





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

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

**NAME** : Dog DUDE

**AGE/ GENDER** : 10 YRS/Male **PATIENT ID** : 1575859

**COLLECTED BY** :012408090040 REG. NO./LAB NO.

REFERRED BY **REGISTRATION DATE** : 09/Aug/2024 03:17 PM BARCODE NO. :01514788 **COLLECTION DATE** : 09/Aug/2024 03:25PM CLIENT CODE. : KOS DIAGNOSTIC LAB REPORTING DATE : 09/Aug/2024 04:07PM

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

Test Name Value Unit **Biological Reference interval** 

### **CLINICAL CHEMISTRY/BIOCHEMISTRY GLUCOSE RANDOM (R)**

83.52 GLUCOSE RANDOM (R): PLASMA mg/dL NORMAL: < 140.00

by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD) PREDIABETIC: 140.0 - 200.0

DIABETIC: > OR = 200.0

IN ACCORDANCE WITH AMERICAN DIABETES ASSOCIATION GUIDELINES:

1. A random plasma glucose level below 140 mg/dl is considered normal.

2. A random glucose level between 140 - 200 mg/dl is considered as glucose intolerant or prediabetic. A fasting and post-prinadial blood test (after consumption of 75 gms of glucose) is recommended for all such patients.

3. A random glucose level of 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.



CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY)

DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST





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#### SGOT/SGPT PROFILE

SGOT/AST: SERUM 44.3 U/L 7.00 - 45.00

by IFCC, WITHOUT PYRIDOXAL PHOSPHATE

SGPT/ALT: SERUM 282.5<sup>H</sup> U/L 0.00 - 49.00

by IFCC, WITHOUT PYRIDOXAL PHOSPHATE
SGOT/SGPT RATIO 0.16

by CALCULATED, SPECTROPHOTOMETRY

#### **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)

#### 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



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**UREA** 

UREA: SERUM 109.92<sup>H</sup> mg/dL 10.00 - 50.00 by UREASE - GLUTAMATE DEHYDROGENASE (GLDH)



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0.40 - 1.40

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**CREATININE** 

**CREATININE: SERUM** 

by ENZYMATIC, SPECTROPHOTOMETRY

2.15<sup>H</sup> mg/dL

\* End Of Report \*\*\*



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