



ASAVLEE

Dr. Aparna's Pathology Laboratory

Patient Name : MR JAGDISH SAILAN

Reg Date : 12/10/2020 02:30 pm

Reg No. : 0020430 Age & Sex : 56 Years / Male

Printed Date : 12/10/2020 02:34 pm

Referred By : DR JIGAR BHATT

Center: ASAVLEE-MAIN LAB

BIOCHEMISTRY

<u>TEST</u>	<u>TRIGLYCE</u>	<u>RESULT</u>	<u>UNITS</u>	<u>REFERENCE</u>	<u>RANGE</u>
<u>RIDES</u>					
Sample Type		: Serum			
Method		: GPO-PAP			
Result		: 120.0	mg/dl	<150mg/dl	
**		: The test Done by Fully Automatic Biochemistry Analyzer			

SERUM ALBUMIN

RESULT : 4.0 GM/DL 3.5-5.2

--- End Of Report ---

Note: Determination of albumin helps in monitoring of a controlled patient dietary supplementation and also serves as an excellent test of liver function.

Dr. Aparna Jaipuram
MD (Path)

Dr. Suvarna Deshpande
MD (Path)



* VIRAR * MALAD * PALGHAR * BOISAR * NAGPUR * ANDHERI * GOREGAON





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Referred By : DR JIGAR BHATT

Center : ASAVLEE- MAIN LAB

BIOCHEMISTRY

TEST	RESULTS	REFERENCE RANGE
ALKALINE PHOSPHATASE		
Sample Type	: Serum	
Method	: IFCC	
RESULT	: 28.0	40-130 U/L
**	: The test done on Fully Automatic Biochemistry Analyzer	

NOTE: 1) Alkaline phosphatase (ALP) refers to a family of enzymes that catalyze hydrolysis of phosphate esters at an alkaline pH. ALP is present (in decreasing order of abundance) in placenta, intestine, kidney, bone and liver. In adults, more than 80% of serum ALP activity is derived from liver and bone. 2) In late pregnancy, placental ALP is increased. 3) In children and adolescents, most serum ALP activity originates in osteoblasts and correlates with the rate of bone growth. The serum half life is seven days. 4) ALP is most useful in diagnosing cholestatic liver diseases. Bile duct obstruction results in increased synthesis of ALP by bile duct epithelial cells and release of ALP into the serum. Alkaline phosphatase may be increased even if only a few small bile ducts are obstructed and serum bilirubin is normal. Serum ALP often exceeds four times the upper limit of normal in extrahepatic and intrahepatic cholestasis. The most common causes of extrahepatic cholestasis are pancreatic cancer, common duct stones and strictures, and primary sclerosing cholangitis. 5) Intrahepatic cholestasis is usually due to primary biliary cirrhosis or drug reactions (erythromycin, chlorpromazine, estrogens, and methyltestosterone). 6) The most common bone disorders associated with elevated ALP are; Paget's disease, osteomalacia, hyperparathyroidism, osteogenic sarcoma, and bone metastases. 7) Low alkaline phosphatase levels have been reported in patients with magnesium deficiency, hypothyroidism, malnutrition, hemolytic anemia, Wilson's Disease, post coronary bypass surgery, estrogen replacement therapy, and congenital hypophosphatasia. 9) Blood transfusion causes transient decreases in ALP, due to chelation of cations by citrate.

--- End Of Report ---

Patient Name : Mr. Jagdish S...
Referred by : Dr. Jigar Bhatt

Registered on : 12/10/2020 08:39
12/10/2020 10:56

ASAVLEE

Dr. Aparna's Pathology Laboratory

Patient Name : MR JAGDISH SAILAN
Reg No. : 0020430 Age & Sex : 56 Years / Male
Referred By : DR JIGAR BHATT

Reg Date: 12/10/2020 02:30 pm
Printed Date : 12/10/2020 04:33 pm
Center: ASAVLEE- MAIN LAB

TEST CHOLEST

BIOCHEMISTRY

TEST	RESULT	UNITS	REFERENCERANGE
EROL			
Sample Type	: Serum		
Method	: CHOD-PAP		
Result	: 201.0	mg/dl	Desirable: <200 mg/dl Borderline High: 200-239 mg/dl High: >240 mg/dl

** : The test done on Fully Automated Biochemistry Analyzer

SGOT/AST

Sample Type	: Serum		
Method	: Modified IFCC (without pyridoxal phosphate activator)		
RESULT	: 25.4	IU/L	0-40

** : The test done on Fully Automatic Biochemistry Analyzer

Note: Elevated level of serum AST/SGOT is found in hepatobiliary, cardiac, muscle and kidney diseases.

SGPT/ALT

Sample Type	: Serum		
Method	: Modified IFCC (without pyridoxal phosphate activator)		
Result	: 41.2	IU/L	0-50

** : The test done on Fully Automatic Biochemistry Analyzer

Note: Elevated serum ALT/SGPT is found in hepatitis, cirrhosis, obstructive jaundice, hepatocellular carcinoma and chronic alcohol abuse.

--- End Of Report ---

Dr Suvarna Deshpande
MD(Path)

Aparna
Dr. Aparna Jairam
MD (Path)

* ROISAR * NAGPUR * ANDHERI * GOREGAON



Registration Id :2937
Patient Name : Mr. Jagdish Sailan
Referred by : Dr. Jigar Bhatt

Age / Gender : 56 Years / Male
Registered on : 12/10/2020 08:39
Reported on : 12/02/2021 10:56
Sample From : INSIDE LAB

COMPLET BLOOD CHEMISTRY

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Normal Range</u>
S. Cholesterol:	205.0	mg/dl	(110 - 210)
S. Triglyceride:	119.4	mg/dl	(50 - 150)
S.G.O.T.:	26.1	U/L	(6 - 40)
S.G.P.T.:	41.2	U/L	(6 - 40)
S. Alkaline Phosphatase:	26.0	U/L	(25 - 147)

----- End of Report -----

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Dr. Siddharth Yadav
M.D. Consulting Pathologist

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