

Dr. Vinay Chopra  
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Chairman & Consultant Pathologist

Dr. Yugam Chopra  
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CEO & Consultant Pathologist

<b>NAME</b>	: Mr. DEEPAK	<b>PATIENT ID</b>	: 1710130
<b>AGE/ GENDER</b>	: 26 YRS/MALE	<b>REG. NO./LAB NO.</b>	: 012412270031
<b>COLLECTED BY</b>	:	<b>REGISTRATION DATE</b>	: 27/Dec/2024 01:39 PM
<b>REFERRED BY</b>	:	<b>COLLECTION DATE</b>	: 27/Dec/2024 01:40PM
<b>BARCODE NO.</b>	: 01523092	<b>REPORTING DATE</b>	: 27/Dec/2024 03:09PM
<b>CLIENT CODE.</b>	: KOS DIAGNOSTIC LAB		
<b>CLIENT ADDRESS</b>	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
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**CLINICAL CHEMISTRY/BIOCHEMISTRY**

**LIVER FUNCTION TEST (COMPLETE)**

BILIRUBIN TOTAL: SERUM <i>by DIAZOTIZATION, SPECTROPHOTOMETRY</i>	0.36	mg/dL	INFANT: 0.20 - 8.00 ADULT: 0.00 - 1.20
BILIRUBIN DIRECT (CONJUGATED): SERUM <i>by DIAZO MODIFIED, SPECTROPHOTOMETRY</i>	0.13	mg/dL	0.00 - 0.40
BILIRUBIN INDIRECT (UNCONJUGATED): SERUM <i>by CALCULATED, SPECTROPHOTOMETRY</i>	0.23	mg/dL	0.10 - 1.00
SGOT/AST: SERUM <i>by IFCC, WITHOUT PYRIDOXAL PHOSPHATE</i>	40.7	U/L	7.00 - 45.00
SGPT/ALT: SERUM <i>by IFCC, WITHOUT PYRIDOXAL PHOSPHATE</i>	30.5	U/L	0.00 - 49.00
AST/ALT RATIO: SERUM <i>by CALCULATED, SPECTROPHOTOMETRY</i>	1.33	RATIO	0.00 - 46.00
ALKALINE PHOSPHATASE: SERUM <i>by PARA NITROPHENYL PHOSPHATASE BY AMINO METHYL PROPANOL</i>	81.3	U/L	40.0 - 130.0
GAMMA GLUTAMYL TRANSFERASE (GGT): SERUM <i>by SZASZ, SPECTROPHOTOMETRY</i>	<b>57.59<sup>H</sup></b>	U/L	0.00 - 55.0
TOTAL PROTEINS: SERUM <i>by BIURET, SPECTROPHOTOMETRY</i>	7.04	gm/dL	6.20 - 8.00
ALBUMIN: SERUM <i>by BROMOCRESOL GREEN</i>	4.49	gm/dL	3.50 - 5.50
GLOBULIN: SERUM <i>by CALCULATED, SPECTROPHOTOMETRY</i>	2.55	gm/dL	2.30 - 3.50
A : G RATIO: SERUM <i>by CALCULATED, SPECTROPHOTOMETRY</i>	1.76	RATIO	1.00 - 2.00

**INTERPRETATION**

**NOTE:-** To be correlated in individuals having SGOT and SGPT values higher than Normal Reference 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 CHOLESTASIS	> 1.5



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TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.


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HEPATOCELLULAR CARCINOMA & CHRONIC HEPATITIS		> 1.3 (Slightly Increased)	
<b>DECREASED:</b>			
1. Acute Hepatitis due to virus, drugs, toxins (with AST increased 3 to 10 times upper limit of normal)			
2. Extra Hepatic cholestasis: 0.8 (normal or slightly decreased).			
<b>PROGNOSTIC SIGNIFICANCE:</b>			
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
<b>UREA</b>			
UREA: SERUM <i>by UREASE - GLUTAMATE DEHYDROGENASE (GLDH)</i>	14.26	mg/dL	10.00 - 50.00

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Test Name	Value	Unit	Biological Reference interval
<b>CREATININE</b>			
CREATININE: SERUM <i>by ENZYMATIC, SPECTROPHOTOMETRY</i>	0.83	mg/dL	0.40 - 1.40



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**URIC ACID**

URIC ACID: SERUM	5.85	mg/dL	3.60 - 7.70
<i>by URICASE - OXIDASE PEROXIDASE</i>			

**INTERPRETATION:-**

1. GOUT occurs when high levels of Uric Acid in the blood cause crystals to form & accumulate around a joint.  
 2. Uric Acid is the end product of purine metabolism . Uric acid is excreted to a large degree by the kidneys and to a smaller degree in the intestinal tract by microbial degradation.

**INCREASED:-**

**(A).DUE TO INCREASED PRODUCTION:-**

1. Idiopathic primary gout.
2. Excessive dietary purines (organ meats, legumes, anchovies, etc).
3. Cytolytic treatment of malignancies especially leukemias & lymphomas.
4. Polycythemia vera & myeloid metaplasia.
5. Psoriasis.
6. Sickle cell anaemia etc.

**(B).DUE TO DECREASED EXCRETION (BY KIDNEYS)**

1. Alcohol ingestion.
2. Thiazide diuretics.
3. Lactic acidosis.
4. Aspirin ingestion (less than 2 grams per day ).
5. Diabetic ketoacidosis or starvation.
6. Renal failure due to any cause etc.

**DECREASED:-**

**(A).DUE TO DIETARY DEFICIENCY**

1. Dietary deficiency of Zinc, Iron and molybdenum.
2. Fanconi syndrome & Wilsons disease.
3. Multiple sclerosis .
4. Syndrome of inappropriate antidiuretic hormone (SIADH) secretion & low purine diet etc.

**(B).DUE TO INCREASED EXCRETION**

1. Drugs:- Probenecid , sulphinpyrazone, aspirin doses (more than 4 grams per day), corticosteroids and ACTH, anti-coagulants and estrogens etc.

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



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