



NOBLE HOSPITALS & RESEARCH CENTRE

(A unit of Noble Hospitals Pvt. Ltd.)



NOBLE
HOSPITALS

DEPARTMENT OF LABORATORY MEDICINE

Patient Name : MR. PAWAR BALASAHEB SHIVRAM [0000262979]
Age / Gender : 71 Yr / Male
Address : B/1002 ATLANTICA EAST KESHAVNAGAR PUNE 411036 , Mundhva, Pune,
MAHARASHTRA



0000262979

Request Date : 15-01-2024 02:55 PM **Reporting Date :** 15-01-2024 04:36 PM
Collection Date : 15-01-2024 02:56 PM **Requesting Doctor :** DR. AVINASH IGNATIUS
Sample ID : BIOS49364-OUTSIDE COLLECTION **Reporting Status :** Finalized
Acceptance Date: 15-01-2024 03:35 PM

BIOCHEMISTRY

Investigations	Result	Unit	Reference Range	Method
✓ SERUM CALCIUM *[SERUM] TOTAL CALCIUM	7.95 L	mg/dL	8.2 - 10.2	Arsenazo
Clinical use/ Interpretation: Sample Suitability & Quality : Satisfactory				
Type of Primary sample - Serum.				
For all abnormal results a correlation with clinical findings is mandatory. In case of any discrepancy a fresh sample needs to be retested for confirmation.				
A blood calcium test is ordered to screen for, diagnose, and monitor a range of conditions relating to the bones, heart, nerves, kidneys, and teeth. The test may also be ordered if a person has symptoms of a parathyroid disorder, malabsorption, or an overactive thyroid. A total calcium level is often measured as part of a routine health screening. It is included in the comprehensive metabolic panel (CMP) and the basic metabolic panel (BMP), groups of tests that are performed together to diagnose or monitor a variety of conditions. When an abnormal total calcium result is obtained, it is viewed as an indicator of an underlying problem. To help diagnose the underlying problem, additional tests are often done to measure ionized calcium, urine calcium, phosphorous, magnesium, vitamin D, parathyroid hormone (PTH) and PTH-related peptide (PTHrP). PTH and vitamin D are responsible for maintaining calcium concentrations in the blood within a narrow range of values.				
✓ SERUM CREATININE *[SERUM] CREATININE	7.56 H	mg/dL	0.6 - 1.2	LEC
Note	Reprocessed & confirmed Please correlate clinically.			
Clinical use/ Interpretation: Sample Suitability & Quality : Satisfactory				
LEC : Liquid Enzymatic Colorimetric.				
Clinical significance - For all abnormal results a correlation with clinical findings is mandatory. In case of any discrepancy a fresh sample needs to be retested for confirmation. Creatinine is a breakdown product of creatinine phosphate in muscle and is usually produced at a fairly constant rate by the body (depending on muscle mass). Higher than normal levels may be due to: Acute tubular necrosis, Dehydration, Diabetic nephropathy, Eclampsia, glomerulonephritis, Kidney failure, Muscular dystrophy, Preeclampsia, Pyelonephritis. Reduced kidney blood flow Rhabdomyolysis. Urinary tract obstruction, others. Lower than normal levels may be due to: Muscular dystrophy, Myasthenia gravis, others.				

✓ **SGOT AST (SERUM GLUTAMIC OXALOACETIC TRANSAMINASE) *[SERUM]**

ASPARTATE AMINOTRANFERASE (AST.) 16 U/L 0 - 35 IFCC

Clinical use/ Interpretation: Sample Suitability & Quality : Satisfactory

For all abnormal results a correlation with clinical findings is mandatory. In case of any discrepancy a fresh sample needs to be retested for confirmation.

Aspartate aminotransferase (AST) is found in high concentrations in liver, heart, skeletal muscle and kidney. AST is present in both cytoplasm and mitochondria of cells. In cases involving mild tissue injury, the predominant form of AST is that from the cytoplasm. Severe tissue damage results in more of the mitochondrial enzyme being released. High levels of AST can be found in cases such as myocardial infarction, acute liver cell damage, viral hepatitis and carbon tetrachloride poisoning. Slight to moderate elevation of AST is seen in muscular dystrophy, dermatomyositis, acute pancreatitis and crushed muscle injuries.

✓ **SGPT ALT (SERUM GLUTAMIC PYRUVIC TRANSAMINASE) *[SERUM]**

ALANINE AMINOTRANFERASE (ALT) 10 U/L 5 - 40 IFCC

Clinical use/ Interpretation: Sample Suitability & Quality : Satisfactory

Type of Primary sample - Serum.

Note - For all abnormal results a correlation with clinical findings is mandatory. In case of any discrepancy a fresh sample needs to be retested for confirmation.

ALT, previously known as SGPT, is an enzyme that when elevated suggests hepatocellular damage. It also occurs in small amounts in cardiac and skeletal muscle and in the kidney but is much more specific to the liver than AST. It may be elevated by any hepatitis or toxic exposure by the liver but is relatively insensitive to mass lesions in the liver. It is also less sensitive to the impact of heavy alcohol and cirrhosis than is AST. Fatty liver (NAFLD) is a common cause of mild elevation. Depending on the cause, degree of elevation may or may not correlate with risk level.

✓ **SERUM ALBUMIN *[SERUM]**

ALBUMIN 3.45 L g/dL 3.5 - 5.2 BCG

Clinical use/ Interpretation: Sample Suitability & Quality : Satisfactory

BCG : Bromocresol Green.

For all abnormal results a correlation with clinical findings is mandatory. In case of any discrepancy a fresh sample needs to be retested for confirmation.

Albumin is a protein made by the liver. A serum albumin test measures the amount of this protein in the clear liquid portion of the blood. Lower than-normal levels of serum albumin may be a sign of: Kidney diseases Liver disease (for example, hepatitis, or cirrhosis that make cause ascites) Decreased blood albumin levels may occur when your body does not get or absorb enough nutrients, such as: After weight-loss surgery Crohns disease Low-protein diets Sprue Whipples disease Increased blood albumin level may be due to: Dehydration High protein diet Having a tourniquet on for a long time when giving a blood sample.

✓ **BLOOD UREA NITROGEN LEVEL (PRE DIALYSIS) *[SERUM]**

UREA LEVEL	111 H	mg/dL	10 - 50	EK
BLOOD UREA NITROGEN LEVEL	51.87	mg/dL	8 - 23	Calculated

Clinical use/ Interpretation: Sample Suitability & Quality : Satisfactory

EK : Enzymatic Kinetic.

Type of Primary sample - Serum.

Note - For all abnormal results a correlation with clinical findings is mandatory. In case of any discrepancy a fresh sample needs to be retested for confirmation.

The blood urea nitrogen or BUN test is primarily used, along with the creatinine test, to evaluate kidney function in a wide range of circumstances, to help diagnose kidney disease, and to monitor people with acute or chronic kidney dysfunction or failure. It also may be used to evaluate a persons general health status when ordered as part of a basic metabolic panel (BMP) or comprehensive metabolic panel (CMP). Increased BUN levels suggest impaired kidney function. This may be due to acute or chronic kidney disease, damage, or failure. It may also be due to a condition that results in decreased blood flow to the kidneys, such as congestive heart failure, shock, stress, recent heart attack, or severe burns, to conditions that cause obstruction of urine flow, or to dehydration. BUN concentrations may be elevated when there is excessive protein breakdown (catabolism), significantly increased protein in the diet, or gastrointestinal bleeding (because of the proteins present in the blood). Low BUN levels are not common and are not usually a cause for concern. They may be seen in severe liver disease, malnutrition, and sometimes when a person is over hydrated (too much fluid volume), but the BUN test is not usually used to diagnose or monitor these conditions. Both decreased and increased BUN concentrations may be seen during a normal pregnancy. If one kidney is fully functional, BUN concentrations may be normal even when significant dysfunction is present in the other kidney.

✓ **SERUM PHOSPHORUS *[SERUM]**

PHOSPHORUS	3.39	mg/dL	2.5 - 4.5	UV
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Clinical use/ Interpretation: Sample Suitability & Quality : Satisfactory

UV : Ultraviolet.

Type of Primary sample - Serum.

For all abnormal results a correlation with clinical findings is mandatory. In case of any discrepancy a fresh sample needs to be retested for confirmation.

The human body contains approximately one kilogram of phosphorus. The calcium phosphate salts which comprise the inorganic substance of bone account for approximately 80% of total phosphorus content. The remainder is distributed throughout other cells of the body primarily as organic phosphorus in phospholipids and phosphoproteins. In serum, most inorganic phosphorus exists in a free form with approximately 15% bound to protein. Measurements of phosphorus (inorganic) are used in the diagnosis and treatment of various disorders including parathyroid gland and kidney diseases, and vitamin D imbalance.

END OF REPORT.

Prepared and Checked by

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