

Megha Clinical Lab



Passion for your good health

Laboratory : # 3575, 1st Floor Sector- 46-C, Chandigarh
Website www.meghaclinicallab.com / Email : meghaclinicallab@gmail.com
Ph. 0172 464-7-464, Mob. 9779400888,9872600888

REPORT

Case code	:48330	Advice date	:21/09/2019 03:55:24 PM
Name	:Ms. KANIKA	Patient Code	:PH0002136170
Age	:33 (Y)	Referred By	:
Gender	:Female	Medical Facility	:

BASIC HEALTH PACKAGE

Test	Result	Unit	BR/RangeValue
LIVER FUNCTION TEST (LFT)			
BILIRUBIN TOTAL	0.79	MG/DL	0.1 - 1.2
<i>Method: Spectrophotometry</i>			
BILIRUBIN DIRECT	0.24	MG/DL	0 - 0.3
<i>Method: Diazo</i>			
BILIRUBIN INDIRECT	0.55	MG/DL	0.3 - 1
<i>Method: Calculated</i>			
TOTAL PROTEIN	6.71	g/dL	6 - 8.3
<i>Method: Modified Biurate Method</i>			
S. ALBUMIN	4.02	g/dL	3.2 - 5
<i>Method: Spectrophotometry</i>			
GLOBULIN	2.69	gm/dl	2.5 - 3.8
<i>Method: Calculated</i>			
SGPT	86.9	U/L	10 - 35
<i>Method: IFCC at 37 Degree Celsius.</i>			
SGOT	34.2	IU/L	5 - 34
<i>Method: IFCC at 35 Degree Celsius.</i>			
ALKALINE PHOSPHATASE	76.0	IU/L	0 - 115
A/G RATIO	1.49		1 - 2.1
<i>Method: Calculated</i>			

Comment

These tests can be used to detect the presence of liver disease, distinguish among different types of liver disorders, gauge the extent of known liver damage, and follow the response to treatment. AST/ALT elevations instead of ALP elevations favor liver cell necrosis as a mechanism over cholestasis. ALP levels in plasma rise with large bile duct obstruction, intrahepatic cholestasis, or infiltrative diseases of the liver Increased total bilirubin (TBIL) causes jaundice, Neonates are especially vulnerable to high bilirubin levels due to an immature blood-brain barrier that predisposes them to kernicterus/bilirubin encephalopathy, which can result in permanent neurological damage.

DALEET KAUR
(LABORATORY)

21/09/2019 17:03:29

Facilities for sample collection from home available (By appointment)

C ontd.

NOT VALID FOR MEDICO-LEGAL PURPOSE



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REPORT

Case code	:49054	Advice date	:11/11/2019 05:30:27 PM
Name	:Ms. KANIKA MALHOTRA	Patient Code	:PH0002225853
Age	:33 (Y)	Referred By	:
Gender	:Female	Medical Facility	:

LIVER FUNCTION TEST (LFT)

Test	Result	Unit	RI/RangeValue
BILIRUBIN TOTAL <i>Method: Spectrophotometry</i>	0.72	MG/DL	0.1 - 1.2
BILIRUBIN DIRECT <i>Method: Diazo</i>	0.26	MG/DL	0 - 0.3
BILIRUBIN INDIRECT <i>Method: Calculated</i>	0.46	MG/DL	0.3 - 1
TOTAL PROTEIN <i>Method: Modified Biurate Method</i>	7.16	g/dL	6 - 8.3
S. ALBUMIN <i>Method: Spectrophotometry</i>	3.94	g/dL	3.2 - 5
GLOBULIN <i>Method: Calculated</i>	3.22	gm/dl	2.5 - 3.8
SGPT <i>Method: IFCC at 37 Degree Celsius.</i>	42.9	U/L	10 - 35
SGOT <i>Method: IFCC at 35 Degree Celsius.</i>	33.7	IU/L	5 - 34
ALKALINE PHOSPHATASE	82.0	IU/L	0 - 115
AG RATIO <i>Method : Calculated</i>	1.22		1 - 2.1

Comment

These tests can be used to detect the presence of liver disease, distinguish among different types of liver disorders, gauge the extent of known liver damage, and follow the response to treatment. AST/ALT elevations instead of ALP elevations favor liver cell necrosis as a mechanism over cholestasis. ALP levels in plasma rise with large bile duct obstruction, intrahepatic cholestasis, or infiltrative diseases of the liver. Increased total bilirubin (TBL) causes jaundice; Neonates are especially vulnerable to high bilirubin levels due to an immature blood-brain barrier that predisposes them to kernicterus/bilirubin encephalopathy, which can result in permanent neurological damage.

DALJEET KAUR
(S.M.T)

11/11/2019 17:40:50