

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

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

NAME : Mr. ARYAN
AGE/ GENDER : 22 YRS/MALE
COLLECTED BY :
REFERRED BY :
BARCODE NO. : A0465239
CLIENT CODE. : KOS DIAGNOSTIC SHAHBAD
CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

PATIENT ID : 1582166
REG. NO./LAB NO. : 042408160001
REGISTRATION DATE : 16/Aug/2024 12:38 PM
COLLECTION DATE : 16/Aug/2024 03:23PM
REPORTING DATE : 16/Aug/2024 04:09PM


Test Name	Value	Unit	Biological Reference interval
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HAEMATOLOGY

ABSOLUTE EOSINOPHIL COUNT (AEC)

ABSOLUTE EOSINOPHIL COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	391	/cmm	40 - 440
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CLINICAL CHEMISTRY/BIOCHEMISTRY

LIVER FUNCTION TEST (COMPLETE)

BILIRUBIN TOTAL: SERUM by DIAZOTIZATION, SPECTROPHOTOMETRY	0.59	mg/dL	INFANT: 0.20 - 8.00 ADULT: 0.00 - 1.20
BILIRUBIN DIRECT (CONJUGATED): SERUM by DIAZO MODIFIED, SPECTROPHOTOMETRY	0.17	mg/dL	0.00 - 0.40
BILIRUBIN INDIRECT (UNCONJUGATED): SERUM by CALCULATED, SPECTROPHOTOMETRY	0.42	mg/dL	0.10 - 1.00
SGOT/AST: SERUM by IFCC, WITHOUT PYRIDOXAL PHOSPHATE	29.1	U/L	7.00 - 45.00
SGPT/ALT: SERUM by IFCC, WITHOUT PYRIDOXAL PHOSPHATE	71.7 ^H	U/L	0.00 - 49.00
AST/ALT RATIO: SERUM by CALCULATED, SPECTROPHOTOMETRY	0.41	RATIO	0.00 - 46.00
ALKALINE PHOSPHATASE: SERUM by PARA NITROPHENYL PHOSPHATASE BY AMINO METHYL PROPANOL	131.73 ^H	U/L	40.0 - 130.0
GAMMA GLUTAMYL TRANSFERASE (GGT): SERUM by SZASZ, SPECTROPHOTOMETRY	28.28	U/L	0.00 - 55.0
TOTAL PROTEINS: SERUM by BIURET, SPECTROPHOTOMETRY	7.7	gm/dL	6.20 - 8.00
ALBUMIN: SERUM by BROMOCRESOL GREEN	4.56	gm/dL	3.50 - 5.50
GLOBULIN: SERUM by CALCULATED, SPECTROPHOTOMETRY	3.14	gm/dL	2.30 - 3.50
A : G RATIO: SERUM by CALCULATED, SPECTROPHOTOMETRY	1.45	RATIO	1.00 - 2.00

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



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Test Name	Value	Unit	Biological Reference interval
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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IMMUNOPATHOLOGY/SEROLOGY

IMMUNOGLOBIN IgE

IMMUNOGLOBIN-E (IgE): SERUM	513.72 ^H	IU/mL	0.00 - 100.00
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by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)

INTERPRETATION:

COMMENTS:

1. IgE antibodies mediate allergic diseases by sensitizing mast cells and basophils to release histamine and other inflammatory mediators on exposure to allergens.
2. Total IgE represents the sum of all the specific IgE, which in turn includes many groups of specific IgE & allergen specific IgE is just one such group amongst them.
3. Total IgE determination constitutes a screening method of atopic diseases, although within range values of total IgE do not exclude the existence of atopy and high values of total IgE are not pathognomonic of atopy by themselves.
4. Antigen-specific IgE is the next step in the in vitro identification of the responsible allergen. There are more than 400 characterized known allergens available for in vitro diagnostic tests and testing to be selected based on symptoms, clinical & environmental details.
5. In adults, Total IgE values between 100 to 1000 IU/ml may not correlate with allergen specific IgE, where the patients may be just sensitized to different allergen or often the cause for high IgE could be non-atopic.
6. Specific IgE results obtained with the different methods vary significantly, hence followup testing to be performed using one laboratory only.
7. The probability of finding an increased level of IgE in serum in a patient with allergic disease varies directly with the number of different allergens to which the patient is sensitized.
8. A normal level of IgE in serum does not eliminate the possibility of allergic disease; this occurs if there is sensitivity to a limited number of allergens and limited end organ involvement.

INCREASED:

1. Atopic/Non Atopic Allergy
2. Parasitic Infection.
3. IgE Myeloma
4. Allergic bronchopulmonary aspergillosis.
5. The rare hyper IgE syndrome.
6. Immunodeficiency States and Autoimmune states

USES:

1. Evaluation of children with strong family history of allergies and early clinical signs of disease.
2. Evaluation of children and adults suspected of having allergic respiratory disease to establish the diagnosis and define the allergens
3. To confirm clinical expression of sensitivity to foods in patients with Anaphylactic sensitivity or with Asthma, Angioedema or Cutaneous disease
4. To evaluate sensitivity to insect venom allergens particularly as an aid in defining venom specificity in those cases in which skin tests are equivocal
5. To confirm the presence of IgE antibodies to certain occupational allergens

*** End Of Report ***




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