

Patient Name : Mr.TAJU	Visit No : CHA250046933
Age/Gender : 50 Y/M	Registration ON : 17/Mar/2025 11:40AM
Lab No : 10144228	Sample Collected ON : 17/Mar/2025 11:45AM
Referred By : Dr.MANISH TANDON	Sample Received ON : 17/Mar/2025 12:08PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 17/Mar/2025 02:20PM
Doctor Advice : ABDOMEN ERECT AP,LIPASE,AMYLASE,LFT,TROPONIN-T hs Stat,ECG,CBC (WHOLE BLOOD),USG WHOLE ABDOMEN	



Test Name	Result	Unit	Bio. Ref. Range	Method
AMYLASE				
SERUM AMYLASE	57.4	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

LIPASE				
LIPASE	15.5	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: 17-03-2025 15:06:40

*Patient Identity Has Not Been Verified. Not For Medicolegal



Sharma

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

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Test Name	Result	Unit	Bio. Ref. Range	Method
TROPONIN-T hs Stat				
TROPONIN-T	0.007	ng/ml	< 0.010	

NOTES :-

Troponin T hs is a member of the myofibrillar proteins of striated muscularis. These myofibrillar proteins are the building blocks of the contractile apparatus. Troponin T hs binds the troponin complex to tropomyosin and binds the neighboring tropomyosin molecules. The determination of troponin T in serum plays an important role in the diagnosis of myocardial infarction (AMI), microinfarction (minor myocardial damage - MMO) and myocarditis. Troponin T is detectable about 3-4 hours after the occurrence of cardiac symptoms. Following acute myocardial ischemia, Troponin T remains in the serum for a lengthy period of time and can hence help to detect myocardial events that have occurred up to 14 days earlier.

Cobas E 411 Troponin T hs Stat employs monoclonal antibodies specifically directed against human cardiac Troponin T (after release from the free cytosol and myofibrils.)

Based on the WHO criteria for the definition of AMI from the 1970s the cutoff (clinical discriminator) value for troponin T is 0.1 ng/ml according to ROC analysis.

Elevated Troponin T values are occasionally found in patients with restricted renal function despite the absence of definite evidence of myocardial Ischemia.

(ELECTRO-CHEMILUMINESCENCE TECHNIQUE BY Cobas E 411)

CHARAK

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Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	16.3	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	5.40	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	49.0	%	36 - 45	Pulse hieght detection
MCV	90.6	fL	80 - 96	calculated
MCH	30.1	pg	27 - 33	Calculated
MCHC	33.3	g/dL	30 - 36	Calculated
RDW	13.6	%	11 - 15	RBC histogram derivation
RETIC	0.6 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	8010	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	71	%	40 - 75	Flowcytometry
LYMPHOCYTES	20	%	25 - 45	Flowcytometry
EOSINOPHIL	1	%	1 - 6	Flowcytometry
MONOCYTE	8	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	202,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	202000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	5,687	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,602	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	80	/cmm	20-500	Calculated
Absolute Monocytes Count	641	/cmm	200-1000	Calculated
Mentzer Index	17			
Peripheral Blood Picture	:			

Red blood cells are normocytic normochromic. Platelets are adequate. No immature cells or parasite seen.



[Checked By]



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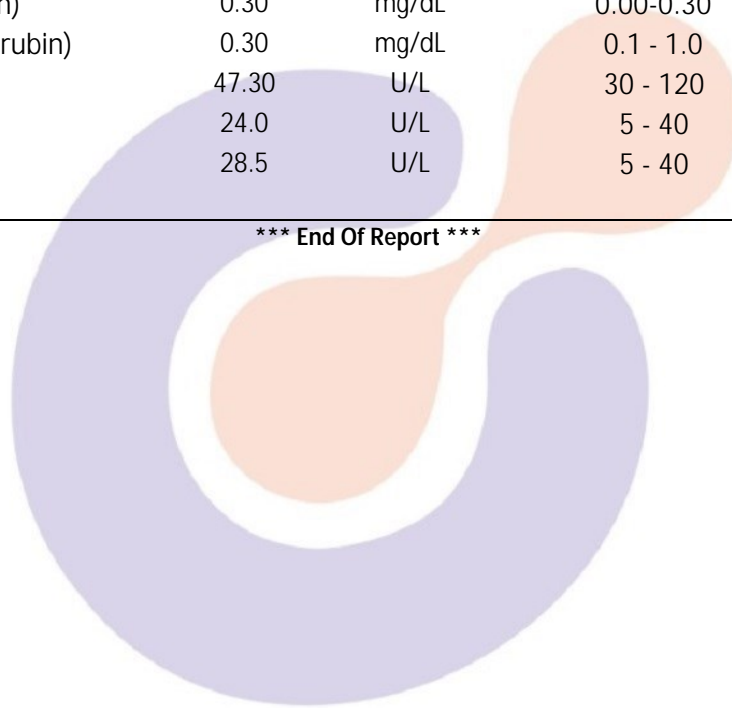
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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.60	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.30	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.30	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	47.30	U/L	30 - 120	PNPP, AMP Buffer
SGPT	24.0	U/L	5 - 40	UV without P5P
SGOT	28.5	U/L	5 - 40	UV without P5P

*** End Of Report ***



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