

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

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

<b>NAME</b>	: Mr. BALWAN SINGH	<b>PATIENT ID</b>	: 1625813
<b>AGE/ GENDER</b>	: 78 YRS/MALE	<b>REG. NO./LAB NO.</b>	: 012409260009
<b>COLLECTED BY</b>	:	<b>REGISTRATION DATE</b>	: 26/Sep/2024 08:59 AM
<b>REFERRED BY</b>	:	<b>COLLECTION DATE</b>	: 26/Sep/2024 09:03AM
<b>BARCODE NO.</b>	: 01517729	<b>REPORTING DATE</b>	: 26/Sep/2024 10:24AM
<b>CLIENT CODE.</b>	: KOS DIAGNOSTIC LAB		
<b>CLIENT ADDRESS</b>	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
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**CLINICAL CHEMISTRY/BIOCHEMISTRY**

**GLUCOSE FASTING (F)**


<b>GLUCOSE FASTING (F): PLASMA</b> <i>by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD)</i>	155.12 <sup>H</sup>	mg/dL	<b>NORMAL: &lt; 100.0</b> <b>PREDIABETIC: 100.0 - 125.0</b> <b>DIABETIC: &gt; OR = 126.0</b>
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**INTERPRETATION**

**IN ACCORDANCE WITH AMERICAN DIABETES ASSOCIATION GUIDELINES:**

1. A fasting plasma glucose level below 100 mg/dl is considered normal.
2. A fasting plasma glucose level between 100 - 125 mg/dl is considered as glucose intolerant or prediabetic. A fasting and post-prandial blood test (after consumption of 75 gms of glucose) is recommended for all such patients.
3. A fasting plasma glucose level of above 125 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.



  
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TEST PERFORMED AT: KOS DIAGNOSTIC LAB, AMBALA CANTT.

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**LIVER FUNCTION TEST (COMPLETE)**

<b>BILIRUBIN TOTAL: SERUM</b> <i>by DIAZOTIZATION, SPECTROPHOTOMETRY</i>	2.3 <sup>H</sup>	mg/dL	INFANT: 0.20 - 8.00 ADULT: 0.00 - 1.20
<b>BILIRUBIN DIRECT (CONJUGATED): SERUM</b> <i>by DIAZO MODIFIED, SPECTROPHOTOMETRY</i>	1.54 <sup>H</sup>	mg/dL	0.00 - 0.40
<b>BILIRUBIN INDIRECT (UNCONJUGATED): SERUM</b> <i>by CALCULATED, SPECTROPHOTOMETRY</i>	0.76	mg/dL	0.10 - 1.00
<b>SGOT/AST: SERUM</b> <i>by IFCC, WITHOUT PYRIDOXAL PHOSPHATE</i>	113.2 <sup>H</sup>	U/L	7.00 - 45.00
<b>SGPT/ALT: SERUM</b> <i>by IFCC, WITHOUT PYRIDOXAL PHOSPHATE</i>	98 <sup>H</sup>	U/L	0.00 - 49.00
<b>AST/ALT RATIO: SERUM</b> <i>by CALCULATED, SPECTROPHOTOMETRY</i>	1.16	RATIO	0.00 - 46.00
<b>ALKALINE PHOSPHATASE: SERUM</b> <i>by PARA NITROPHENYL PHOSPHATASE BY AMINO METHYL PROPANOL</i>	230.77 <sup>H</sup>	U/L	40.0 - 130.0
<b>GAMMA GLUTAMYL TRANSFERASE (GGT): SERUM</b> <i>by SZASZ, SPECTROPHOTOMETRY</i>	146.49 <sup>H</sup>	U/L	0.00 - 55.0
<b>TOTAL PROTEINS: SERUM</b> <i>by BIURET, SPECTROPHOTOMETRY</i>	7.13	gm/dL	6.20 - 8.00
<b>ALBUMIN: SERUM</b> <i>by BROMOCRESOL GREEN</i>	3.81	gm/dL	3.50 - 5.50
<b>GLOBULIN: SERUM</b> <i>by CALCULATED, SPECTROPHOTOMETRY</i>	3.32	gm/dL	2.30 - 3.50
<b>A : G RATIO: SERUM</b> <i>by CALCULATED, SPECTROPHOTOMETRY</i>	1.15	RATIO	1.00 - 2.00

**INTERPRETATION**

**NOTE:- To be correlated in individuals having SGOT and SGPT values higher than Normal Reference 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 CHOLESTASIS	> 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 cholestasis: 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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