

KOS Diagnostic Lab (A Unit of KOS Healthcare)



Dr. Vinay Chopra
MD (Pathology & Microbiology)
Chairman & Consultant Pathologist

Dr. Yugam Chopra

MD (Pathology)

CEO & Consultant Pathologist

NAME : Mr. YOGESH

AGE/ GENDER : 41 YRS/MALE PATIENT ID : 691220

COLLECTED BY : REG. NO./LAB NO. : 012407050001

 REFERRED BY
 : 05/Jul/2024 06:22 AM

 BARCODE NO.
 : 01512540
 COLLECTION DATE
 : 05/Jul/2024 08:37AM

 CLIENT CODE.
 : KOS DIAGNOSTIC LAB
 REPORTING DATE
 : 05/Jul/2024 12:34PM

CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

Test Name Value Unit Biological Reference interval

CLINICAL CHEMISTRY/BIOCHEMISTRY GLUCOSE FASTING (F) AND POST PRANDIAL (PP)

GLUCOSE FASTING (F): PLASMA 145.75^H mg/dL NORMAL: < 100.0

by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD)

PREDIABETIC: 100.0 - 125.0

DIABETIC: > 0R = 126.0

GLUCOSE POST PRANDIAL (PP): PLASMA

by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD)

167.74^H

mg/dL

NORMAL: < 140.00

PREDIABETIC: 140.0

PREDIABETIC: 140.0 - 200.0

DIABETIC: > 0R = 200.0

INTERPRETATION:

IN ACCORDANCE WITH AMERICAN DIABETES ASSOCIATION GUIDELINES:

1. A fasting plasma glucose below 100 mg/dL and post-prandial plasma glucose level below 140 mg/dl is considered normal.

- 2. A fasting plasma glucose level between 100 125 mg/dl and post-prandial plasma glucose level between 140 200 mg/dL is considered as glucose intolerant or pre diabetic. A fasting and post-prandial blood test (after consumption of 75 gms of glucose) is recommended for all such patients.
- 3. A fasting plasma glucose level of above 125 mg/dL and post-prandial plasma glucose level above 200 mg/dL is highly suggestive of diabetic state. A repeat post-prandial is strongly recommended for all such patients. A fasting plasma glucose level in excess of 125 mg/dl on both occasions is confirmatory for diabetic state.



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LIVER FUNCTION TEST (COMPLETE)

BILIRUBIN TOTAL: SERUM by DIAZOTIZATION, SPECTROPHOTOMETRY	0.84	mg/dL	INFANT: 0.20 - 8.00 ADULT: 0.00 - 1.20
BILIRUBIN DIRECT (CONJUGATED): SERUM by DIAZO MODIFIED, SPECTROPHOTOMETRY	0.33	mg/dL	0.00 - 0.40
BILIRUBIN INDIRECT (UNCONJUGATED): SERUM by CALCULATED, SPECTROPHOTOMETRY	0.51	mg/dL	0.10 - 1.00
SGOT/AST: SERUM by IFCC, WITHOUT PYRIDOXAL PHOSPHATE	36.93	U/L	7.00 - 45.00
SGPT/ALT: SERUM	70.13 ^H /	U/L	0.00 - 49.00
by IFCC, WITHOUT PYRIDOXAL PHOSPHATE			
AST/ALT RATIO: SERUM	0.53	RATIO	0.00 - 46.00
by CALCULATED, SPECTROPHOTOMETRY			
ALKALINE PHOSPHATASE: SERUM by PARA NITROPHENYL PHOSPHATASE BY AMINO METH PROPANOL	97.3 YL	U/L	40.0 - 150.0
GAMMA GLUTAMYL TRANSFERASE (GGT): SERUM by SZASZ, SPECTROPHTOMETRY	36.1	U/L	0.00 - 55.0
TOTAL PROTEINS: SERUM by BIURET, SPECTROPHOTOMETRY	7.39	gm/dL	6.20 - 8.00
ALBUMIN: SERUM by BROMOCRESOL GREEN	4.39	gm/dL	3.50 - 5.50
	3	am /dl	2.20, 2.50
GLOBULIN: SERUM by CALCULATED, SPECTROPHOTOMETRY	3	gm/dL	2.30 - 3.50
•	1 4/	DATIO	1.00 2.00
A : G RATIO: SERUM by CALCULATED, SPECTROPHOTOMETRY	1.46	RATIO	1.00 - 2.00
by GALOGEATED, OF LOTHOT HOTOMETAT			

INTERPRETATION

NOTE:- To be correlated in individuals having SGOT and SGPT values higher than Normal Referance Range.

USE:- Differential diagnosis of diseases of hepatobiliary system and pancreas.

INCREASED:

DRUG HEPATOTOXICITY	> 2
ALCOHOLIC HEPATITIS	> 2 (Highly Suggestive)
CIRRHOSIS	1.4 - 2.0
INTRAHEPATIC CHOLESTATIS	> 1.5
HEPATOCELLULAR CARCINOMA & CHRONIC HEPATITIS	> 1.3 (Slightly Increased)



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DECREASED:

1. Acute Hepatitis due to virus, drugs, toxins (with AST increased 3 to 10 times upper limit of normal)

2. Extra Hepatic cholestatis: 0.8 (normal or slightly decreased).

PROGNOSTIC SIGNIFICANCE:

NO CITO OT OT OTHER TOTAL OF THE OTHER OTH		
NORMAL	< 0.65	
GOOD PROGNOSTIC SIGN	0.3 - 0.6	
POOR PROGNOSTIC SIGN	1.2 - 1.6	

*** End Of Report ***



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