

Patient Name : Ms.AFREEN FATIMA	Visit No : CHA250036479
Age/Gender : 26 Y/F	Registration ON : 28/Feb/2025 07:02PM
<b>Lab No : 10133775</b>	Sample Collected ON : 28/Feb/2025 07:06PM
Referred By : Dr.FEHMINA HOSPITAL & TRAUMA	Sample Received ON : 28/Feb/2025 07:43PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 28/Feb/2025 10:09PM
Doctor Advice : LIPASE,AMYLASE,LFT,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>AMYLASE</b>				
SERUM AMYLASE	<b>399</b>	U/L	20.0-80.00	Enzymatic

Comments:

Amylase is produced in the Pancreas and most of the elevation in serum is due to increased rate of Amylase entry into the blood stream / decreased rate of clearance or both. Serum Amylase rises within 6 to 48 hours of onset of Acute pancreatitis in 80% of patients, but is not proportional to the severity of the disease. Activity usually returns to normal in 3-5 days in patients with milder edematous form of the disease. Values persisting longer than this period suggest continuing necrosis of pancreas or Pseudocyst formation. Approximately 20% of patients with Pancreatitis have normal or near normal activity. Hyperlipemic patients with Pancreatitis also show spuriously normal Amylase levels due to suppression of Amylase activity by triglyceride. Low Amylase levels are seen in Chronic Pancreatitis, Congestive Heart failure, 2nd & 3rd trimesters of pregnancy, Gastrointestinal cancer & bone fractures.  
amylase amylase amylase

<b>LIPASE</b>				
LIPASE	<b>498</b>	U/L	Upto 60	colorimetric

**COMMENTS:**as, such as acute pancreatitis, chronic pancreatitis, and obstruction of the pancreatic duct. In acute pancreatitis serum lipase activity tends to become elevated & remains for about 7 - 10 days .Increased lipase activity rarely lasts longer than 14 days, and prolonged increases suggest a poor prognosis or the presence of a cyst. Serum lipase may also be elevated in patients with chronic pancreatitis, obstruction of the pancreatic duct and non pancreatic conditions including renal diseases, various abdominal diseases such as acute cholecystitis, intestinal obstruction or infarction, duodenal ulcer, and liver disease, as well as alcoholism & diabetic keto-acidosis & in patients who have undergone endoscopic r

Lipase measurements are used in the diagnosis and treatment of diseases of the pancre

etrograde cholangiopancreatography. Elevation of serum lipase activity in patients with mumps strongly suggests significant pancreatic as well as salivary gland involvement by the disease.....



[Checked By]

Print.Date/Time: 01-03-2025 00:01:57

\*Patient Identity Has Not Been Verified. Not For Medicolegal

DR. NISHANT SHARMA DR. SHADAB Dr. SYED SAIF AHMAD  
PATHOLOGIST PATHOLOGIST MD (MICROBIOLOGY)

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Referred By : Dr.FEHMINA HOSPITAL & TRAUMA	Sample Received ON : 28/Feb/2025 07:32PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 28/Feb/2025 08:30PM
Doctor Advice : LIPASE,AMYLASE,LFT,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>CBC (COMPLETE BLOOD COUNT)</b>				
Hb	12.0	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.00	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	<b>35.9</b>	%	36 - 45	Pulse hieght detection
MCV	89.8	fL	80 - 96	calculated
MCH	30.0	pg	27 - 33	Calculated
MCHC	33.4	g/dL	30 - 36	Calculated
RDW	12.9	%	11 - 15	RBC histogram derivation
RETIC	0.6 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	<b>18450</b>	/cmm	4000 - 10000	Flocytometry
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>				
NEUTROPHIL	<b>76</b>	%	40 - 75	Flowcytometry
LYMPHOCYTES	<b>20</b>	%	25 - 45	Flowcytometry
EOSINOPHIL	1	%	1 - 6	Flowcytometry
MONOCYTE	3	%	2 - 10	Flowcytometry
BASOPHIL	<b>0</b>	%	00 - 01	Flowcytometry
PLATELET COUNT	252,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	252000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	<b>14,022</b>	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	3,690	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	184	/cmm	20-500	Calculated
Absolute Monocytes Count	554	/cmm	200-1000	Calculated
Mentzer Index	22			
Peripheral Blood Picture	:			

Red blood cells are normocytic normochromic.WBCs show neutrophilic leucocytosis. Platelets are adequate. No immature cells or parasite seen.



[Checked By]

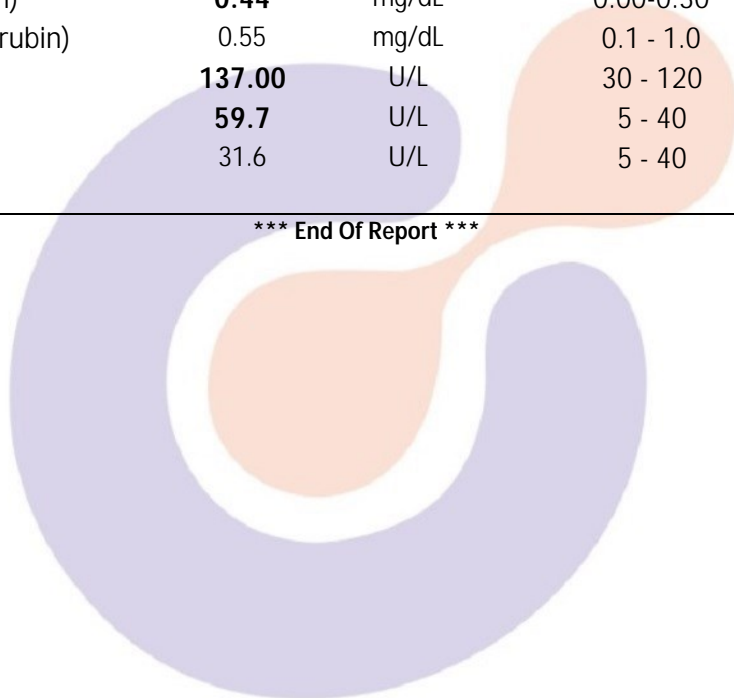


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<b>LIVER FUNCTION TEST</b>				
TOTAL BILIRUBIN	0.99	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED ( D. Bilirubin)	<b>0.44</b>	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED ( I.D. Bilirubin)	0.55	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	<b>137.00</b>	U/L	30 - 120	PNPP, AMP Buffer
SGPT	<b>59.7</b>	U/L	5 - 40	UV without P5P
SGOT	31.6	U/L	5 - 40	UV without P5P

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



CHARAK



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