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

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

NAME	**: Mr. DEV PARKASH**		
AGE/ GENDER	: 50 YRS/MALE	**PATIENT ID**	: 1583994
COLLECTED BY	:	**REG. NO./LAB NO.**	**: 012408180017**
REFERRED BY	:	**REGISTRATION DATE**	: 18/Aug/2024 08:13 AM
BARCODE NO.	: 01515229	**COLLECTION DATE**	: 18/Aug/2024 09:03AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 18/Aug/2024 09:17AM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval

HAEMATOLOGY

PACKED CELL VOLUME (PCV)/ HAEMATOCRIT

PACKED CELL VOLUME (PCV)	45.4	%	40.0 - 54.0

by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER

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CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 18/Aug/2024 09:46AM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval

CLINICAL CHEMISTRY/BIOCHEMISTRY

GAMMA GLUTAMYL TRANSPEPTIDASE (GGT)

GAMMA GLUTAMYL TRANSFERASE (GGT): SERUM	40.78	U/L	0.00 - 55.0

by SZASZ, SPECTROPHTOMETRY

Interpretation:-

1. Gamma-glutamyl transferase(GGT) helps to detect liver diseases & bile duct injury .Both ALP(Alkaline phosphatase) & GGT are elevated in bile duct injury & liver diseases but only ALP will be elevated in bone diseases, So if GGT is normal with high ALP ,the cause most likely to be bone disease.

2*.Increase GGT levels causes:-*

(a):-Persons with alcohol abuse (used to screen alcohol abuse)

(b):-Certain drugs also increases GGT e.g. anticonvulsants,NSAIDs,antifungal drugs.

3*.Decrease GGT levels causes :-*

(a):-Oral contraceptives & clofibrate can decrease GGT levels.

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CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 18/Aug/2024 10:10AM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval

IMMUNOPATHOLOGY/SEROLOGY

HEPATITIS C VIRUS (HCV) ANTIBODY: TOTAL

HEPATITIS C ANTIBODY (HCV) TOTAL: SERUM *by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)*	0.13	S/CO	NEGATIVE: < 1.00 POSITIVE: > 1.00
HEPATITIS C ANTIBODY (HCV) TOTAL RESULT *by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)*	NON - REACTIVE		

INTERPRETATION:-

RESULT (INDEX)	REMARKS
< 1.00	NON - REACTIVE/NOT - DETECTED
> =1.00	REACTIVE/ASYMPTOMATIC/INFECTIVE STATE/CARRIER STATE.

Hepatitis C (HCV) is an RNA virus of Favivirus group transmitted via blood transfusions, transplantation, injection drug abusers, accidental needle punctures in healthcare workers, dialysis patients and rarely from mother to infant. 10 % of new cases show sexual transmission. As compared to HAV & HBV , chronic infection with HCV occurs in 85 % of infected individuals. In high risk population, the predictive value of Anti HCV for HCV infection is > 99% whereas in low risk populations it is only 25 %.

USES:

1. Indicator of past or present infection, but does not differentiate between Acute/ Chronic/Resolved Infection.
2. Routine screening of low and high prevelance population including blood donors.

NOTE:

1. False positive results are seen in Auto-immune disease, Rheumatoid Factor, HYpergammaglobulinemia, Paraproteinemia, Passive antibody transfer, Anti-idiotypes and Anti-superoxide dismutase.
2. False negative results are seen in early Acute infection, Immunosuppression and Immuno—incompetence.
3. *HCV-RNA PCR recommended in all reactive results to differentiate between past and present infection.*

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Test Name	Value	Unit	Biological Reference interval

HEPATITIS B SURFACE ANTIGEN (HBsAg) ULTRA

HEPATITIS B SURFACE ANTIGEN (HBsAg): SERUM	0.25	S/CO	NEGATIVE: < 1.0 POSITIVE: > 1.0
by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)			
HEPATITIS B SURFACE ANTIGEN (HBsAg) RESULT	NON REACTIVE		
by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)			

INTERPRETATION:

RESULT IN INDEX VALUE	REMARKS
< 1.30	NEGATIVE (-ve)
>=1.30	POSITIVE (+ve)

Hepatitis B Virus (HBV) is a member of the Hepadna virus family causing infection of the liver with extremely variable clinical features. Hepatitis B is transmitted primarily by body fluids especially serum and also spread effectively sexually and from mother to baby. In most individuals HBV hepatitis is self limiting, but 1-2 % normal adolescent and adults develop Chronic Hepatitis. Frequency of chronic HBV infection is 5-10% in immunocompromised patients and 80 % neonates. The initial serological marker of acute infection is HBsAg which typically appears 2-3 months after infection and disappears 12-20 weeks after onset of symtoms. Persistence of HBsAg for more than 6 months indicates carrier state or Chronic Liver disease.

*** End Of Report ***

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