

# **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. KHEM CHAND

**AGE/ GENDER** : 40 YRS/MALE **PATIENT ID** : 1693218

COLLECTED BY : REG. NO./LAB NO. : 012412070040

 REFERRED BY
 :
 REGISTRATION DATE
 : 07/Dec/2024 12:41 PM

 BARCODE NO.
 : 01522117
 COLLECTION DATE
 : 07/Dec/2024 12:43 PM

 CLIENT CODE.
 : KOS DIAGNOSTIC LAB
 REPORTING DATE
 : 07/Dec/2024 12:53 PM

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

Test Name Value Unit Biological Reference interval

### HAEMATOLOGY HAEMOGLOBIN (HB)

HAEMOGLOBIN (HB) 12.5 gm/dL 12.0 - 17.0

by CALORIMETRIC

<u>INTERPRETATION:-</u>
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



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## CLINICAL CHEMISTRY/BIOCHEMISTRY SGOT/SGPT PROFILE

SGOT/AST: SERUM by IFCC, WITHOUT PYRIDOXAL PHOSPHATE	16.4	U/L	7.00 - 45.00
SGPT/ALT: SERUM by IFCC, WITHOUT PYRIDOXAL PHOSPHATE	19.6	U/L	0.00 - 49.00
SGOT/SGPT RATIO	0.84		

#### 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:-

1 KOONOSTIO SIGNII IOANOL.		
NORMAL	< 0.65	
GOOD PROGNOSTIC SIGN	0.3 - 0.6	
POOR PROGNOSTIC SIGN	1.2 - 1.6	



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0.40 - 1.40

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**CREATININE** 

CREATININE: SERUM 0.94 mg/dL

by ENZYMATIC, SPECTROPHOTOMETRY

\*\*\* End Of Report \*\*\*



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