



Dr. Vinay Chopra

MD (Pathology & Microbiology)

Chairman & Consultant Pathologist

EXCELLENCE IN HEALTHCARE & DIAGNOSTICS Dr. Yugam Chopra MD (Pathology) CEO & Consultant Pathologist

NAME	: Miss. ISHANI			
AGE/ GENDER	: 12 YRS/FEMALE	PAT	IENT ID	: 1592293
COLLECTED BY :		REG. NO./LAB NO.		: 012408260056
REFERRED BY	:	REG	STRATION DATE	: 26/Aug/2024 05:52 PM
BARCODE NO. : 01515764		COLLECTION DATE		: 26/Aug/2024 05:56PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	REP	DRTING DATE	: 26/Aug/2024 07:07PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AN	MBALA CANTT		
Test Name		Value	Unit	Biological Reference interval
	CUNIC	AL CHEMISTRY	/BIOCHEMISTR	v
		ER FUNCTION TES		
BILIRUBIN TOTAL: SERUM by diazotization, spectrophotometry		21.09 ^H	mg/dL	INFANT: 0.20 - 8.00 ADULT: 0.00 - 1.20
BILIRUBIN DIRECT (CONJUGATED): SERUM by DIAZO MODIFIED, SPECTROPHOTOMETRY		16.88 ^H	mg/dL	0.00 - 0.40
BILIRUBIN INDIRECT (UNCONJUGATED): SERUM by CALCULATED, SPECTROPHOTOMETRY		4.21 ^H	mg/dL	0.10 - 1.00
SGOT/AST: SERUM by IFCC, WITHOUT PYRIDOXAL PHOSPHATE		112.2 ^H	U/L	7.00 - 45.00
SGPT/ALT: SERUM by IFCC, WITHOUT PYRIDOXAL PHOSPHATE		168.1 ^H	U/L	0.00 - 49.00
AST/ALT RATIO: SERUM by CALCULATED, SPECTROPHOTOMETRY		0.67	RATIO	0.00 - 46.00
ALKALINE PHOSPHAT by PARA NITROPHENY PROPANOL	TASE: SERUM YL PHOSPHATASE BY AMINO METHYL	342.08	U/L	50.00 - 370.00
GAMMA GLUTAMYL TRANSFERASE (GGT): SERUM by SZASZ, SPECTROPHTOMETRY		68.1 ^H	U/L	0.00 - 55.0
TOTAL PROTEINS: SERUM by BIURET, SPECTROPHOTOMETRY		7.64	gm/dL	6.20 - 8.00
ALBUMIN: SERUM by BROMOCRESOL GREEN		4.05	gm/dL	3.50 - 5.50
GLOBULIN: SERUM by calculated, spectrophotometry		3.59 ^H	gm/dL	2.30 - 3.50
A : G RATIO: SERUM by CALCULATED, SPECTROPHOTOMETRY		1.13	RATIO	1.00 - 2.00
ADVICE		KINDLY CORRE	LATE CLINICALLY	

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)





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TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT





> 1.3 (Slightly Increased)

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Test Name		Value	Unit	Biological Reference interval
CIRRHOSIS			1.4 - 2.0	
INTRAHEPATIC CHO	ESTATIS		> 1.5	

HEPATOCELLULAR CARCINOMA & CHRONIC HEPATITIS 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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CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD,	AMBALA CANTT		
Test Name		Value	Unit	Biological Reference interval
	G	-6-PD (QUANTIT	ATIVE KINECTICS)	
G6PD (QUANTITATI) by SPECTROPHOTON		8.87	U/gHb	4.6 - 13.5

INTERPRETATION:

1.G-6 PD deficiency is a sex/X-linked recessive genetically inherited RBC enzyme disorder making the cells vulnerable to oxidative denaturation of haemoglobin characterized by abnormally low levels of glucose-6-phosphate dehydrogenase.

2. G6PD deficiency is the most common human enzyme defect.

3. G-6 PD levels are highest in young cells and decrease as cells age, hence in cases of G-6 PD deficiency, the older cells are preferentially destroyed.

5.G6PD helps body process carbohydrates and turn them into energy.

6. Hemolytic susceptibility in affected persons can increase greatly during intercurrent illness or upon exposure to various drugs that have oxidant properties like Primaquin, Nalidixic acid, Nitrofurantoin etc., Marked genetic heterogeneity has been reported in G-6 PD deficiency cases and > 300 variants have been defined. This heterogeneity causes variability in the degree of deficiency, types of cells affected, types of drugs causing hemolysis and susceptibility to chronic hemolysis and neonatal jaundice.

COMMON DRUGS THAT CAN INDUCE HEMOLYSIS IN G6PD DEFICIENT INDIVIDUALS INCLUDE:

1. Anti Malarial drugs (like primaquine, pamaquine, and chloroquine).

2. Sulfonamides (such as sulfanilamide, sulfamethoxazole, and mafenide).

3. Thiazolesulfone, methylene blue and naphthalene.

4. Certain analgesics (such as aspirin, phenazopyridine, and acetanilide)

5. Few non-sulfa antibiotics (nalidixic acid, nitrofurantoin, isoniazid, dapsone, and furazolidone).

*** End Of Report ***





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