

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

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

NAME	: Baby. NAISHA	PATIENT ID	: 1739772
AGE/ GENDER	: 6 DAYS(S)/FEMALE	REG. NO./LAB NO.	: 012501300030
COLLECTED BY	:	REGISTRATION DATE	: 30/Jan/2025 11:49 AM
REFERRED BY	: Dr. ARUN WALIA (AMBALA CANTT)	COLLECTION DATE	: 30/Jan/2025 11:50AM
BARCODE NO.	: 01524661	REPORTING DATE	: 30/Jan/2025 01:07PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB		
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
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CLINICAL CHEMISTRY/BIOCHEMISTRY

BILIRUBIN TOTAL

BILIRUBIN TOTAL: SERUM	25.99 ^H	mg/dL	INFANT: 0.20 - 8.00
by DIAZOTIZATION, SPECTROPHOTOMETRY			ADULT: 0.00 - 1.20




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G-6-PD (QUANTITATIVE KINETICS)

G6PD (QUANTITATIVE KINETICS) by SPECTROPHOTOMETRY	16.13^H	U/gHb	4.6 - 13.5
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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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