ISO 9001 : 2008 CERTIFIED LAB

KOS Diagnostic Lab
(A Unit of KOS Healthcare)

KOS™
EXCELLENCE IN HEALTHCARE & DIAGNOSTICS

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

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

NAME	**: Mrs. RANJU**		
AGE/ GENDER	: 40 YRS/FEMALE	**PATIENT ID**	: 1645937
COLLECTED BY	:	**REG. NO./LAB NO.**	**: 012410170066**
REFERRED BY	: C.K.MITTAL HOSPITAL (AMBALA CANTT)	**REGISTRATION DATE**	: 17/Oct/2024 04:10 PM
BARCODE NO.	: 01519085	**COLLECTION DATE**	: 17/Oct/2024 05:11PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 17/Oct/2024 05:34PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval

CLINICAL CHEMISTRY/BIOCHEMISTRY

LIVER FUNCTION TEST (COMPLETE)

BILIRUBIN TOTAL: SERUM *by DIAZOTIZATION, SPECTROPHOTOMETRY*	0.53	mg/dL	INFANT: 0.20 - 8.00 ADULT: 0.00 - 1.20
BILIRUBIN DIRECT (CONJUGATED): SERUM *by DIAZO MODIFIED, SPECTROPHOTOMETRY*	0.24	mg/dL	0.00 - 0.40
BILIRUBIN INDIRECT (UNCONJUGATED): SERUM *by CALCULATED, SPECTROPHOTOMETRY*	0.29	mg/dL	0.10 - 1.00
SGOT/AST: SERUM ***by IFCC, WITHOUT PYRIDOXAL PHOSPHATE***	**364.09^{H}**	**U/L**	**7.00 - 45.00**
SGPT/ALT: SERUM ***by IFCC, WITHOUT PYRIDOXAL PHOSPHATE***	**279.75^{H}**	**U/L**	**0.00 - 49.00**
AST/ALT RATIO: SERUM *by CALCULATED, SPECTROPHOTOMETRY*	1.3	RATIO	0.00 - 46.00
ALKALINE PHOSPHATASE: SERUM ***by PARA NITROPHENYL PHOSPHATASE BY AMINO METHYL PROPANOL***	**206^{H}**	**U/L**	**40.0 - 150.0**
GAMMA GLUTAMYL TRANSFERASE (GGT): SERUM ***by SZASZ, SPECTROPHTOMETRY***	**63.5^{H}**	**U/L**	**0.00 - 55.0**
TOTAL PROTEINS: SERUM *by BIURET, SPECTROPHOTOMETRY*	7.35	gm/dL	6.20 - 8.00
ALBUMIN: SERUM *by BROMOCRESOL GREEN*	4.6	gm/dL	3.50 - 5.50
GLOBULIN: SERUM *by CALCULATED, SPECTROPHOTOMETRY*	2.75	gm/dL	2.30 - 3.50
A : G RATIO: SERUM *by CALCULATED, SPECTROPHOTOMETRY*	1.67	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

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

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

NAME	**: Mrs. RANJU**		
AGE/ GENDER	: 40 YRS/FEMALE	**PATIENT ID**	: 1645937
COLLECTED BY	:	**REG. NO./LAB NO.**	**: 012410170066**
REFERRED BY	: C.K.MITTAL HOSPITAL (AMBALA CANTT)	**REGISTRATION DATE**	: 17/Oct/2024 04:10 PM
BARCODE NO.	: 01519085	**COLLECTION DATE**	: 17/Oct/2024 05:11PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 17/Oct/2024 05:34PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
INTRAHEPATIC CHOLESTATIS	> 1.5		
HEPATOCELLULAR CARCINOMA & CHRONIC HEPATITIS	> 1.3 (Slightly Increased)		

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

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

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

NAME	**: Mrs. RANJU**		
AGE/ GENDER	: 40 YRS/FEMALE	**PATIENT ID**	: 1645937
COLLECTED BY	:	**REG. NO./LAB NO.**	**: 012410170066**
REFERRED BY	: C.K.MITTAL HOSPITAL (AMBALA CANTT)	**REGISTRATION DATE**	: 17/Oct/2024 04:10 PM
BARCODE NO.	: 01519085	**COLLECTION DATE**	: 17/Oct/2024 05:11PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 18/Oct/2024 07:18AM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval

IMMUNOPATHOLOGY/SEROLOGY

HEPATITIS A VIRUS (HAV) ANTIBODY: IgM

HEPATITIS A ANTIBODY (HAV) IgM QUANTITATIVE *by CLIA (CHELUMINISCENCE IMMUNOASSAY)*	0.11	AI	< 0.90
HEPATITIS A ANTIBODY (HAV) IgM RESULT *by CLIA (CHELUMINISCENCE IMMUNOASSAY)*	NON - REACTIVE		NON - REACTIVE

INTERPRETATION

HEPATITIS A VIRUS (HAV) IgM ANTIBODIES	
NON REACTIVE	< 0.90
EQUIVOCAL	0.90 - 1.10
POSITIVE	>1.10

1.Hepatitis A virus is a non-enveloped RNA virus that is classified as picorna virus. It usually causes a self limiting hepatitis which results in complete remission.
2.Occasional cases of fulminant hepatic necrosis are known to be associated with the infection. Transmission is mainly oro-faecal.
3.The incubation period is between 15-50 days from the time of exposure.
4.IgM antibody is only present in the blood following an acute hepatitis A infection and is a fairly reliable marker of a recent infection. It is detectable from one to two weeks after the initial infection and persists for up to 14 weeks after exposure.

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

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

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

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

NAME	**: Mrs. RANJU**		
AGE/ GENDER	: 40 YRS/FEMALE	**PATIENT ID**	: 1645937
COLLECTED BY	:	**REG. NO./LAB NO.**	**: 012410170066**
REFERRED BY	: C.K.MITTAL HOSPITAL (AMBALA CANTT)	**REGISTRATION DATE**	: 17/Oct/2024 04:10 PM
BARCODE NO.	: 01519085	**COLLECTION DATE**	: 17/Oct/2024 05:11PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 17/Oct/2024 05:49PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval

HEPATITIS C VIRUS (HCV) ANTIBODY: TOTAL

HEPATITIS C ANTIBODY (HCV) TOTAL: SERUM *by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)*	0.19	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.*

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

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

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

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

NAME	**: Mrs. RANJU**		
AGE/ GENDER	: 40 YRS/FEMALE	**PATIENT ID**	: 1645937
COLLECTED BY	:	**REG. NO./LAB NO.**	**: 012410170066**
REFERRED BY	: C.K.MITTAL HOSPITAL (AMBALA CANTT)	**REGISTRATION DATE**	: 17/Oct/2024 04:10 PM
BARCODE NO.	: 01519085	**COLLECTION DATE**	: 17/Oct/2024 05:11PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 18/Oct/2024 07:18AM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

HEPATITIS E VIRUS (HEV) ANTIBODY: IgM

Test Name	Value	Unit	Biological Reference interval
HEPATITIS E ANTBODY (HEV) IgM QUANTITATIVE *by ELISA (ENZYME LINKED IMMUNOASSAY)*	0.21	AI	< 0.90
HEPATITIS E ANTIBODY (HEV) IgM RESULT *by ELISA (ENZYME LINKED IMMUNOASSAY)*	NON - REACTIVE		NON - REACTIVE

INTERPRETATION:

NEGATIVE	AI	< 0.90
EQUIVOCAL	AI	0.90 - 1.10
POSITIVE	AI	>1.10

1.Hepatitis E virus is a positive-sense single-stranded RNA icosahedral virus.
2.It usuallsy causes a self limiting hepatitis which results in complete remission.
3.Occasional cases of fulminant hepatic necrosis are known to be associated with the infection. Transmission is mainly feco-oral.
4.The average incubation period for the infection is 3-8 weeks from the time of exposure.
5.IgM antibodies become detectable in the serum prior to the onset of clinically identifiable disease and if detected, they are indicative of a recent infection.

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

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

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

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

NAME	**: Mrs. RANJU**		
AGE/ GENDER	: 40 YRS/FEMALE	**PATIENT ID**	: 1645937
COLLECTED BY	:	**REG. NO./LAB NO.**	**: 012410170066**
REFERRED BY	: C.K.MITTAL HOSPITAL (AMBALA CANTT)	**REGISTRATION DATE**	: 17/Oct/2024 04:10 PM
BARCODE NO.	: 01519085	**COLLECTION DATE**	: 17/Oct/2024 05:11PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 17/Oct/2024 05:49PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval

HEPATITIS B SURFACE ANTIGEN (HBsAg) ULTRA

HEPATITIS B SURFACE ANTIGEN (HBsAg): SERUM	0.24	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 ***

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

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