

## **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 : Mrs. SUKHWINDER

**AGE/ GENDER** : 36 YRS/FEMALE **PATIENT ID** : 1723408

COLLECTED BY : REG. NO./LAB NO. : 012501140021

 REFERRED BY
 : 14/Jan/2025 11:14 AM

 BARCODE NO.
 : 01523866
 COLLECTION DATE
 : 14/Jan/2025 11:19 AM

 CLIENT CODE.
 : KOS DIAGNOSTIC LAB
 REPORTING DATE
 : 14/Jan/2025 01:08 PM

**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	0.28	mg/dL	INFANT: 0.20 - 8.00 ADULT: 0.00 - 1.20
BILIRUBIN DIRECT (CONJUGATED): SERUM by DIAZO MODIFIED, SPECTROPHOTOMETRY	0.09	mg/dL	0.00 - 0.40
BILIRUBIN INDIRECT (UNCONJUGATED): SERUM by CALCULATED, SPECTROPHOTOMETRY	0.19	mg/dL	0.10 - 1.00
SGOT/AST: SERUM by IFCC, WITHOUT PYRIDOXAL PHOSPHATE	37.9	U/L	7.00 - 45.00
SGPT/ALT: SERUM by IFCC, WITHOUT PYRIDOXAL PHOSPHATE	46.5	U/L	0.00 - 49.00
AST/ALT RATIO: SERUM  by CALCULATED, SPECTROPHOTOMETRY	0.82	RATIO	0.00 - 46.00
ALKALINE PHOSPHATASE: SERUM by para nitrophenyl phosphatase by amino methyl propanol	78.44	U/L	40.0 - 130.0
GAMMA GLUTAMYL TRANSFERASE (GGT): SERUM by SZASZ, SPECTROPHTOMETRY	37.12	U/L	0.00 - 55.0
TOTAL PROTEINS: SERUM by biuret, spectrophotometry	7.43	gm/dL	6.20 - 8.00
ALBUMIN: SERUM by BROMOCRESOL GREEN	4.28	gm/dL	3.50 - 5.50
GLOBULIN: SERUM by CALCULATED, SPECTROPHOTOMETRY	3.15	gm/dL	2.30 - 3.50
A: GRATIO: SERUM by CALCULATED, SPECTROPHOTOMETRY	1.36	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
INTRAHEPATIC CHOLESTATIS	> 1.5



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Test Name	Value	Unit	<b>Biological Reference interval</b>

REPORTING DATE

HEPATOCELLULAR CARCINOMA & CHRONIC HEPATITIS > 1.3 (Slightly Increased)

CLIENT CODE.

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



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Test Name Value Unit Biological Reference interval

# IMMUNOPATHOLOGY/SEROLOGY WIDAL SLIDE AGGLUTINATION TEST

SALMONELLA TYPHI O by SLIDE AGGLUTINATION	1:40	TITRE	1:80
SALMONELLA TYPHI H by SLIDE AGGLUTINATION	1:80	TITRE	1:160
SALMONELLA PARATYPHI AH by SLIDE AGGLUTINATION	1:20	TITRE	1:160
SALMONELLA PARATYPHI BH by SLIDE AGGLUTINATION	NIL	TITRE	1:160

### **INTERPRETATION:**

- 1.Titres of 1:80 or more for "O" agglutinin is considered significant.
- 2. Titres of 1:160 or more for "H" agglutinin is considered significant.

#### LIMITATIONS:

- 1. Agglutinins usually appear by 5th to 6th day of illness of enteric fever, hence a negative result in early stage is inconclusive. The titre then rises till 3rd or 4th week, after which it declines gradually.
- 2.Lower titres may be found in normal individuals.
- 3.A single positive result has less significance than the rising agglutination titre, since demonstration of rising titre four or more in 1st and 3rd week is considered as a definite evidence of infection.
- 4.A simultaneous rise in H agglutinins is suggestive of paratyphoid infection.

#### NOTE:

- 1.Individuals with prior infection or immunization with TAB vaccine may develop an ANAMNESTIC RESPONSE (False-Positive) during an unrelated fever i.e High titres of antibodies to various antigens. This may be differentiated by repitition of the test after a week.
- 2. The anamnestic response shows only a transient rise, while in enteric fever rise is sustained.
- 3.H agglutinins tend to persist for many months after vaccination but O agglutinins tend to disappear sooner i.e within 6 months. Therefore rise in Oagglutinins indicate recent infection.

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



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