

(A Unit of KOS Healthcare)



Dr. Vinay Chopra
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Chairman & Consultant Pathologist

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

NAME : Dr. H.S NAGPAL HOSPITAL

AGE/ GENDER : 69 YRS/Male **PATIENT ID** : 1546815

COLLECTED BY : REG. NO./LAB NO. : 042407120004

 REFERRED BY
 : NAGPAL HOSPITAL (SHAHBAD)
 REGISTRATION DATE
 : 12/Jul/2024 02:08 PM

 BARCODE NO.
 : A0524950
 COLLECTION DATE
 : 12/Jul/2024 03:27PM

 CLIENT CODE.
 : KOS DIAGNOSTIC SHAHBAD
 REPORTING DATE
 : 12/Jul/2024 04:41PM

CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

Test Name Value Unit Biological Reference interval

CLINICAL CHEMISTRY/BIOCHEMISTRY

BILIRUBIN COMPLETE

BILIRUBIN TOTAL: SERUM 1.78^H mg/dL INFANT: 0.20 - 8.00 by DIAZOTIZATION, SPECTROPHOTOMETRY ADULT: 0.00 - 1.20

by DIAZOTIZATION, SPECTROPHOTOMETRY

ADULT: 0.00 - 1.20

BILIRUBIN DIRECT (CONJUGATED): SERUM 0.98^H mg/dL 0.00 - 0.40 by DIAZO MODIFIED, SPECTROPHOTOMETRY

BILIRUBIN INDIRECT (UNCONJUGATED): SERUM 0.8 mg/dL 0.10 - 1.00 by CALCULATED, SPECTROPHOTOMETRY



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URIC ACID

URIC ACID: SERUM 4.6 mg/dL 3.60 - 7.70

by URICASE - OXIDASE PEROXIDASE

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 leukemais & lymphomas.

4. Polycythemai vera & myeloid metaplasia.

5.Psoriasis.

6. Sickle cell anaemia etc.

(B).DUE TO DECREASED EXCREATION (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 EXCREATION

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



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Test Name Value Unit Biological Reference interval

IMMUNOPATHOLOGY/SEROLOGY HEPATITIS C VIRUS (HCV) ANTIBODIES SCREENING

HEPATITIS C ANTIBODY (HCV) TOTAL

NON - REACTIVE

RESULT
by IMMUNOCHROMATOGRAPHY

INTERPRETATION:

1. Anti HCV total antibody assay identifies presence IgG antibodies in the serum. It is a useful screening test with a specificity of nearly 99%.

2. It becomes positive approximately 24 weeks after exposure. The test can not isolate an active ongoing HCV infection from an old infection that has been cleared. All positive results must be confirmed for active disease by an HCV PCR test.

FALSE NEGATIVE RESULTS SEEN IN:

1. Window period

2.Immunocompromised states.



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Test Name Value Unit **Biological Reference interval**

HEPATITIS A VIRUS (HAV) ANTIBODY: TOTAL

HEPATITIS A ANTIBODY (HAV) TOTAL

1.2H

< 0.90

QUANTITATIVE by ELISA (ENZYME LINKED IMMUNOASSAY)

HEPATITIS A ANTIBODY (HAV) TOTAL **RESULT**

REACTIVE

NON - REACTIVE

by ELISA (ENZYME LINKED IMMUNOASSAY) INTERPRETATION

HEPATITIS A VIRUS (HAV) TOTAL ANTIBODIES	
NON REACTIVE	< 0.90
EQUIVOCAL	0.90 - 1.10
POSITIVE	>1.10

- 1. Hepatitis A virus is a non-enveloped RNA virus that is classified as picorna virus. It usually causes a self limiting hepatitis which results in complete remission
- 2.Occasional cases of fulminant hepatic necrosis are known to be associated with the infection. Transmission is mainly oro-faecal.
- 3. The incubation period is between 15-50 days from the time of exposure.
- 4.lgM antibody is only present in the blood following an acute hepatitis A infection and is a fairly reliable marker of a recent infection. It is detectable from one to two weeks after the initial infection and persists for up to 14 weeks after exposure.

* End Of Report ***



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