

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

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

<b>NAME</b>	: <b>Dog RIMMY</b>	<b>PATIENT ID</b>	: 1783644
<b>AGE/ GENDER</b>	: 4 YRS/Female	<b>REG. NO./LAB NO.</b>	: <b>012503080071</b>
<b>COLLECTED BY</b>	:	<b>REGISTRATION DATE</b>	: 08/Mar/2025 02:10 PM
<b>REFERRED BY</b>	:	<b>COLLECTION DATE</b>	: 08/Mar/2025 02:18PM
<b>BARCODE NO.</b>	: 01526742	<b>REPORTING DATE</b>	: 08/Mar/2025 03:17PM
<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**  
**GLUCOSE RANDOM (R)**

GLUCOSE RANDOM (R): PLASMA by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD)	77.95	mg/dL	NORMAL: < 140.00 PREDIABETIC: 140.0 - 200.0 DIABETIC: > OR = 200.0
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**INTERPRETATION**

**IN ACCORDANCE WITH AMERICAN DIABETES ASSOCIATION GUIDELINES:**

1. A random plasma glucose level below 140 mg/dl is considered normal.
2. A random glucose level between 140 - 200 mg/dl is considered as glucose intolerant or prediabetic. A fasting and post-prandial blood test (after consumption of 75 gms of glucose) is recommended for all such patients.
3. A random glucose level of above 200 mg/dl is highly suggestive of diabetic state. A repeat post-prandial is strongly recommended for all such patients. A fasting plasma glucose level in excess of 125 mg/dl on both occasions is confirmatory for diabetic state.





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**BILIRUBIN TOTAL**

<b>BILIRUBIN TOTAL: SERUM</b> by DIAZOTIZATION, SPECTROPHOTOMETRY	0.7	mg/dL	INFANT: 0.20 - 8.00 ADULT: 0.00 - 1.20
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#### SGOT/SGPT PROFILE

SGOT/AST: SERUM <i>by IFCC, WITHOUT PYRIDOXAL PHOSPHATE</i>	<b>63.4<sup>H</sup></b>	U/L	7.00 - 45.00
SGPT/ALT: SERUM <i>by IFCC, WITHOUT PYRIDOXAL PHOSPHATE</i>	<b>117.9<sup>H</sup></b>	U/L	0.00 - 49.00
SGOT/SGPT RATIO <i>by CALCULATED, SPECTROPHOTOMETRY</i>	0.54		

#### 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 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 cholestasis: 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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<b>UREA</b>			
UREA: SERUM by UREASE - GLUTAMATE DEHYDROGENASE (GLDH)	29.04	mg/dL	10.00 - 50.00



  
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**CREATININE**

CREATININE: SERUM	0.83	mg/dL	0.40 - 1.20
by ENZYMATIC, SPECTROPHOTOMETRY			

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



  
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