

## Sagepath Labs Pvt. Ltd.

Lab Address:- # Plot No. 564 , 1st floor , Buddhanagar , Near Sai Baba Temple Peerzadiguda Boduppal Hyderabad, Telangana. ICMR Reg .No. SAPALAPVLHT (Covid -19)

| I I I I I I I I I I I I I I I I I I I |                                      |               |                        |  |  |  |  |
|---------------------------------------|--------------------------------------|---------------|------------------------|--|--|--|--|
| Name                                  | : Mr. AYYAPPA RAJU PICHHIKALA        | Sample ID     | : 24854903             |  |  |  |  |
| Age/Gender                            | : 26 Years/Male                      | Reg. No       | : 0312312270045        |  |  |  |  |
| Referred by                           | : Dr. Anand Pathak                   | SPP Code      | : SPL-CV-172           |  |  |  |  |
| Referring Customer                    | : V CARE MEDICAL DIAGNOSTICS         | Collected On  | : 27-Dec-2023 10:16 AM |  |  |  |  |
| Primary Sample                        | : Whole Blood                        | Received On   | : 27-Dec-2023 12:29 PM |  |  |  |  |
| Sample Tested In                      | : Serum                              | Reported On   | : 27-Dec-2023 02:20 PM |  |  |  |  |
| Client Address                        | : Kimtee colony ,Gokul Nagar,Tarnaka | Report Status | : Final Report         |  |  |  |  |
|                                       |                                      |               |                        |  |  |  |  |

REPORT

**CLINICAL BIOCHEMISTRY** Test Name Results Units Ref. Range Method **Creatinine** -Serum 0.70 mg/dL 0.70-1.30 Sarcosine oxidase

Interpretation:

• This test is done to see how well your kidneys are working. Creatinine is a chemical waste product of creatine. Creatine is a chemical made by the body and is used to supply energy mainly to muscles

• A higher than normal level may be due to:

Renal diseases and insufficiency with decreased glomerular filtration, urinary tract obstruction, reduced renal blood flow including congestive heart failure, shock, and dehydration; rhabdomyolysis can cause elevated serum creatinine

A lower than normal level may be due to:

Small stature, debilitation, decreased muscle mass; some complex cases of severe hepatic disease can cause low serum creatinine levels. In advanced liver disease, low creatinine may result from decreased hepatic production of creatinine and inadequate dietary protein as well as reduced musle mass.

\*\*\* End Of Report \*\*\*

## Laboratory is NABL Accredited





OCHEMISTRY



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|                    | REPORT -                             |               |                        |
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| CLINICAL BIOCHEMISTRY                 |         |       |            |                          |  |  |
|---------------------------------------|---------|-------|------------|--------------------------|--|--|
| Test Name                             | Results | Units | Ref. Range | Method                   |  |  |
|                                       |         |       |            |                          |  |  |
| Liver Function Test (LFT)             |         |       |            |                          |  |  |
| Bilirubin(Total)                      | 0.4     | mg/dL | 0.3-1.2    | Diazo                    |  |  |
| Bilirubin (Direct)                    | 0.1     | mg/dL | 0.0 - 0.5  | Diazo                    |  |  |
| Bilirubin (Indirect)                  | 0.3     | mg/dL | 0.2-1.0    | Calculated               |  |  |
| Aspartate Aminotransferase (AST/SGOT) | 20      | U/L   | 5-40       | IFCC with out (P-5-P)    |  |  |
| Alanine Aminotransferase (ALT/SGPT)   | 25      | U/L   | 0-55       | IFCC with out (P-5-P)    |  |  |
| Alkaline Phosphatase(ALP)             | 68      | U/L   | 40-150     | Kinetic PNPP-AMP         |  |  |
| Gamma Glutamyl Transpeptidase (GGTP)  | 32      | U/L   | 15-85      | IFCC                     |  |  |
| Protein - Total                       | 6.9     | g/dL  | 6.4-8.2    | Biuret                   |  |  |
| Albumin                               | 3.8     | g/dL  | 3.4-5.0    | Bromocresol purple (BCP) |  |  |
| Globulin                              | 3.1     | g/dL  | 2.0-4.2    | Calculated               |  |  |
| A:G Ratio                             | 1.23    | %     | 0.8-2.0    | Calculated               |  |  |
| SGOT/SGPT Ratio                       | 0.80    |       |            |                          |  |  |

- Alanine Aminotransferase(ALT) is an enzyme found in liver and kidneys cells. ALT helps create energy for liver cells. Damaged liver cells release ALT into the bloodstream, which can elevate ALT levels in the blood.
- Aspartate Aminotransferase (AST) is an enzyme in the liver and muscles that helps metabolizes amino acids. Similarly to ALT, elevated AST levels may be a sign of liver damage or liver disease.
- Alkaline phosphate (ALP) is an enzyme present in the blood. ALP contributes to numerous vital bodily functions, such as supplying nutrients to the liver, promoting bone growth, and metabolizing fat in the intestines.
- Gamma-glutamyl Transpeptidase (GGTP) is an enzyme that occurs primarily in the liver, but it is also present in the kidneys, pancreas, gallbladder, and spleen. Higher than normal concentrations of GGTP in the blood may indicate alcohol-related liver damage. Elevated GGTP levels can also increase the risk of developing certain types of cancer.
- Bilirubin is a waste product that forms when the liver breaks down red blood cells. Bilirubin exits the body as bile in stool. High levels of bilirubin can cause jaundice a condition in which the skin and whites of the eyes turn yellow- and may indicate liver damage.
- Albumin is a protein that the liver produces. The liver releases albumin into the bloodstream, where it helps fight infections and transport vitamins, hormones, and enzymes throughout the body. Liver damage can cause abnormally low albumin levels.

Correlate Clinically.

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\*\*\* End Of Report \*\*\*



