



Associate : PKM

Sample Type : O.S.S.

Name : MAYA DALUI

Age / Gender : 50Y / FEMALE

Received On : 22/03/2026

ID Number : LSD//64612/10

UHID : 3260322064612 Reported On : 22/03/2026

Referred By : DR K MD YEZDANI

User:ilsd
ClinicPro / LifeSafe
Page 1 of 1

DEPARTMENT OF CLINICAL BIOCHEMISTRY

<u>Test Description</u>	<u>Result</u>	<u>Unit</u>	<u>Bio. Ref. Interval</u>
Glucose Fasting <i>Methodology : GOD POD</i> <i>Specimen : Oxalate - Fluoxide</i>	76	mg/dl	Normal: <100 Pre-Diabetic:100-124 Diabetic =>125
Glucose PP (Post Prandial) <i>Methodology : GOD POD</i> <i>Specimen : Oxalate - Fluoxide</i>	108	mg/dl	Normal: =<140 Pre-Diabetic: 140-199 Diabetic=>200
<u>Lipid Profile</u>			
Cholesterol - Total <i>Specimen : 12 14 hrs. Fasting Serum</i> <i>Methodology : CHOD-POD</i>	231.0	mg/dl	Normal: <200 Borderline High: 200 - 239 High: >=240
Triglycerides <i>Specimen : 12 - 14 hrs. Fasting Serum</i> <i>Methodology : GPO-POD</i>	262.0	mg/dl	Normal : < 150 Borderline high : 150-200 High : 200-500 Very high : >= 500
HDL - Cholesterol <i>Methodology : Detergent solubilizing</i>	45.0	mg/dl	Male:35-80 Female: 42-88
LDL - Cholesterol <i>Methodology : Detergent solubilizing</i>	133.6	mg/dl	Desirable: <130 Borderline High Riskfor CHD: 130 to 159 High Risk for CHD: >160
VLDL-Cholesterol	52.4	mg/dl	Male: 12-33 Female: 5-28
Total Cholesterol : HDL Ratio <i>Methodology : Calculated</i>	5.13		
LDL : HDL Ratio <i>Methodology : Calculated</i>	2.97		

Instrument : Merilzyer AutoQuant 200 Excelus (SN:100205)

Instrument : Medsource Ozone 200 & 100 / Meril AutoQuant 200 Excelus.

End of Report





Associate : PKM
Name : MAYA DALUI
Age / Gender : 50Y / FEMALE
ID Number : LSD//64612/10
Referred By : DR K MD YEZDANI

Sample Type : O.S.S.

Received On : 22/03/2026

UHID : 3260322064612 Reported On : 22/03/2026

User:isd
ClinicPro / LifeSafe
Page 1 of 1

DEPARTMENT OF CLINICAL BIOCHEMISTRY

<u>Test Description</u>	<u>Result</u>	<u>Unit</u>	<u>Bio. Ref. Interval</u>
<u>LFT (Liver Function Test)</u>			
Bilirubin Total <i>Methodology : Jendrassik Spectrophotometry</i> <i>Specimen : Serum</i>	0.81	mg/dl	Adult: Upto 1.2 Infant: 0.2 - 8.0
Bilirubin Direct <i>Methodology : DIAZO</i>	0.24	mg/dl	0.0 - 0.4
Bilirubin Indirect	0.57	mg/dl	upto 0.75
Total Protein <i>Methodology : BIURET</i> <i>Specimen : Serum</i>	6.19	gm/dl	6.0-8.0
Albumin <i>Methodology : Bromocresol Green</i> <i>Specimen : Serum</i>	3.90	gm/dl	3.5 - 5.2
Globulin <i>Specimen : Serum</i>	2.29	gm/dl	2.3 - 3.6
A G Ratio	1.70		1.0 - 2.3
ALP (Alkaline Phosphatase) <i>Methodology : IFCC</i>	177.02	U/L	Adults : 100 - 290 U/L Children: 180 - 1200 U/L
SGOT / AST <i>Methodology : IFCC</i> <i>Specimen : Serum</i>	43.0	IU/L	upto 46
SGPT / ALT <i>Methodology : IFCC</i> <i>Specimen : Serum</i>	29.1	U/L	upto 49

Comment:

AST (SGOT) and ALT (SGPT) are sensitive indicators of liver damage from different types of disease. The highest levels of AST and ALT are found with disorders that cause the death of numerous liver cells (extensive hepatic necrosis). There are several drugs that may cause abnormal liver enzymes levels.

End of Report

