

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. RAJEEV DUGGAL

AGE/ GENDER : 57 YRS/MALE **PATIENT ID** : 1566150

COLLECTED BY : SURJESH : 012407310026 REG. NO./LAB NO.

REFERRED BY **REGISTRATION DATE** : 31/Jul/2024 10:12 AM BARCODE NO. :01514166 **COLLECTION DATE** : 31/Jul/2024 10:19AM CLIENT CODE. : KOS DIAGNOSTIC LAB REPORTING DATE : 31/Jul/2024 11:06AM

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

Test Name Value Unit **Biological Reference interval**

CLINICAL CHEMISTRY/BIOCHEMISTRY CHOLESTEROL: SERUM

116.95 CHOLESTEROL TOTAL: SERUM mg/dL OPTIMAL: < 200.0

by CHOLESTEROL OXIDASE PAP BORDERLINE HIGH: 200.0 - 239.0

HIGH CHOLESTEROL: > OR = 240.0

INTERPRETATION:

| NATIONAL LIPID ASSOCIATION RECOMMENDATIONS (NLA-2014) | CHOLESTEROL IN ADULTS (mg/dL) | CHOLESTEROL IN ADULTS (mg/dL) |
|--|-------------------------------|-------------------------------|
| DESIRABLE | < 200.0 | < 170.0 |
| BORDERLINE HIGH | 200.0 – 239.0 | 171.0 - 199.0 |
| HIGH | >= 240.0 | >= 200.0 |

1. Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol.

2. As per National Lipid association - 2014 guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended. high total cholesterol is recommended.



CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY)

DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST





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LIVER FUNCTION TEST (COMPLETE)

| BILIRUBIN TOTAL: SERUM by DIAZOTIZATION, SPECTROPHOTOMETRY | 0.46 | mg/dL | INFANT: 0.20 - 8.00 ADULT: 0.00 - 1.20 |
|--|-------------------|-------|---|
| BILIRUBIN DIRECT (CONJUGATED): SERUM by DIAZO MODIFIED, SPECTROPHOTOMETRY | 0.21 | mg/dL | 0.00 - 0.40 |
| BILIRUBIN INDIRECT (UNCONJUGATED): SERUM by CALCULATED, SPECTROPHOTOMETRY | 0.25 | mg/dL | 0.10 - 1.00 |
| SGOT/AST: SERUM by IFCC, WITHOUT PYRIDOXAL PHOSPHATE | 56.9 ^H | U/L | 7.00 - 45.00 |
| SGPT/ALT: SERUM by IFCC, WITHOUT PYRIDOXAL PHOSPHATE | 58.5 ^H | U/L | 0.00 - 49.00 |
| AST/ALT RATIO: SERUM by CALCULATED, SPECTROPHOTOMETRY | 0.97 | RATIO | 0.00 - 46.00 |
| ALKALINE PHOSPHATASE: SERUM by PARA NITROPHENYL PHOSPHATASE BY AMINO METHYL PROPANOL | 84.48 | U/L | 40.0 - 130.0 |
| GAMMA GLUTAMYL TRANSFERASE (GGT): SERUM by SZASZ, SPECTROPHTOMETRY | 46.64 | U/L | 0.00 - 55.0 |
| TOTAL PROTEINS: SERUM by BIURET, SPECTROPHOTOMETRY | 7.19 | gm/dL | 6.20 - 8.00 |
| ALBUMIN: SERUM by BROMOCRESOL GREEN | 3.87 | gm/dL | 3.50 - 5.50 |
| GLOBULIN: SERUM by CALCULATED, SPECTROPHOTOMETRY | 3.32 | gm/dL | 2.30 - 3.50 |
| A : G RATIO: SERUM | 1.17 | RATIO | 1.00 - 2.00 |

INTERPRETATION

by CALCULATED, SPECTROPHOTOMETRY

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:

| month of the second of the sec | | |
|--|----------------------------|--|
| 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:

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

*** End Of Report ***



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