Dr. Vinay Chopra
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NAME	**: Mrs. NEHA**		
AGE/ GENDER	: 25 YRS/FEMALE	**PATIENT ID**	: 1722611
COLLECTED BY	:	**REG. NO./LAB NO.**	**: 042501130001**
REFERRED BY	:	**REGISTRATION DATE**	: 13/Jan/2025 11:22 AM
BARCODE NO.	: A1260291	**COLLECTION DATE**	: 13/Jan/2025 03:31PM
CLIENT CODE.	: KOS DIAGNOSTIC SHAHBAD	**REPORTING DATE**	: 13/Jan/2025 05:10PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval

CLINICAL CHEMISTRY/BIOCHEMISTRY

BILE ACIDS TOTAL

BILE ACID TOTAL - SERUM *by ENZYMATIC CYCLING*	9.18	µmol/L	0.50 - 10.00

INTERPRETATION:

NOTE:

1.In Obstetric cholestasis, normal values for serum bile acids and transaminases may occasionally be seen. A repeat test is recommended after 1-2 weeks in patients with persistent pruritis

2.Following meals, serum bile acid levels have been shown to increase only slightly in normal persons, but markedly in patients with various liver diseases.

COMMENTS:

1.Total bile acids are metabolized in the liver and can serve as a marker for normal liver function.

2.Increases in serum bile acids are seen in patients with acute hepatitis, chronic hepatitis, liver sclerosis, liver cancer, and intrahepatic cholestasis of pregnancy

3.Abnormal levels in fasting patient or immediately after a meal can be used to detect liver disease and damage ,impaired liver function ,intestinal dysfunction and gall bladder blockage , hepatocellular carcinoma.

4.Most sensitive test for obstetric cholestasis in pregnancy. In Obstetric Cholestasis, concentrations greater than 15 µmol/L usually confirms the diagnosis in the absence of other hepatic disease. Bile acid concentrations greater than 40 µmol/L have been associated with increased fetal risk.

5.It detects liver disease earlier than standard liver tests because bile acid levels correspond to liver function rather than liver damage.

*** End Of Report ***

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