

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

**Dr. Yugam Chopra**  
 MD (Pathology)  
 CEO & Consultant Pathologist

<b>NAME</b>	: Mr. SARTHAK	<b>PATIENT ID</b>	: 1542244
<b>AGE/ GENDER</b>	: 32 YRS/MALE	<b>REG. NO./LAB NO.</b>	: 012407080052
<b>COLLECTED BY</b>	:	<b>REGISTRATION DATE</b>	: 08/Jul/2024 04:15 PM
<b>REFERRED BY</b>	:	<b>COLLECTION DATE</b>	: 08/Jul/2024 04:16 PM
<b>BARCODE NO.</b>	: 01512760	<b>REPORTING DATE</b>	: 08/Jul/2024 05:20 PM
<b>CLIENT CODE.</b>	: KOS DIAGNOSTIC LAB		
<b>CLIENT ADDRESS</b>	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
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### CLINICAL CHEMISTRY/BIOCHEMISTRY

#### SGOT/SGPT PROFILE

SGOT/AST: SERUM <i>by IFCC, WITHOUT PYRIDOXAL PHOSPHATE</i>	29.6	U/L	7.00 - 45.00
SGPT/ALT: SERUM <i>by IFCC, WITHOUT PYRIDOXAL PHOSPHATE</i>	54.6 <sup>H</sup>	U/L	0.00 - 49.00
SGOT/SGPT RATIO <i>by CALCULATED, SPECTROPHOTOMETRY</i>	0.54		

#### INTERPRETATION

**NOTE:-** To be correlated in individuals having SGOT and SGPT values higher than Normal Reference 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 CHOLESTASIS	> 1.5
HEPATOCELLULAR CARCINOMA & CHRONIC HEPATITIS	> 1.3 (Slightly Increased)


#### DECREASED:-


1. Acute Hepatitis due to virus, drugs, toxins (with AST increased 3 to 10 times upper limit of normal)
2. Extra Hepatic cholestasis: 0.8 (normal or slightly decreased).

#### PROGNOSTIC SIGNIFICANCE:-

NORMAL	< 0.65
GOOD PROGNOSTIC SIGN	0.3 - 0.6
POOR PROGNOSTIC SIGN	1.2 - 1.6



  
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### AMYLASE

#### AMYLASE - SERUM

117.25<sup>H</sup>

IU/L

0 - 90

by CNPG 3, SPECTROPHOTOMETRY

#### INTERPRETATION COMMENTS

1. Amylase is produced in the Pancreas and most of the elevation in serum is due to increased rate of Amylase entry into the blood stream / decreased rate of clearance or both.
2. Serum Amylase rises within 6 to 48 hours of onset of Acute pancreatitis in 80% of patients, but is not proportional to the severity of the disease.
3. Activity usually returns to normal in 3-5 days in patients with milder edematous form of the disease.
4. Values persisting longer than this period suggest continuing necrosis of pancreas or Pseudocyst formation.
5. Approximately 20% of patients with Pancreatitis have normal or near normal activity.
6. Hyperlipemic patients with Pancreatitis also show spuriously normal Amylase levels due to suppression of Amylase activity by triglyceride.
7. Low Amylase levels are seen in Chronic Pancreatitis, Congestive Heart failure, 2nd & 3rd trimesters of pregnancy, Gastrointestinal cancer & bone fractures.



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### LIPASE

#### LIPASE - SERUM

121.62<sup>H</sup>

U/L

0 - 60

by METHYL RESORUFIN, SPECTROPHOTOMETRY

#### INTERPRETATION

1. Pancreas is the major and primary source of serum lipase though lipases are also present in liver, stomach, intestine, WBC, fat cells and milk.
2. In acute pancreatitis, serum lipase becomes elevated at the same time as amylase and remains high for 7-10 days.
3. Increased lipase activity rarely lasts longer than 14 days.
4. Prolonged increase suggests poor prognosis or presence of a cyst.
5. The combined use of serum lipase and serum amylase is effective in ruling out acute pancreatitis.

#### INCREASED LEVEL:

1. Acute & Chronic pancreatitis
2. Obstruction of pancreatic duct
3. Non pancreatic conditions like renal diseases, acute cholecystitis, intestinal obstruction, duodenal ulcer, alcoholism, diabetic ketoacidosis and following endoscopic retrograde cholangiopancreatography

#### NOTE:

1. Elevations 2 to 50 times the upper reference have been reported. The increase in serum lipase is not necessarily proportional to the severity of the attack. Normalization is not necessarily a sign of resolution.

#### ADVICE:

Concomitant testing of serum amylase and lipase is highly recommended to establish a diagnosis of pancreatic injury

\*\*\* End Of Report \*\*\*



  
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