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)

LABORATORY TEST REPORT

Name	: Mrs. RAJINI		
Sample ID	: A1841616		
Age/Gender	: 35 Years/Female	Reg. No	: 0312503030012
Referred by	: Dr. SUDHEER MOODADLA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 03-Mar-2025 10:38 AM
Primary Sample	: Whole Blood	Received On	: 03-Mar-2025 12:32 PM
Sample Tested In	: Serum	Reported On	: 03-Mar-2025 02:00 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
Amylase *(Method: CNP - G3)*	84.9	U/L	25-115

Interpretation :
Amylase is an enzyme that helps digest carbohydrates. It is made in the pancreas and the glands that make saliva. When the pancreas is diseased or inflamed, amylase releases into the blood.
This test is most often used to diagnose or monitor acute pancreatitis. It may also detect some digestive tract problems.
The test may also be done for the following conditions:

- Chronic pancreatitis
- Pancreatic pseudocys

Increased blood amylase level may occur due to:

- Acute pancreatitis
- Cancer of the pancreas, ovaries, or lungs
- Cholecystitis
- Gallbladder attack caused by disease
- Gastroenteritis (severe)
- Infection of the salivary glands (such as mumps) or a blockage

Decreased amylase level may occur due to:

- Cancer of the pancreas
- Damage to the pancreas with pancreatic scarring
- Kidney disease
- Toxemia of pregnancy

Lipase-Serum *(Method: Methyl resorufin ester)*	44.5	U/L	< 60

Interpretation:
Lipase is a protein (enzyme) released by the pancreas into the small intestine. It helps the body absorb fat. This test is used to measure the amount of the lipase in the blood.

- Serum lipase concentration increases after an attack of acute pancreatitis
- In general, increases in amylase and lipase run in parallel course, but the elevation of lipase persists for a longer time. Elevations in serum lipase concentration may be also due to obstruction of the pancreatic duct by a calculus or by carcinoma, in acute and chronic renal disease as well as in treatments with opiates

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CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
Vitamin- B12 (cyanocobalamin) *(Method: CLIA)*	822	pg/mL	200-911

Interpretation:

This test is most often done when other blood tests suggest a condition called megaloblastic anemia. Pernicious anemia is a form of megaloblastic anemia caused by poor vitamin B12 absorption. This can occur when the stomach makes less of the substance the body needs to properly absorb vitamin B12.

Causes of vitamin B12 deficiency include:Diseases that cause malabsorption

- Lack of intrinsic factor, a protein that helps the intestine absorb vitamin B12
- Above normal heat production (for example, with hyperthyroidism)

An increased vitamin B12 level is uncommon in:

- Liver disease (such as cirrhosis or hepatitis)
- Myeloproliferative disorders (for example, polycythemia vera and chronic myelogenous leukemia)
-

*** End Of Report ***

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CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
Liver Function Test (LFT)			
Bilirubin(Total) *(Method: Diazo)*	0.53	mg/dL	0.3-1.2
Bilirubin (Direct) *(Method: Diazo)*	0.18	mg/dL	0.0 - 0.3
Bilirubin (Indirect) *(Method: Calculated)*	0.35	mg/dL	0.2-1.0
Aspartate Aminotransferase (AST/SGOT) *(Method: IFCC UV Assay)*	14.8	U/L	15-37
Alanine Aminotransferase (ALT/SGPT) *(Method: IFCC with out (P-5-P))*	14.9	U/L	0-55
Alkaline Phosphatase(ALP) *(Method: Kinetic PNPP-AMP)*	70.8	U/L	30-120
Gamma Glutamyl Transpeptidase (GGTP) *(Method: IFCC)*	27.1	U/L	5-55
Protein - Total *(Method: Biuret)*	7.89	g/dL	6.4-8.2
Albumin *(Method: Bromocresol Green (BCG))*	4.6	g/dL	3.4-5.0
Globulin *(Method: Calculated)*	3.29	g/dL	2.0-4.2
A:G Ratio *(Method: Calculated)*	1.4	Ratio	0.8-2.0
SGOT/SGPT Ratio *(Method: Calculated)*	0.99	Ratio	<1.0

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.

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CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
Iron Profile-II			
Ferritin *(Method: CLIA)*	36.0	ng/mL	10-291
Iron(Fe) *(Method: Ferrozine)*	67	µg/dL	50-170
Total Iron Binding Capacity (TIBC) *(Method: Ferrozine)*	398	µg/dL	250-450
Transferrin *(Method: Calculated)*	278.32	mg/dL	250-380
Iron Saturation((% Transferrin Saturation) *(Method: Calculated)*	16.83	%	15-50
Unsaturated Iron Binding Capacity (UIBC) *(Method: Colorimetric)*	331	ug/dL	110-370

Interpretation:

- Serum transferrin (and TIBC) high, serum iron low, saturation low. Usual causes of depleted iron stores include blood loss, inadequate dietary iron. RBCs in moderately severe iron deficiency are hypochromic and microcytic. Stainable marrow iron is absent. Serum ferritin decrease is the earliest indicator of iron deficiency if inflammation is absent.
- **Anemia of chronic disease:** Serum transferrin (and TIBC) low to normal, serum iron low, saturation low or normal. Transferrin decreases with many inflammatory diseases. With chronic disease there is a block in movement to and utilization of iron by marrow. This leads to low serum iron and decreased erythropoiesis. Examples include acute and chronic infections, malignancy and renal failure.
- **Sideroblastic Anemia:** Serum transferrin (and TIBC) normal to low, serum iron normal to high, saturation high.
- **Hemolytic Anemia:** Serum transferrin (and TIBC) normal to low, serum iron high, saturation high.
- **Hemochromatosis:** Serum transferrin (and TIBC) slightly low, serum iron high, saturation very high.
- **Protein depletion:** Serum transferrin (and TIBC) may be low, serum iron normal or low (if patient also is iron deficient). This may occur as a result of malnutrition, liver disease, renal disease.
- **Liver disease:** Serum transferrin variable; with acute viral hepatitis, high along with serum iron and ferritin. With chronic liver disease (eg, cirrhosis), transferrin may be low. Patients who have cirrhosis and portacaval shunting have saturated TIBC/transferrin as well as high ferritin.

*** End Of Report ***

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