

Client

Gurugram

Pathkind Diagnostics Pvt. Ltd.

Plot No. 55-56, Udhog Vihar Ph-IV, Gurugram - 122015

Processed By

Pathkind Diagnostics Pvt. Ltd.

Plot No. 55-56, Udhog Vihar Ph-IV, Gurugram - 122015

Name	: Mr. PL94	Billing Date	: 07/07/2023 12:29:24
Age	: 35 Yrs	Sample Collected on	: 10/07/2023 10:01:31
Sex	: Male	Sample Received on	: 10/07/2023 11:02:13
P. ID No.	: P1000100012876	Report Released on	: 14/07/2023 20:23:55
Accession No	: 10002304932	Barcode No.	: 10002304932-01
Referring Doctor	: Self		
Referred By	:	Ref no.	:

Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit
BIOCHEMISTRY			
Liver Function Test (LFT)			
Bilirubin Total <i>Sample: Serum</i> <i>Method: Spectrophotometry-Diazo</i>	1.4 H	0.0 - 1.2	mg/dL
Bilirubin Direct <i>Sample: Serum</i> <i>Method: Spectrophotometry-Diazo</i>	1.2 H	0.0 - 0.2	mg/dL
Serum Bilirubin (Indirect) <i>Sample: Serum</i> <i>Method: Calculated</i>	0.20	0.00 - 0.90	mg/dL
SGOT / AST <i>Sample: Serum</i> <i>Method: Spectrophotometry-IFCC Without Pyridoxal PO4</i>	36 H	0 - 33	U/L
SGPT / ALT <i>Sample: Serum</i> <i>Method: Spectrophotometry-IFCC Without Pyridoxal PO4</i>	35	0 - 41	U/L
AST / ALT Ratio <i>Sample: Serum</i> <i>Method: Calculated</i>	1.03		
Alkaline Phosphatase (ALP) <i>Sample: Serum</i> <i>Method: IFCC</i>	25 L	40 - 129	U/L
Total Protein <i>Sample: Serum</i> <i>Method: Spectrophotometry Biuret</i>	6.9	6.4 - 8.3	g/dL
Albumin <i>Sample: Serum</i> <i>Method: Spectrophotometry-Bromocresol Purple</i>	4.6	3.5 - 4.8	g/dL
Globulin <i>Sample: Serum</i> <i>Method: Calculated</i>	2.3	1.9 - 3.7	g/dL



Client**Gurugram**

Pathkind Diagnostics Pvt. Ltd.

Plot No. 55-56, Udhog Vihar Ph-IV, Gurugram - 122015

Processed By

Pathkind Diagnostics Pvt. Ltd.

Plot No. 55-56, Udhog Vihar Ph-IV, Gurugram - 122015

Name	: Mr. PL94	Billing Date	: 07/07/2023 12:29:24
Age	: 35 Yrs	Sample Collected on	: 10/07/2023 10:01:31
Sex	: Male	Sample Received on	: 10/07/2023 11:02:13
P. ID No.	: P1000100012876	Report Released on	: 14/07/2023 20:23:55
Accession No	: 10002304932	Barcode No.	: 10002304932-01
Referring Doctor	: Self		
Referred By	:	Ref no.	:

Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit
Albumin/Globulin (A/G) Ratio <i>Sample: Serum</i> <i>Method: Calculated</i>	2.0	1.0 - 2.1	g/dL

Bilirubin Total**Interpretation**

Bilirubin is one of the most commonly used tests to assess liver function. Approximately 85% of the total bilirubin produced is derived from hemoglobin, while the remaining 15% is produced from RBC precursors destroyed in the bone marrow and from the catabolism of other heme-containing proteins. After production in peripheral tissues, bilirubin is rapidly taken up by hepatocytes where it is conjugated and then excreted in the bile. A number of inherited and acquired diseases affect one or more of the steps involved in the production, uptake, storage, metabolism, and excretion of bilirubin. In hepatobiliary diseases of various causes, bilirubin uptake, storage, and excretion are impaired to varying degrees.

The most commonly occurring form of unconjugated hyperbilirubinemia is that seen in newborns and referred to as physiological jaundice. Indirect bilirubin is a calculated parameter its range has not been defined for neonatal period (0-14 days).

Bilirubin Direct**Interpretation**

Bilirubin is one of the most commonly used tests to assess liver function. Approximately 85% of the total bilirubin produced is derived from hemoglobin, while the remaining 15% is produced from RBC precursors destroyed in the bone marrow and from the catabolism of other heme-containing proteins. After production in peripheral tissues, bilirubin is rapidly taken up by hepatocytes where it is conjugated and then excreted in the bile. A number of inherited and acquired diseases affect one or more of the steps involved in the production, uptake, storage, metabolism, and excretion of bilirubin. In hepatobiliary diseases of various causes, bilirubin uptake, storage, and excretion are impaired to varying degrees.

The most commonly occurring form of unconjugated hyperbilirubinemia is that seen in newborns and referred to as physiological jaundice. Indirect bilirubin is a calculated parameter its range has not been defined for neonatal period (0-14 days).

SGOT / AST

10002304932 Mr. PL94



Client
Gurugram

Pathkind Diagnostics Pvt. Ltd.

Plot No. 55-56, Udhog Vihar Ph-IV, Gurugram - 122015

Processed By
Pathkind Diagnostics Pvt. Ltd.

Plot No. 55-56, Udhog Vihar Ph-IV, Gurugram - 122015

Name	: Mr. PL94	Billing Date	: 07/07/2023 12:29:24
Age	: 35 Yrs	Sample Collected on	: 10/07/2023 10:01:31
Sex	: Male	Sample Received on	: 10/07/2023 11:02:13
P. ID No.	: P1000100012876	Report Released on	: 14/07/2023 20:23:55
Accession No	: 10002304932	Barcode No.	: 10002304932-01
Referring Doctor	: Self		
Referred By	:	Ref no.	:

Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit
-----------	--------	--------------------------	------

Clinical Significance :

"Elevated aspartate aminotransferase (AST) values are seen most commonly in parenchymal liver diseases. Values can be elevated from 10 to 100 times the normal range, though commonly 20 to 50 times elevations are seen. AST levels are raised in infectious hepatitis and other inflammatory conditions affecting the liver along with ALT, though ALT levels are higher. The ALT:AST ratio which is normally <1 is reversed in these conditions and becomes >1. AST levels are usually raised before clinical signs and symptoms of disease appear. AST and ALT also rise in primary or metastatic carcinoma of the liver, with AST usually being higher than ALT. Elevated AST values may also be seen in disorders affecting the heart, skeletal muscle and kidney, such as myocardial infarction, muscular dystrophy, dermatomyositis, acute pancreatitis and crushed muscle injuries."

SGPT / ALT

Clinical Significance :

Elevated alanine aminotransferase (ALT) values are seen in parenchymal liver diseases characterized by a destruction of hepatocytes. Values are at least 10 times higher the normal range and may reach up to 100 times the upper reference limit. Commonly, values are seen to be 20 - 50 times higher than normal. In infectious hepatitis and other inflammatory conditions affecting the liver, ALT levels rise more than aspartate aminotransferase (AST), and the ALT/AST ratio, which is normally <1, is reversed and becomes >1. ALT levels usually rise before clinical signs and symptoms of disease appear.

Alkaline Phosphatase (ALP)

Clinical Significance :

Alkaline Phosphatase levels can be elevated in both liver related as well as bone related conditions. ALP levels are raised (more than 3 fold) in extrahepatic biliary obstruction (eg, by stone or by cancer of the head of the pancreas) than in intrahepatic obstruction, and is directly proportional to the level of obstruction. Levels may rise up to 10 to 12 times the upper limit of normal range and returns to normal on surgical removal of the obstruction. ALP levels rise together with GGT levels and If both GGT and ALP are elevated, a liver source of the ALP is likely. Among bone diseases, ALP levels rise in Paget disease (up to 25 fold), osteomalacia, rickets, primary and secondary hyperparathyroidism and osteogenic bone cancer. Elevated ALP is seen in children following accelerated bone growth. Also, a 2 to 3fold elevation may be observed in women in the third trimester of pregnancy, although the interval is very wide and levels may not exceed the upper limit of the reference interval in some cases.

Total Protein



Client**Gurugram**

Pathkind Diagnostics Pvt. Ltd.

Plot No. 55-56, Udhog Vihar Ph-IV, Gurugram - 122015

Processed By

Pathkind Diagnostics Pvt. Ltd.

Plot No. 55-56, Udhog Vihar Ph-IV, Gurugram - 122015

Name	: Mr. PL94	Billing Date	: 07/07/2023 12:29:24
Age	: 35 Yrs	Sample Collected on	: 10/07/2023 10:01:31
Sex	: Male	Sample Received on	: 10/07/2023 11:02:13
P. ID No.	: P1000100012876	Report Released on	: 14/07/2023 20:23:55
Accession No	: 10002304932	Barcode No.	: 10002304932-01
Referring Doctor	: Self		
Referred By	:	Ref no.	:

Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit
-----------	--------	--------------------------	------

Clinical Significance :

High levels of Serum Total Protein is seen in increased acute phase reactants in inflammation, late-stage liver disease, infections, multiple myeloma and other malignant paraproteinemias. Hypoproteinemia is seen in hypogammaglobulinemia, nephrotic syndrome and protein-losing enteropathy.

Albumin**Clinical Significance :**

"Hypoalbuminemia can be caused by impaired synthesis due to liver disease (primary) or due to diminished protein intake (secondary), increased catabolism due to tissue damage and inflammation; malabsorption of amino acids; and increased renal excretion (eg, nephrotic syndrome). Hyperalbuminemia is seen in dehydration."

** End of Report **

**Dr. Aarti Khanna Nagpal**DNB (Pathology)
Senior Consultant