

KOS Diagnostic Lab

(A Unit of KOS Healthcare)



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

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

NAME : Mr. SANJEEV AGGARWAL

AGE/ GENDER : 62 YRS/MALE **PATIENT ID** : 1625846

COLLECTED BY : 012409260025 : SURJESH REG. NO./LAB NO.

REFERRED BY : CENTRAL PHOENIX CLUB (AMBALA CANTT) **REGISTRATION DATE** : 26/Sep/2024 10:43 AM BARCODE NO. :01517745 **COLLECTION DATE** : 26/Sep/2024 10:48AM CLIENT CODE. : KOS DIAGNOSTIC LAB REPORTING DATE : 26/Sep/2024 11:57AM

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

Test Name Value Unit **Biological Reference interval**

CLINICAL CHEMISTRY/BIOCHEMISTRY **AMYLASE**

IU/L 0 - 90**AMYLASE - SERUM** 47.16

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 & bone fractures.



CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY) DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST





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LIPASE

LIPASE - SERUM 13.24 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



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Test Name Value Unit **Biological Reference interval**

IMMUNOPATHOLOGY/SEROLOGY **C-REACTIVE PROTEIN (CRP)**

REPORTING DATE

C-REACTIVE PROTEIN (CRP) QUANTITATIVE:

0.56

mg/L

0.0 - 6.0

: 26/Sep/2024 11:57AM

by NEPHLOMETRY

INTERPRETATION:

CLIENT CODE.

1. C-reactive protein (CRP) is one of the most sensitive acute-phase reactants for inflammation.

2. CRP levels can increase dramatically (100-fold or more) after severe trauma, bacterial infection, inflammation, surgery, or neoplastic

3. CRP levels (Quantitative) has been used to assess activity of inflammatory disease, to detect infections after surgery, to detect transplant

rejection, and to monitor these inflammatory processes.

4. As compared to ESR, CRP shows an earlier rise in inflammatory disorders which begins in 4-6 hrs, the intensity of the rise being higher than ESR and the recovery being earlier than ESR. Unlike ESR, CRP levels are not influenced by hematologic conditions like Anemia, Polycythemia etc., 5. Elevated values are consistent with an acute inflammatory process.

NOTE:

1. Elevated C-reactive protein (CRP) values are nonspecific and should not be interpreted without a complete clinical history.

2. Oral contraceptives may increase CRP levels.

** End Of Report ***



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