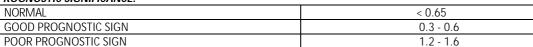


TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.



		Chopra v & Microbiology) onsultant Pathologist	Dr. Yugam Chopra MD (Pathology) CEO & Consultant Pathologist	
AME	: Mr. SARTHAK			
GE/ GENDER	: 32 YRS/MALE	P	ATIENT ID	: 1542244
OLLECTED BY	:	R	EG. NO./LAB NO.	: 012407080052
EFERRED BY			EGISTRATION DATE	: 08/Jul/2024 04:15 PM
ARCODE NO.	: 01512760		OLLECTION DATE	: 08/Jul/2024 04:16PM
LIENT CODE.	: KOS DIAGNOSTIC LAB		EPORTING DATE	: 08/Jul/2024 05:20PM
LIENT ADDRESS	: 6349/1, NICHOLSON ROAI		EI ONTING DATE	. 00/ Jul/ 2024 03.201 M
LIENI ADDRESS	. 0549/1, MCHOLSON KOAI	J, AMDALA CANT I		
est Name		Value	Unit	Biological Reference interval
	СП		RY/BIOCHEMISTR	v
		SGOT/SGP		
				7.00 45.00
GOT/AST: SERUM by IFCC, WITHOUT PYI	RIDOXAL PHOSPHATE	29.6	U/L	7.00 - 45.00
GPT/ALT: SERUM		54.6 <sup>H</sup>	U/L	0.00 - 49.00
•	RIDOXAL PHOSPHATE			
GOT/SGPT RATIO		0.54		
by CALCULATED, SPE NTERPRETATION	CIROPHOIOMEIRY			
	ed in individuals having SGOT a	ind SGPT values higher	than Normal Referance	Range.
ICF. Differential -!!-	gnosis of diseases of nepatobl	nary system and pand	reas.	
<b>JSE</b> :- Differential diag				
<b>JSE</b> :- Differential diag				
<b>JSE</b> :- Differential diag NCREASED:- DRUG HEPATOTOXIC			> 2	
JSE:- Differential dia NCREASED:- DRUG HEPATOTOXIC ALCOHOLIC HEPATIT			> 2 (Highly Sugges	stive)
JSE:- Differential diag NCREASED:- DRUG HEPATOTOXIC ALCOHOLIC HEPATIT CIRRHOSIS	IS		> 2 (Highly Sugges 1.4 - 2.0	stive)
JSE:- Differential diag NCREASED:- DRUG HEPATOTOXIC ALCOHOLIC HEPATIT CIRRHOSIS INTRAHEPATIC CHOL	IS		> 2 (Highly Sugges	







DR.VINAY CHOPRA CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY) DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST MBBS , MD (PATHOLOGY)

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		sultant Pathologist	CEO & Consultant	: Pathologist
NAME AGE/ GENDER	: <b>Mr. SARTHAK</b> : 32 YRS/MALE		IENT ID	: 1542244
COLLECTED BY REFERRED BY	:		. NO./LAB NO. ISTRATION DATE	: <b>012407080052</b> : 08/Jul/2024 04:15 PM
BARCODE NO. CLIENT CODE.	: 01512760 : KOS DIAGNOSTIC LAB		LECTION DATE ORTING DATE	: 08/Jul/2024 04:16PM : 08/Jul/2024 05:20PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD,	AMBALA CANTT		
Test Name		Value	Unit	Biological Reference interval
		AMYLA	SE	
AMYLASE - SERUM by CNPG 3, SPECTR INTERPRETATION	OPHOTOMETRY	117.25 <sup>H</sup>	IU/L	0 - 90

#### 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.

Activity usually returns to normal in 3-5 days in patients with milder edematous form of the disease.
 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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	Dr. Vinay Cl MD (Pathology Chairman & Co		Dr. Yugan MD CEO & Consultant	(Pathology)
NAME	: Mr. SARTHAK			
AGE/ GENDER	: 32 YRS/MALE	PATIENT ID		: 1542244
COLLECTED BY	:	REG.	NO./LAB NO.	: 012407080052
<b>REFERRED BY</b>	:	REGI	STRATION DATE	: 08/Jul/2024 04:15 PM
BARCODE NO.	:01512760	COLI	ECTION DATE	:08/Jul/202404:16PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	REPO	DRTING DATE	:08/Jul/202405:20PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD	, AMBALA CANTT		
Test Name		Value	Unit	Biological Reference interval
		LIPASE		
LIPASE - SERUM		121.62 <sup>H</sup>	U/L	0 - 60

# **INTERPRETATION**

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