

REPORT

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|--------------------|--------------------------------------|---------------|------------------------|
| Name | : B/O BHAVANI | Sample ID | : A0093284 |
| Age/Gender | : 8 Days/Male | Reg. No | : 0312402180020 |
| Referred by | : Dr. LAXMI PRASANNA | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 18-Feb-2024 11:51 AM |
| Primary Sample | : Whole Blood | Received On | : 18-Feb-2024 02:15 PM |
| Sample Tested In | : Serum | Reported On | : 18-Feb-2024 05:16 PM |
| Client Address | : Kimtee colony ,Gokul Nagar,Tarnaka | Report Status | : Final Report |

CLINICAL BIOCHEMISTRY

| Test Name | Results | Units | Ref. Range | Method |
|---------------------------------|---------|-------|------------|--------------------|
| C-Reactive protein-(CRP) | 3.27 | mg/L | Upto:6.0 | Immunoturbidimetry |

Interpretation:

C-reactive protein (CRP) is produced by the liver. The level of CRP rises when there is inflammation throughout the body. It is one of a group of proteins called acute phase reactants that go up in response to inflammation. The levels of acute phase reactants increase in response to certain inflammatory proteins called cytokines. These proteins are produced by white blood cells during inflammation.

A positive test means you have inflammation in the body. This may be due to a variety of conditions, including:

- Connective tissue disease
- Heart attack
- Infection
- Inflammatory bowel disease (IBD)
- Lupus
- Pneumonia
- Rheumatoid arthritis

*** End Of Report ***



Dr. Vaishnavi
DR.VAISHNAVI
MD BIOCHEMISTRY

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| Sample Tested In | : Serum | Reported On | : 18-Feb-2024 05:21 PM |
| Client Address | : Kimtee colony ,Gokul Nagar,Tarnaka | Report Status | : Final Report |

CLINICAL BIOCHEMISTRY

| Test Name | Results | Units | Ref. Range | Method |
|---------------------------------------|---------|-------|------------|--------------------------|
| Liver Function Test (LFT) | | | | |
| Bilirubin(Total) | 11.6 | mg/dL | 0.3-1.2 | Diazo |
| Bilirubin (Direct) | 0.5 | mg/dL | 0.0 - 0.5 | Diazo |
| Bilirubin (Indirect) | 11.1 | mg/dL | 0.2-1.0 | Calculated |
| Aspartate Aminotransferase (AST/SGOT) | 54 | U/L | 47-150 | IFCC with out (P-5-P) |
| Alanine Aminotransferase (ALT/SGPT) | 23 | U/L | 13-45 | IFCC with out (P-5-P) |
| Alkaline Phosphatase(ALP) | 195 | U/L | < 500 | Kinetic PNPP-AMP |
| Gamma Glutamyl Transpeptidase (GGTP) | 172 | U/L | 15-85 | IFCC |
| Protein - Total | 5.9 | g/dL | 6.4-8.2 | Biuret |
| Albumin | 3.9 | g/dL | 3.4-5.0 | Bromocresol purple (BCP) |
| Globulin | 2 | g/dL | 2.0-4.2 | Calculated |
| A:G Ratio | 1.95 | % | 0.8-2.0 | Calculated |
| SGOT/SGPT Ratio | 2.35 | | | |

- **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.

Result rechecked and verified for abnormal cases

Laboratory is NABL Accredited

*** End Of Report ***



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