

KOS Diagnostic Lab





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

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

NAME : Mr. RAVI KOS LAB

AGE/ GENDER : 33 YRS/MALE PATIENT ID : 1601564

COLLECTED BY : REG. NO./LAB NO. : 042409040003

 REFERRED BY
 : 04/Sep/2024 09:54 AM

 BARCODE NO.
 : A0465416
 COLLECTION DATE
 : 04/Sep/2024 10:52AM

 CLIENT CODE.
 : KOS DIAGNOSTIC SHAHBAD
 REPORTING DATE
 : 04/Sep/2024 11:41AM

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

Test Name Value Unit Biological Reference interval

CLINICAL CHEMISTRY/BIOCHEMISTRY

SGOT/SGPT PROFILE

SGOT/AST: SERUM
by IFCC, WITHOUT PYRIDOXAL PHOSPHATE

26.7
U/L
7.00 - 45.00

SGPT/ALT: SERUM 22.2 U/L 0.00 - 49.00

by IFCC, WITHOUT PYRIDOXAL PHOSPHATE
GOT/SGPT RATIO 1.2

SGOT/SGPT RATIO 1.2 by CALCULATED, SPECTROPHOTOMETRY

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 cholestatis: 0.8 (normal or slightly decreased).

PROGNOSTIC SIGNIFICANCE:-

TROCITO TIO TIOTALIOLI	
NORMAL	< 0.65
GOOD PROGNOSTIC SIGN	0.3 - 0.6
POOR PROGNOSTIC SIGN	1.2 - 1.6



DR.VINAY CHOPRA
CONSULTANT PATHOLOGIST
MBBS, MD (PATHOLOGY & MICROBIOLOGY)

DR.YUĞAM CHOPRA CONSULTANT PATHOLOGIST MBBS , MD (PATHOLOGY)





KOS Diagnostic Lab (A Unit of KOS Healthcare)





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URIC ACID

URIC ACID: SERUM 6.05 3.60 - 7.70mg/dL

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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IMMUNOPATHOLOGY/SEROLOGY

C-REACTIVE PROTEIN (CRP)

C-REACTIVE PROTEIN (CRP) QUANTITATIVE: mg/L 0.0 - 6.032.12^H

by NEPHLOMETRY **INTERPRETATION:**

1. C-reactive protein (CRP) is one of the most sensitive acute-phase reactants for inflammation.

2. CRP levels can increase dramatically (100-fold or more) after severe trauma, bacterial infection, inflammation, surgery, or neoplastic proliferation.

3. CRP levels (Quantitative) has been used to assess activity of inflammatory disease, to detect infections after surgery, to detect transplant rejection, and to monitor these inflammatory processes.

4. As compared to ESR, CRP shows an earlier rise in inflammatory disorders which begins in 4-6 hrs, the intensity of the rise being higher than ESR and the recovery being earlier than ESR. Unlike ESR, CRP levels are not influenced by hematologic conditions like Anemia, Polycythemia etc., 5. Elevated values are consistent with an acute inflammatory process.

NOTE:

1. Elevated C-reactive protein (CRP) values are nonspecific and should not be interpreted without a complete clinical history. 2. Oral contraceptives may increase CRP levels.

* End Of Report ***



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