

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003

Phone: 0522-4062223, 9305548277, 8400888844 9415577933, 9336154100, Tollfree No.: 8688360360

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CMO Reg. No. RMEE 2445133 NABL Reg. No. MC-2491 Certificate No. MIS-2023-0218

Patient Name : Mr. AMANULLAH KHAN

Age/Gender : 70 Y 0 M 0 D /M **Lab No** : **10142809**

Referred By : Dr.FEHMINA HOSPITAL & TRAUMA

Refer Lab/Hosp : CHARAK NA

Doctor Advice : LIPASE,AMYLASE,LFT,CBC (WHOLE BLOOD),DIGITAL 1,ECG

Visit No : CHA250045514

Registration ON : 14/Mar/2025 04:03PM

Sample Collected ON : 14/Mar/2025 04:08PM

Sample Received ON : 14/Mar/2025 04:11PM

Report Generated ON : 14/Mar/2025 05:40PM



Test Name	Result	Unit	Bio. Ref. Range	Method
AMYLASE				
SERUM AMYLASE	34.5	U/L	20.0-80.00	Enzymatic

Comments:

PR.

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

LIPASE	1			/-		
LIPASE	29.5	U/L	Up	oto 60	colorimetr	ic

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......



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Sample Collected ON : 14/Mar/2025 04:08PM Sample Received ON : 14/Mar/2025 04:16PM

Report Generated ON : 14/Mar/2025 05:19PM

Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	11.4	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	3.80	mil/cmm	3.8 - 4.8	Electrical
				Impedence
PCV	35.0	%	36 - 45	Pulse hieght
				detection
MCV	91.4	fL	80 - 96	calculated
MCH	29.8	pg	27 - 33	Calculated
MCHC	32.6	g/dL	30 - 36	Calculated
RDW	14.1	%	11 - 15	RBC histogram
				derivation
RETIC	0.8 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	6340	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT	\ \.			
NEUTROPHIL	80	%	40 - 75	Flowcytrometry
LYMPHOCYTES	11	%	25 - 45	Flowcytrometry
EOSINOPHIL	4	%	1 - 6	Flowcytrometry
MONOCYTE	5	%	2 - 10	Flowcytrometry
BASOPHIL	0	%	00 - 01	Flowcytrometry
PLATELET COUNT	109,000	/cmm	150000 - 450000	Elect Imped
PLATELET COUNT (MANUAL)	126000	/cmm	150000 - 450000	Microscopy.
Absolute Neutrophils Count	5,072	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	697	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	254	/cmm	20-500	Calculated
Absolute Monocytes Count	317	/cmm	200-1000	Calculated
Mentzer Index	24			
Peripheral Blood Picture	:			

Red blood cells are normocytic normochromic. WBCs show relative neutrophilia. Platelets are mild reduced with giant+. No parasite seen.





DR. SHADABKHAN



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LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.70	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.10	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.60	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	77.10	U/L	30 - 120	PNPP, AMP Buffer
SGPT	12.6	U/L	5 - 40	UV without P5P
SGOT	30.6	U/L	5 - 40	UV without P5P







