



|                   |   |  |                  |   |  |
|-------------------|---|--|------------------|---|--|
| Patient Name      | : |  | Bill Date        | : |  |
| DOB/Age/Gender    | : |  | Sample Collected | : |  |
| Patient ID / UHID | : |  | Sample Received  | : |  |
| Referred By       | : |  | Report Date      | : |  |
| Sample Type       | : |  | Report Status    | : |  |
| Barcode No        | : |  |                  |   |  |

| Test Description | Value(s) | Unit(s) | Reference Range |
|------------------|----------|---------|-----------------|
|------------------|----------|---------|-----------------|

**BIOCHEMISTRY REPORT**

**LFT with LDH**

**Liver Function Test (LFT)**

|   |      |       |           |
|---|------|-------|-----------|
| BILIRUBIN TOTAL<br>Method : Photometric                               | 0.9  | mg/dL | 0.2 - 1.2 |
| BILIRUBIN DIRECT *<br>Method : Diazo Reaction                         | 0.4  | mg/dL | 0.0 - 0.5 |
| BILIRUBIN INDIRECT *<br>Method : Calculation (T Bil - D Bil)          | 0.5  | mg/dL | 0.1 - 1.0 |
| SGOT/AST<br>Method : IFCC without P5P                                 | 19.8 | U/L   | 5 - 34    |
| SGPT/ALT<br>Method : IFCC without P5P                                 | 17.3 | U/L   | 0 to 55   |
| SGOT/SGPT Ratio *   | 1.14 | -     | -         |
| ALKALINE PHOSPHATASE<br>Method : p-nitrophenyl Phosphate, AMP buffer  | 72   | U/L   | 40 - 150  |
| TOTAL PROTEIN<br>Method : Biuret                                      | 7.4  | g/dL  | 6.4 - 8.3 |
| ALBUMIN<br>Method : BCG   | 4.6  | gm/dL | 3.8 - 5.0 |
| GLOBULIN *<br>Method : Calculation (T.P - Albumin)                    | 2.8  | g/dL  | 2.3 - 3.5 |
| ALBUMIN : GLOBULIN RATIO *<br>Method : Calculation (Albumin/Globulin) | 1.64 | -     | 1.0 - 2.1 |
| GAMMA GLUTAMYL TRANSFERASE (GGT) *<br>Method : ENZYMATIC              | 18.1 | U/L   | 12 - 64   |

**Interpretation:**

The liver filters and processes blood as it circulates through the body. It metabolizes nutrients, detoxifies harmful substances, makes blood clotting proteins, and performs many other vital functions. The cells in the liver contain proteins called enzymes that drive these chemical reactions. When liver cells are damaged or destroyed, the enzymes in the cells leak out into the blood, where they can be measured by blood tests. Liver tests check the blood for two main liver enzymes. Aspartate aminotransferase (AST), SGOT: The AST enzyme is also found in muscles and many other tissues besides the liver. Alanine aminotransferase (ALT), SGPT: ALT is almost exclusively found in the liver. If ALT and AST are found together in elevated amounts in the blood, liver damage is most likely present. Alkaline Phosphatase and GGT: Another of the liver's key functions is the production of bile, which helps digest fat. Bile flows through the liver in a system of small tubes (ducts), and is eventually stored in the gallbladder, under the liver. When bile flow is slow or blocked, blood levels of certain liver enzymes rise: Alkaline phosphatase Gamma-utanyl transpeptidase (GGT) Liver tests may check for any or all of these enzymes in the blood. Alkaline phosphatase is by far the most commonly tested of the three. If alkaline phosphatase and GGT are elevated, a problem with bile flow is most likely present. Bile flow problems can be due to a problem in the liver, the gallbladder, or the tubes connecting them. Proteins are important building blocks of all cells and tissues. Proteins are necessary for your body's growth, development, and health. Blood contains two classes of protein, albumin and globulin. Albumin proteins keep fluid from leaking out of blood vessels. Globulin proteins play an important role in your immune system. Low total protein may indicate: 1.bleeding 2.liver disorder 3.malnutrition 4.agammaglobulinemia High Protein levels 'Hyperproteinemia: May be seen in dehydration due to inadequate water intake or to excessive water loss (eg, severe vomiting, diarrhea, Addison's disease and diabetic acidosis) or as a result of increased production of proteins Low albumin levels may be caused by: 1.A poor diet (malnutrition). 2.Kidney disease. 3.Liver disease. High albumin levels may be caused by: Severe dehydration.

(\*) Parameter(s) are outside the scope of tests recognized under the NABL M(EL)T Scheme.



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All Lab results are subject to clinical interpretation by qualified medical professional and this report is not subject to use for any medico-legal purpose.

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**BIOCHEMISTRY REPORT**

**LFT with LDH**

**Lactate Dehydrogenase (LDH), Serum**

|  |            |     |           |
|--|------------|-----|-----------|
| LDH:Lactate Dehydrogenase<br>Method : IFCC | <b>298</b> | U/L | 125 - 220 |
|--|------------|-----|-----------|

Note:-Please correlate clinically.

**Interpretation:**

**Interpretation:**

1-Marked elevations in Lactate Dehydrogenase (LDH) activity can be observed in megaloblastic anemia, untreated pernicious anaemia, Hodgkin's disease, abdominal and lung cancers, severe shock, and hypoxia.

2-Moderate to slight increases in LDH levels are seen in myocardial infarction (MI), pulmonary infarction, pulmonary embolism, leukemia, hemolytic anemia, infectious mononucleosis, progressive muscular dystrophy (especially in the early and middle stages of the disease), liver disease, and renal disease.

3-In liver disease, elevations of LHD are not as great as the increases in aspartate amino transferase (AST) and alanine aminotransferase (ALT).

4-Increased levels of the enzyme are found in about one third of patients with renal disease, especially those with tubular necrosis or pyelonephritis. However, these elevations do not correlate well with proteinuria or other parameters of renal disease On occasion a raised LDH level may be the only evidence to suggest the presence of a hidden pulmonary embolus.

**Caution:**

1-Red blood cells contain much more lactate dehydrogenase (LDH) than serum. A hemolyzed specimen is not acceptable. LDH activity is one of the most sensitive indicators of in vitro hemolysis. Causes can include transportation via pneumatic tube, vigorous mixing, or traumatic venipuncture.

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