

(A Unit of KOS Healthcare)



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

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

NAME : Mrs. JYOTI

AGE/ GENDER : 26 YRS/FEMALE **PATIENT ID** : 1681442

COLLECTED BY REG. NO./LAB NO. : 012411250042

REFERRED BY **REGISTRATION DATE** : 25/Nov/2024 01:02 PM BARCODE NO. :01521431 **COLLECTION DATE** : 25/Nov/2024 01:03PM CLIENT CODE. : KOS DIAGNOSTIC LAB REPORTING DATE : 25/Nov/2024 01:17PM

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

Value Unit **Biological Reference interval Test Name**

HAEMATOLOGY HAEMOGLOBIN (HB)

HAEMOGLOBIN (HB) 9.8^L 12.0 - 16.0gm/dL

by CALORIMETRIC

INTERPRETATION:-

Hemoglobin is the protein molecule in red blood cells that carries oxygen from the lungs to the bodys tissues and returns carbon dioxide from the tissues back to the lungs.

A low hemoglobin level is referred to as ANEMIA or low red blood count.

ANEMIA (DECRESED HAEMOGLOBIN):

- 1) Loss of blood (traumatic injury, surgery, bleeding, colon cancer or stomach ulcer)
- 2) Nutritional deficiency (iron, vitamin B12, folate)
- 3) Bone marrow problems (replacement of bone marrow by cancer)
- 4) Suppression by red blood cell synthesis by chemotherapy drugs
- 5) Kidney failure
- 6) Abnormal hemoglobin structure (sickle cell anemia or thalassemia).

POLYCYTHEMIA (INCREASED HAEMOGLOBIN):

- 1) People in higher altitudes (Physiological)
- 2) Smoking (Secondary Polycythemia)
- 3) Dehydration produces a falsely rise in hemoglobin due to increased haemoconcentration
- 4) Advanced lung disease (for example, emphysema)
- 5) Certain tumors
- 6) A disorder of the bone marrow known as polycythemia rubra vera,
- 7) Abuse of the drug erythropoetin (Epogen) by athletes for blood doping purposes (increasing the amount of oxygen available to the body by chemically raising the production of red blood cells).

NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD



CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY)

DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST



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 : 25/Nov/2024 01:03 PM

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 REPORTING DATE
 : 25/Nov/2024 02:04 PM

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

Test Name Value Unit Biological Reference interval

CLINICAL CHEMISTRY/BIOCHEMISTRY SGOT/SGPT PROFILE

| SGOT/AST: SERUM by ifcc, without pyridoxal phosphate | 39.3 | U/L | 7.00 - 45.00 |
|---|------|-----|--------------|
| SGPT/ALT: SERUM by IFCC, WITHOUT PYRIDOXAL PHOSPHATE | 36.6 | U/L | 0.00 - 49.00 |
| SGOT/SGPT RATIO by CALCULATED, SPECTROPHOTOMETRY | 1.07 | | |

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 |
| 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:-

| ROOMOSTIC SIGNII IOANUE. | | |
|--------------------------|-----------|--|
| NORMAL | < 0.65 | |
| GOOD PROGNOSTIC SIGN | 0.3 - 0.6 | |
| POOR PROGNOSTIC SIGN | 1.2 - 1.6 | |



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Test Name Value Unit Biological Reference interval

UREA

UREA: SERUM 15.29 mg/dL 10.00 - 50.00

by UREASE - GLUTAMATE DEHYDROGENASE (GLDH)



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Test Name Value Unit Biological Reference interval

CREATININE

CREATININE: SERUM 0.89 mg/dL 0.40 - 1.20 by ENZYMATIC, SPECTROPHOTOMETRY

*** End Of Report ***



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