

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

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

<b>NAME</b>	: Mrs. SUNITA GUPTA	<b>PATIENT ID</b>	: 1792562
<b>AGE/ GENDER</b>	: 61 YRS/FEMALE	<b>REG. NO./LAB NO.</b>	: 012503150057
<b>COLLECTED BY</b>	: SURJESH	<b>REGISTRATION DATE</b>	: 15/Mar/2025 04:54 PM
<b>REFERRED BY</b>	: CENTRAL PHOENIX CLUB (AMBALA CANTT)	<b>COLLECTION DATE</b>	: 15/Mar/2025 05:00PM
<b>BARCODE NO.</b>	: 01527146	<b>REPORTING DATE</b>	: 15/Mar/2025 05:33PM
<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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## **HAEMATOLOGY** **HAEMOGLOBIN (HB)**

HAEMOGLOBIN (HB) by CALORIMETRIC	<b>10.3<sup>L</sup></b>	gm/dL	12.0 - 16.0
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### **INTERPRETATION:-**

Hemoglobin is the protein molecule in red blood cells that carries oxygen from the lungs to the body's tissues and returns carbon dioxide from the tissues back to the lungs.

A low hemoglobin level is referred to as ANEMIA or low red blood count.

### **ANEMIA ( DECREASED HAEMOGLOBIN):**

- 1) Loss of blood (traumatic injury, surgery, bleeding, colon cancer or stomach ulcer)
- 2) Nutritional deficiency (iron, vitamin B12, folate)
- 3) Bone marrow problems (replacement of bone marrow by cancer)
- 4) Suppression by red blood cell synthesis by chemotherapy drugs
- 5) Kidney failure
- 6) Abnormal hemoglobin structure (sickle cell anemia or thalassemia).

### **POLYCYTHEMIA (INCREASED HAEMOGLOBIN):**

- 1) People in higher altitudes (Physiological)
- 2) Smoking (Secondary Polycythemia)
- 3) Dehydration produces a falsely rise in hemoglobin due to increased haemoconcentration
- 4) Advanced lung disease (for example, emphysema)
- 5) Certain tumors
- 6) A disorder of the bone marrow known as polycythemia rubra vera,
- 7) Abuse of the drug erythropoietin (Epogen) by athletes for blood doping purposes (increasing the amount of oxygen available to the body by chemically raising the production of red blood cells).

**NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD**



  
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<b>BARCODE NO.</b>	: 01527146	<b>REPORTING DATE</b>	: 15/Mar/2025 07:36PM
<b>CLIENT CODE.</b>	: KOS DIAGNOSTIC LAB		
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Test Name	Value	Unit	Biological Reference interval
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## CLINICAL CHEMISTRY/BIOCHEMISTRY

### SGOT/SGPT PROFILE

SGOT/AST: SERUM <i>by IFCC, WITHOUT PYRIDOXAL PHOSPHATE</i>	56.5 <sup>H</sup>	U/L	7.00 - 45.00
SGPT/ALT: SERUM <i>by IFCC, WITHOUT PYRIDOXAL PHOSPHATE</i>	71.8 <sup>H</sup>	U/L	0.00 - 49.00
SGOT/SGPT RATIO <i>by CALCULATED, SPECTROPHOTOMETRY</i>	0.79		

#### 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

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



  
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