sherlock Holmes: "Quite so! Every problem becomes childish once it is explained to you." - A. Conan Doyle. *The Adventures of the Dancing Men*. Modified from Meyer DJ. Center SA: A Approach to the diagnosis of liver disorders in dogs and cats. Comp Cont in Educ Pract Vet. 1986;8:880-888. with permission. *Link the components of this Algorithm to the more detailed Algorithms 7 and 8.

HEPATIC TEST ABNORMALITIES WITH NORMAL OR MILDLY INCREASED ALT, AST, OR SD^a



Total bilirubin

Increased^b
ALP, GGT^c

- Increased (moderate - marked) PCV
- 1. Extrahepatic impaired bile flow of the common bile duct
 - 2. Feline hepatic lipidosis
 - 3. Cholangitis/cholangiohepatitis

- Normal or slight increase PCV
- Decreased Increased RBC destruction
 - Normal
 - 1. Functional cholestasis (extrahepatic disease, e.g., cholestasis of sepsis, hyperthyroidism-cat)
 - 2. Primary hepatic disease (biopsy)

^a ALT (GPT) = alanine aminotransferase; AST (GOT) = aspartate aminotransferase; sorbitol dehydrogenase; GGT = γ -glutamyltransferase.

^b Increases in ALT, AST, and SD occur as a result of necrosis, changes in membrane permeability or hepatocellular degeneration.

Raised (ALP) and GGT as a result of increased production secondary to intrahepatic or extrahepatic cholestasis and due to drug induction.

^c Lipemia can cause an artefactually high value; fast and repeat.

^d Normal ALP activity in young growing animals may be two to five times that of the adult.

^e Glucocorticoids induce the production of GGT and an isoenzyme of ALP in the dog.

Anticonvulsants (phenobarbital) will also induce production of ALP but not GGT. Drug induction is much less common in cats, but occasionally they may have a mild increase.

^f Function that not needed if bilirubin is increased except in the horse; bile acid concentration is diagnostically helpful in the differential diagnosis of fasting hyperbilirubinemia and hepatic disease in the horse.

- 1. Liver insufficiency
- 2. Portosystemic venous anomaly - congenital or acquired

TABLE 3. Reference Intervals for Hematology Values of Adult Animals^{a,b}

| Test | Units | Canine | Feline | Equine | Bovine | Porcine | Ovine |
|----------------|---------------------------|------------|----------------------|----------|----------|----------|----------|
| RBC | $\times 10^9/\mu\text{l}$ | 5.4-7.8 | 5.8-10.7 | 6.4-10.0 | 5.0-10.0 | 5.0-8.0 | 8.0-15.0 |
| Hemoglobin | g/dl | 13-19 | 9-15 | 11-17 | 8-15 | 10-18 | 8-16 |
| Hct | % | 37-54 | 30-47 | 32-47 | 24-46 | 33-50 | 24-49 |
| MCV | f | 62-74 | 41-51 | 43-54 | 37-51 | 50-67 | 23-48 |
| MCHC | g/dl | 32-36 | 31-35 | 34-37 | 33-37 | 30-34 | 31-34 |
| MCH | pg | 22-27 | 13-18 | 15-19 | 13-18 | 17-21 | 8-12 |
| RDW | % | 12-15 | 14-19 | 18-22 | 16-24 | | |
| Platelets | $\times 10^3/\mu\text{l}$ | 1.6-4.3 | 3-8 | 1-2.7 | 2-7.3 | 2-8 | 3-8 |
| MPV | f | 6.7-11.1 | ND | 4.6-7.3 | 4.5-6.7 | | |
| Fibrinogen | mg/dl | 100-400 | 100-300 | 100-500 | 200-700 | 100-500 | 100-500 |
| Lcterus index | units | <5 | <5 | 5-25 | 0-20 | <5 | <5 |
| Plasma Protein | g/dl | 6.0-7.8 | 6.2-8.0 | 6.1-8.0 | 7.0-8.5 | 6.0-8.0 | 6.0-7.5 |
| Reticulocytes | $\times 10^3/\mu\text{l}$ | <80 | <30 agg <500 punc | 0 | 0 | <70 | 0 |
| WBC | $\times 10^3/\mu\text{l}$ | 6.0-17.0 | 5.5-19.5 | 5.2-13.9 | 4.0-12.0 | 10-22 | 4.0-12.0 |
| Bands | $\times 10^3/\mu\text{l}$ | 0-0.3 | 0-0.3 | 0-0.1 | 0-0.12 | | |
| Segmented | $\times 10^3/\mu\text{l}$ | 30-11.5 | 2.5-12.5 | 2.2-7.4 | 0.6-4.0 | 3.2-10.0 | 1.0-5.0 |
| Lymphocytes | $\times 10^3/\mu\text{l}$ | 1.0-4.8 | 1.5-7.0 | 1.1-5.3 | 2.5-7.5 | 4.4-13.5 | 2.0-9.0 |
| Monocytes | $\times 10^3/\mu\text{l}$ | 0.15-0.135 | 0-0.85 | 0-0.9 | 0.03-0.8 | 0.2-2.2 | 0-0.75 |
| Eosinophils | $\times 10^3/\mu\text{l}$ | 0.1-1.25 | 0-1.5 | 0-0.6 | 0-2.4 | 0.2-2.0 | 0.1-0.75 |
| Basophils | $\times 10^3/\mu\text{l}$ | <0.1 | <0.1 | <0.3 | <0.2 | Rare | Rare |

Erythrocyte morphology^c

| | 1+ | 2+ | 3+ | 4+ |
|--|-------|--------|---------|------|
| Anisocytosis | | | | |
| Canine | 7-15d | 16-20 | 21-29 | >30 |
| Feline | 5-8 | 9-15 | 16-20 | >20 |
| Bovine | 10-20 | 21-30 | 31-40 | >40 |
| Equine | 1-3 | 4-6 | 7-10 | >10 |
| Polychromasia | | | | |
| Canine | 2-7 | 8-14 | 15-29 | >30 |
| Feline | 1-2 | 3-8 | 9-15 | >15 |
| Bovine | 2-5 | 6-10 | 11-20 | >20 |
| Equine | Rare | Rare | Rare | Rare |
| Hypochromasia (all species) | 1-10 | 11-50 | 51-200 | >200 |
| Poikilocytosis (all species) | 3-10 | 11-50 | 51-200 | >200 |
| Codocytes (canine only) | 3-5 | 6-15 | 16-30 | >30 |
| Spherocytes (all species) | 5-10 | 11-50 | 51-150 | >150 |
| Echinocytes (all species) | 5-10 | 11-100 | 101-250 | >250 |
| Acanthocytes, schistocytes (all species) | 1-2 | 3-8 | 9-20 | >20 |

^aFrom the Veterinary Teaching Hospital-University of Florida.

^bPlatelet counts determined electronically for all species except the cat. Reference range for canine platelet count determined by manual method is $2 - 5 \times 10^3/\mu\text{l}$.

^cWeiss DJ : Uniform evaluation and semiquantitative reporting of hematologic data in veterinary laboratories. *vet Clin Pathol* 1984; 13:27

^dNumber of affected cells / 1000 x microscopic field.

TABLE 4. Reference Intervals for Serum Chemistry for Adult Animals*

| Test | Units | Canine | Feline | Equine | Bovine | Porcine | Ovine |
|--------------------------|---------|-----------|-----------|-----------|----------|---------|---------|
| Ammonia | μmol/L | 0-40 | 0-40 | 0-40 | | | |
| ALP | U/L | 10-73 | 15-92 | 102-257 | 29-99 | 26-362 | 68-387 |
| ALP | U/L | 15-58 | 30-100 | 4-12 | 17-37 | 32-84 | 60-84 |
| AST | U/L | 16-43 | 12-56 | 152-294 | 48-100 | 9-113 | 98-278 |
| Amylase | U/L | 510-1864 | 365-948 | 9-34 | 12-107 | | |
| Anion gap | mEq/L | 11-26 | 13-24 | 7-16 | 12-22 | | |
| Bile acid-fast | μmol/L | <5 | <2 | <15 | See text | | |
| Postprandial | μmol/L | <15 | <15 | | | | |
| Gilirubin(total) | mg/dL | 0.1-0.3 | 0.1-0.2 | 0.5-2.1 | 0.1-0.3 | 0.1-0.2 | 0.1-0.4 |
| Calcium | mg/dL | 9.0-10.8 | 7.4-10.5 | 10.6-13.0 | 7.9-10.0 | 8-12 | 10.4-13 |
| CO ₂ | mEq/L | 20-27 | 15-25 | 26-35 | 24-34 | 18-26 | 21-28 |
| Chloride | mEq/L | 110-118 | 116-125 | 97-104 | 94-104 | 100-105 | 98-115 |
| Cholesterol | mg/dL | 108-266 | 38-186 | 50-143 | 87-254 | 36-54 | 50-140 |
| Cholinesterase | U/L | 1347-2269 | 1000-2000 | | | | |
| Cortisol(basal) | μg/dL | 1.0-6.8 | 0.3-2.6 | | | | |
| CK(CPK) | U/L | 40-254 | 59-527 | 113-333 | 44-228 | | |
| Creatinine | mg/dL | 0.5-1.4 | 0.7-1.8 | 1.0-1.9 | 0.7-1.1 | 1.0-2.7 | 1.2-1.9 |
| Folate | μg/dL | 7.5-17.5 | 13.4-38 | | | | |
| GGT | U/L | 1-5 | 0-2 | 9-25 | 20-48 | | |
| Glucose | mg/dL | 77-120 | 58-120 | 76-127 | 37-71 | 65-95 | 50-80 |
| Iron | μg/dL | 84-233 | 65-233 | 74-209 | 57-162 | 91-199 | 166-222 |
| Lipase | U/L | 13-200 | 0-83 | | | | |
| Magnesium | mEq/L | 1.2-2.0 | 1.5-3.5 | 1.3-2.0 | 1.4-2.3 | | |
| Osmolality | mOsm/kg | 291-315 | 292-356 | 282-302 | | | |
| Phosphorus, inorganic | mg/dL | 2.4-6.1 | 2.6-7.9 | 2.0-4.3 | 4.6-9.0 | 5.3-9.6 | 5.0-7.3 |
| Potassium | mEq/L | 4.2-5.6 | 4.0-5.3 | 2.4-5.2 | 4.0-5.3 | 4.9-7.1 | 4.0-6.0 |
| Protein(total) | g/dL | 5.4-7.1 | 5.7-7.9 | 5.5-7.3 | 5.9-7.7 | 7.0-8.9 | 6.0-7.9 |
| Albumin | g/dL | 2.5-3.6 | 2.3-3.4 | 2.7-4.2 | 2.7-4.3 | 1.9-3.3 | 2.4-3.9 |
| Globulin | g/dL | 2.4-4.0 | 2.6-4.5 | 2.1-3.8 | 2.5-4.1 | 5.3-6.4 | 3.5-5.7 |
| Sodium | mEq/L | 145-153 | 151-158 | 136-142 | 136-144 | 139-152 | 136-154 |
| SD(SDH) | U/L | 2.9-8.2 | 3.9-7.7 | 1.9-5.8 | 4.3-15.3 | 1-6 | 6-28 |
| T1 | ng/dL | 85-250 | 85-250 | | | | |
| T2 | μg/dL | 1.2-3.0 | 1.2-3.0 | | | | |
| T4 (free) | ng/dL | 0.7-3.3 | | | | | |
| TLI | μg/dL | 5-35 | | | | | |
| Triglycerides | mg/dL | 20-112 | 10-114 | 4-44 | 0-14 | | |
| Urea nitrogen | mg/dL | 7-25 | 18-33 | 12-26 | 10-26 | 8-24 | 18-31 |

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