



	Dr. Vinay Cho MD (Pathology & Chairman & Cons	Microbiology)		(Pathology)
NAME	: Mr. ASHUTOSH YADAV			
AGE/ GENDER	: 20 YRS/MALE		PATIENT ID	: 1639005
COLLECTED BY	:		REG. NO./LAB NO.	: 012410090051
REFERRED BY	:		REGISTRATION DATE	: 09/Oct/2024 02:29 PM
BARCODE NO.	:01518608		COLLECTION DATE	:09/Oct/202402:32PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB		REPORTING DATE	:09/Oct/202403:25PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, A	MBALA CANT	т	
Test Name		Value	Unit	Biological Reference interva
			STRY/BIOCHEMISTR ON TEST (COMPLETE)	Y
BILIRUBIN TOTAL: S by diazotization, si		0.73	mg/dL	INFANT: 0.20 - 8.00 ADULT: 0.00 - 1.20
BILIRUBIN DIRECT (CONJUGATED): SERUM	0.36	mg/dL	0.00 - 0.40
-	(UNCONJUGATED): SERUM	0.37	mg/dL	0.10 - 1.00
SGOT/AST: SERUM	RIDOXAL PHOSPHATE	16.93	U/L	7.00 - 45.00
SGPT/ALT: SERUM by IFCC, WITHOUT PY	RIDOXAL PHOSPHATE	14.65	U/L	0.00 - 49.00
AST/ALT RATIO: SER by CALCULATED, SPE	UM	1.16	RATIO	0.00 - 46.00
ALKALINE PHOSPHA by para nitrophen propanol	TASE: SERUM YL PHOSPHATASE BY AMINO METHYL	91.6	U/L	40.0 - 150.0
GAMMA GLUTAMYL by SZASZ, SPECTRO	. TRANSFERASE (GGT): SERUM	15.1	U/L	0.00 - 55.0
TOTAL PROTEINS: SI	ERUM	7.29	gm/dL	6.20 - 8.00
ALBUMIN: SERUM by BROMOCRESOL G		4.41	gm/dL	3.50 - 5.50
GLOBULIN: SERUM by CALCULATED, SPE		2.88	gm/dL	2.30 - 3.50
A : G RATIO: SERUM by calculated, spe		1.53	RATIO	1.00 - 2.00

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



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TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT

KOS Central Lab: 6349/1, Nicholson Road, Ambala Cantt -133 001, Haryana KOS Molecular Lab: IInd Floor, Parry Hotel, Staff Road, Opp. GPO, Ambala Cantt - 133 001, Haryana 0171-2643898, +91 99910 43898 | care@koshealthcare.com | www.koshealthcare.com





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CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AM	IBALA CANT	T	
Test Name		Value	Unit	Biological Reference interval
INTRAHEPATIC CHOI	ESTATIS		> 1.5	
	ARCINOMA & CHRONIC HEPATITIS		> 1.3 (Slightly Inc	reased)

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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		hopra & Microbiology) onsultant Pathologist	Dr. Yugan MD CEO & Consultant	(Pathology)
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CLIENT CODE.	: KOS DIAGNOSTIC LAB	RE	EPORTING DATE	:09/Oct/202403:56PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD), AMBALA CANTT		
Test Name		Value	Unit	Biological Reference interval
Test Name	II		Unit OGY/SEROLOGY	Biological Reference interval
Test Name		/MUNOPATHOL		
HEPATITIS B SURFAG		MUNOPATHOL TIS B SURFACE AN 0.26	OGY/SEROLOGY	
HEPATITIS B SURFA(SERUM <i>by CMIA (CHEMILUMII</i>) HEPATITIS B SURFA(RESULT	HEPAT CE ANTIGEN (HBsAg):	AMUNOPATHOL TITIS B SURFACE AI 0.26 ASSAY) NON - REACT	OGY/SEROLOGY NTIGEN (HBsAg) UL S/CO	TRA NEGATIVE: < 1.0
HEPATITIS B SURFA(SERUM <i>by CMIA (CHEMILUMIN</i> HEPATITIS B SURFA(RESULT <i>by CMIA (CHEMILUMIN</i> INTERPRETATION:	HEPAT CE ANTIGEN (HBSAg): MESCENT MICROPARTICLE IMMUNO CE ANTIGEN (HBSAg)	AMUNOPATHOL TITIS B SURFACE AI 0.26 ASSAY) NON - REACT	OGY/SEROLOGY NTIGEN (HBsAg) UL S/CO	TRA NEGATIVE: < 1.0
HEPATITIS B SURFA(SERUM <i>by CMIA (CHEMILUMIN</i> HEPATITIS B SURFA(RESULT <i>by CMIA (CHEMILUMIN</i> <u>INTERPRETATION:</u> RESUI	HEPAT CE ANTIGEN (HBSAg): NESCENT MICROPARTICLE IMMUNO CE ANTIGEN (HBSAg)	AMUNOPATHOL TITIS B SURFACE AI 0.26 ASSAY) NON - REACT	OGY/SEROLOGY NTIGEN (HBsAg) UL S/CO	TRA NEGATIVE: < 1.0

KOS Diagnostic Lab (A Unit of KOS Healthcare)

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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