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

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

NAME	**: B/O PRIYANKA**		
AGE/ GENDER	: 8 DAYS(S)/Male	**PATIENT ID**	: 1702215
COLLECTED BY	:	**REG. NO./LAB NO.**	**: 012412180023**
REFERRED BY	:	**REGISTRATION DATE**	: 18/Dec/2024 10:48 AM
BARCODE NO.	: 01522622	**COLLECTION DATE**	: 18/Dec/2024 10:49AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 18/Dec/2024 01:08PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
CLINICAL CHEMISTRY/BIOCHEMISTRY			
BILIRUBIN COMPLETE			
BILIRUBIN TOTAL: SERUM *by DIAZOTIZATION, SPECTROPHOTOMETRY*	**12.88^{H}**	mg/dL	INFANT: 0.20 - 8.00 ADULT: 0.00 - 1.20
BILIRUBIN DIRECT (CONJUGATED): SERUM *by DIAZO MODIFIED, SPECTROPHOTOMETRY*	0.33	mg/dL	0.00 - 0.40
BILIRUBIN INDIRECT (UNCONJUGATED): SERUM *by CALCULATED, SPECTROPHOTOMETRY*	**12.55^{H}**	mg/dL	0.10 - 1.00

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BARCODE NO.	: 01522622	**COLLECTION DATE**	: 18/Dec/2024 10:49AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 18/Dec/2024 03:03PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval

G-6-PD (QUANTITATIVE KINECTICS)

G6PD (QUANTITATIVE KINECTICS) *by SPECTROPHOTOMETRY*	**14.9^{H}**	U/gHb	4.6 - 13.5

INTERPRETATION:

1.G-6 PD deficiency is a sex/X-linked recessive genetically inherited RBC enzyme disorder making the cells vulnerable to oxidative denaturation of haemoglobin characterized by abnormally low levels of glucose-6-phosphate dehydrogenase .
2. G6PD deficiency is the most common human enzyme defect.
3. G-6 PD levels are highest in young cells and decrease as cells age, hence in cases of G-6 PD deficiency, the older cells are preferentially destroyed.
5.G6PD helps body process carbohydrates and turn them into energy.
6. Hemolytic susceptibility in affected persons can increase greatly during intercurrent illness or upon exposure to various drugs that have oxidant properties like Primaquin, Nalidixic acid, Nitrofurantoin etc., Marked genetic heterogeneity has been reported in G-6 PD deficiency cases and > 300 variants have been defined. This heterogeneity causes variability in the degree of deficiency, types of cells affected, types of drugs causing hemolysis and susceptibility to chronic hemolysis and neonatal jaundice.

COMMON DRUGS THAT CAN INDUCE HEMOLYSIS IN G6PD DEFICIENT INDIVIDUALS INCLUDE:

1.Anti Malarial drugs (like primaquine, pamaquine, and chloroquine).
2.Sulfonamides (such as sulfanilamide, sulfamethoxazole, and mafenide).
3.Thiazolesulfone, methylene blue and naphthalene.
4.Certain analgesics (such as aspirin, phenazopyridine, and acetanilide)
5.Few non-sulfa antibiotics (nalidixic acid, nitrofurantoin, isoniazid, dapsone, and furazolidone).

*** End Of Report ***

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