
# P K R JAIN HEALTHCARE INSTITUTE

NASIRPUR, Hissar Road, AMBALA CITY- (Haryana)

A PIONEER DIAGNOSTIC CENTRE

0171-2532620, 8222896961 pkrjainhealthcare@gmail.com




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|---|---|---|---|
| **NAME** | **: Mrs. AMANJEET KAUR** | | |
| **AGE/ GENDER** | : 27 YRS/FEMALE | **PATIENT ID** | : 1803511 |
| **COLLECTED BY** | : | **REG. NO./LAB NO.** | **: 122503240012** |
| **REFERRED BY** | : | **REGISTRATION DATE** | : 24/Mar/2025 09:56 AM |
| **BARCODE NO.** | : 12507668 | **COLLECTION DATE** | : 24/Mar/2025 10:27AM |
| **CLIENT CODE.** | : P.K.R JAIN HEALTHCARE INSTITUTE | **REPORTING DATE** | : 24/Mar/2025 01:38PM |
| **CLIENT ADDRESS** | : NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA | | |

| Test Name | Value | Unit | Biological Reference interval |
|---|---|---|---|

## HAEMATOLOGY

### HAEMOGLOBIN (HB)

| | | | |
|---|---|---|---|
| HAEMOGLOBIN (HB)<br>*by CALORIMETRIC* | **8.9**$^{L}$ | gm/dL | 12.0 - 16.0 |

***INTERPRETATION:-***

Hemoglobin is the protein molecule in red blood cells that carries oxygen from the lungs to the bodys 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 ( DECRESED 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 erythropoetin (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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## CLINICAL CHEMISTRY/BIOCHEMISTRY

### LIVER FUNCTION TEST (COMPLETE)

| Test Name | Value | Unit | Biological Reference interval |
|---|---|---|---|
| BILIRUBIN TOTAL: SERUM<br>*by DIAZOTIZATION, SPECTROPHOTOMETRY* | 0.43 | mg/dL | INFANT: 0.20 - 8.00<br>ADULT: 0.00 - 1.20 |
| BILIRUBIN DIRECT (CONJUGATED): SERUM<br>*by DIAZO MODIFIED, SPECTROPHOTOMETRY* | 0.14 | mg/dL | 0.00 - 0.40 |
| BILIRUBIN INDIRECT (UNCONJUGATED): SERUM<br>*by CALCULATED, SPECTROPHOTOMETRY* | 0.29 | mg/dL | 0.10 - 1.00 |
| SGOT/AST: SERUM<br>*by IFCC, WITHOUT PYRIDOXAL PHOSPHATE* | 18.11 | U/L | 7.00 - 45.00 |
| SGPT/ALT: SERUM<br>*by IFCC, WITHOUT PYRIDOXAL PHOSPHATE* | 24.88 | U/L | 0.00 - 49.00 |
| AST/ALT RATIO: SERUM<br>*by CALCULATED, SPECTROPHOTOMETRY* | 0.73 | RATIO | 0.00 - 46.00 |
| ALKALINE PHOSPHATASE: SERUM<br>*by PARA NITROPHENYL PHOSPHATASE BY AMINO METHYL PROPANOL* | 73.66 | U/L | 40.0 - 130.0 |
| GAMMA GLUTAMYL TRANSFERASE (GGT): SERUM<br>*by SZASZ, SPECTROPHTOMETRY* | 52.15 | U/L | 0.00 - 55.0 |
| TOTAL PROTEINS: SERUM<br>*by BIURET, SPECTROPHOTOMETRY* | 6.78 | gm/dL | 6.20 - 8.00 |
| ALBUMIN: SERUM<br>*by BROMOCRESOL GREEN* | 4.25 | gm/dL | 3.50 - 5.50 |
| GLOBULIN: SERUM<br>*by CALCULATED, SPECTROPHOTOMETRY* | 2.53 | gm/dL | 2.30 - 3.50 |
| A : G RATIO: SERUM<br>*by CALCULATED, SPECTROPHOTOMETRY* | 1.68 | RATIO | 1.00 - 2.00 |

***INTERPRETATION***

***NOTE***:- **To be correlated in individuals having SGOT and SGPT values higher than Normal Referance 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 cholestatis: 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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## KIDNEY FUNCTION TEST (BASIC)

| Test Name | Value | Unit | Biological Reference interval |
|---|---|---|---|
| UREA: SERUM<br>*by UREASE - GLUTAMATE DEHYDROGENASE (GLDH)* | 24.96 | mg/dL | 10.00 - 50.00 |
| CREATININE: SERUM<br>*by ENZYMATIC, SPECTROPHOTOMETERY* | 0.97 | mg/dL | 0.40 - 1.20 |
| BLOOD UREA NITROGEN (BUN): SERUM<br>*by CALCULATED, SPECTROPHOTOMETERY* | 11.66 | mg/dL | 7.0 - 25.0 |
| BLOOD UREA NITROGEN (BUN)/CREATININE RATIO: SERUM<br>*by CALCULATED, SPECTROPHOTOMETERY* | 12.02 | RATIO | 10.0 - 20.0 |
| UREA/CREATININE RATIO: SERUM<br>*by CALCULATED, SPECTROPHOTOMETERY* | 25.73 | RATIO | |
| URIC ACID: SERUM<br>*by URICASE - OXIDASE PEROXIDASE* | 4.31 | mg/dL | 2.50 - 6.80 |

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***INTERPRETATION:***

Normal range for a healthy person on normal diet: 12 - 20

To Differentiate between pre- and postrenal azotemia.

**INCREASED RATIO (>20:1) WITH NORMAL CREATININE:**

1.Prerenal azotemia (BUN rises without increase in creatinine) e.g. heart failure, salt depletion,dehydration, blood loss) due to decreased glomerular filtration rate.
2.Catabolic states with increased tissue breakdown.
3.GI hemorrhage.
4.High protein intake.
5.Impaired renal function plus .
6.Excess protein intake or production or tissue breakdown (e.g. infection, GI bleeding, thyrotoxicosis, Cushings syndrome, high protein diet, burns,surgery, cachexia, high fever).
7.Urine reabsorption (e.g. ureterocolostomy)
8.Reduced muscle mass (subnormal creatinine production)
9.Certain drugs (e.g. tetracycline, glucocorticoids)

**INCREASED RATIO (>20:1) WITH ELEVATED CREATININE LEVELS**:

1.Postrenal azotemia (BUN rises disproportionately more than creatinine) (e.g. obstructive uropathy).
2.Prerenal azotemia superimposed on renal disease.

**DECREASED RATIO (<10:1) WITH DECREASED BUN :**

1.Acute tubular necrosis.
2.Low protein diet and starvation.
3.Severe liver disease.
4.Other causes of decreased urea synthesis.
5.Repeated dialysis (urea rather than creatinine diffuses out of extracellular fluid).
6.Inherited hyperammonemias (urea is virtually absent in blood).
7.SIADH (syndrome of inappropiate antidiuretic harmone) due to tubular secretion of urea.
8.Pregnancy.

**DECREASED RATIO (<10:1) WITH INCREASED CREATININE:**

1.Phenacimide therapy (accelerates conversion of creatine to creatinine).
2.Rhabdomyolysis (releases muscle creatinine).
3.Muscular patients who develop renal failure.

**INAPPROPIATE RATIO**:

1.Diabetic ketoacidosis (acetoacetate causes false increase in creatinine with certain methodologies,resulting in normal ratio when dehydration should produce an increased BUN/creatinine ratio).
2.Cephalosporin therapy (interferes with creatinine measurement).

*** End Of Report ***

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