

(A Unit of KOS Healthcare)



Dr. Vinay Chopra
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Chairman & Consultant Pathologist

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

NAME : Mrs. ASHA GUPTA

AGE/ GENDER : 67 YRS/FEMALE **PATIENT ID** : 1566154

COLLECTED BY : SURJESH REG. NO./LAB NO. : 012407310030

 REFERRED BY
 : 31/Jul/2024 10:17 AM

 BARCODE NO.
 : 01514170
 COLLECTION DATE
 : 31/Jul/2024 10:18 AM

 CLIENT CODE.
 : KOS DIAGNOSTIC LAB
 REPORTING DATE
 : 31/Jul/2024 11:40 AM

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

Test Name Value Unit Biological Reference interval

CLINICAL CHEMISTRY/BIOCHEMISTRY LIVER FUNCTION TEST (COMPLETE)

BILIRUBIN TOTAL: SERUM by DIAZOTIZATION, SPECTROPHOTOMETRY	0.52	mg/dL	INFANT: 0.20 - 8.00 ADULT: 0.00 - 1.20
BILIRUBIN DIRECT (CONJUGATED): SERUM by DIAZO MODIFIED, SPECTROPHOTOMETRY	0.24	mg/dL	0.00 - 0.40
BILIRUBIN INDIRECT (UNCONJUGATED): SERUM by CALCULATED, SPECTROPHOTOMETRY	0.28	mg/dL	0.10 - 1.00
SGOT/AST: SERUM by IFCC, WITHOUT PYRIDOXAL PHOSPHATE	10.9	U/L	7.00 - 45.00
SGPT/ALT: SERUM by IFCC, WITHOUT PYRIDOXAL PHOSPHATE	14	U/L	0.00 - 49.00
AST/ALT RATIO: SERUM by CALCULATED, SPECTROPHOTOMETRY	0.78	RATIO	0.00 - 46.00
ALKALINE PHOSPHATASE: SERUM by Para nitrophenyl phosphatase by amino methyl propanol	90.94	U/L	40.0 - 130.0
GAMMA GLUTAMYL TRANSFERASE (GGT): SERUM by SZASZ, SPECTROPHTOMETRY	48.4	U/L	0.00 - 55.0
TOTAL PROTEINS: SERUM by BIURET, SPECTROPHOTOMETRY	5.99 ^L	gm/dL	6.20 - 8.00
ALBUMIN: SERUM by Bromocresol green	3.28 ^L	gm/dL	3.50 - 5.50
GLOBULIN: SERUM by CALCULATED, SPECTROPHOTOMETRY	2.71	gm/dL	2.30 - 3.50
A : G RATIO: SERUM by CALCULATED, SPECTROPHOTOMETRY	1.21	RATIO	1.00 - 2.00

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



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Test Name	Value	Unit	Biological Reference interval
INTRAHEPATIC CHOLESTATIS		> 1.5	
HEPATOCELLULAR CARCINOMA & CHRONIC HEPATITIS		> 1.3 (Slightly Increased)	
DECDEVCED.		•	

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:

THE CHECKING CHAIN TO MICE.		
NORMAL	< 0.65	
GOOD PROGNOSTIC SIGN	0.3 - 0.6	
POOR PROGNOSTIC SIGN	1.2 - 1.6	



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Test Name Value Unit Biological Reference interval

UREA

UREA: SERUM 41.12 mg/dL 10.00 - 50.00

by UREASE - GLUTAMATE DEHYDROGENASE (GLDH)



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Test Name Value Unit **Biological Reference interval**

CREATININE

CREATININE: SERUM

1.32^H mg/dL 0.40 - 1.20by ENZYMATIC, SPECTROPHOTOMETRY



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COLLECTED BY : SURJESH REG. NO./LAB NO. :012407310030

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Test Name Value Unit **Biological Reference interval**

AMYLASE

AMYLASE - SERUM 26.89 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 & tenses.



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Test Name Value Unit **Biological Reference interval**

LIPASE

LIPASE - SERUM 10.62 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 lipasé 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:

- Acute & Chronic pancreatitis
 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
- 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.

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

End Of Report **



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