

Patient Name : Jhanvi
Age / Sex : 11 Y / F
Referred By : Dr. KANAV ANAND
Centre : HARGOVIND ENCLAVE

Lab No : KKD24045479
Registration On : 14-Apr-24 08:23
Patient ID : UKKD.0000165337

Amylase				Serum Sample
Accession No: CL01843445	Collected On: 14-Apr-24 08:23	Received On: 14-Apr-24 09:46	Approved On: 14-Apr-24 13:43	
Observation	Result	Unit	Biological Ref. Interval	Method
Amylase	231	U/L	30 - 110	Amylopectin, Colorimetric

Clinical Significance :- Amylase is an enzyme that helps digest carbohydrates. It is produced in the pancreas and the glands that make saliva. When the pancreas is diseased or inflamed, amylase releases into the blood. This test is used along with lipase to diagnose acute or chronic pancreatitis. In acute pancreatitis serum amylase is 4-6 times higher within 12-72 hours of pancreatic injury and returns to normal in a few days. In chronic pancreatitis amylase levels are initially moderately high. Increased levels seen in pancreatic duct obstruction and carcinoma of pancreas. Increased blood amylase with low urinary amylase indicates the presence of macroamylase. Peritoneal fluid amylase raised in acute pancreatitis, intestinal obstruction or intestinal infarct.

Increased blood amylase levels may occur due to:

- Acute pancreatitis
- Cancer of the pancreas, ovaries, or lungs
- Cholecystitis
- Gallbladder attack caused by disease
- Gastroenteritis (severe)
- Infection of the salivary glands (such as mumps) or a blockage
- Intestinal blockage
- Macroamylasemia
- Pancreatic or bile duct blockage
- Perforated ulcer
- Tubal pregnancy (may have burst open)

Decreased amylase levels may occur due to:

- Cancer of the pancreas
- Damage to the pancreas
- Kidney disease
- Toxemia of pregnancy

Sample Type: Serum

Technology: Dry Chemistry (VITROS MicroSlide, MicroSensor & Intellicheck)

Analyzer: Fully Automated Biochemistry and Immunology Analyzer : VITROS 5600

Advise: Please correlate results with clinical conditions

Lipid Profile				Serum Sample
Accession No: CL01843445	Collected On: 14-Apr-24 08:23	Received On: 14-Apr-24 09:46	Approved On: 14-Apr-24 13:35	
Observation	Result	Unit	Biological Ref. Interval	Method
Total Cholesterol	181	mg/dL	<200	Enzymatic (CHE/CHO/POD)
Triglyceride	275	mg/dL	<150	Enzymatic, Endpoint
HDL Cholesterol	51	mg/dL	>45	Direct Measure, PTA / MgCl2
VLDL Cholesterol	55	mg/dL	5-40	Calculated
LDL Cholesterol	75	mg/dL	<100	Friedewald Formula (Calculated)
Non-HDL Cholesterol	130	mg/dL	<130	Calculated
LDL / HDL Ratio	1.47	Ratio	1.5-3.5	Calculated
TC / HDL Ratio	3.55	Ratio	3-5	Calculated

Clinical Decision Limits*	Optimal	Above Optimal	Borderline High	High	Very High
Triglycerides	<150	-	150-199	200-499	>=500
Total Cholesterol	<200	200-239	-	>=239	-
LDL Cholesterol	<100	100-129	130-159	160-189	>=189
HDL Cholesterol	>45	-	40-45	<40	-
Non HDL Cholesterol**	<130	130 - 159	160 - 189	190 - 219	>=220

* Clinical Decision Limits are suggested from Tietz Fundamentals Of Clinical Chemistry And Molecular Diagnostics 8th Edition

** Suggested from National Lipid Association Recommendations for Patient Centered Management of Dyslipidemia: Part 1—Full Report (Volume 9, Issue 2, P129-169, March 01,2015, Terry A. Jacobson, MD et al.

Analyzer: Fully Automated Integrated Biochemistry and ImmunoAssay Analyzer: VITROS 5600

Technology: Dry Chemistry (VITROS MicroSlide, MicroSensor & Intellicheck Technology)

Reports of Lipid Profile are best obtained with 10 hours fasting.

Clinical Significance:

- Triglyceride: Very high levels of Triglyceride can be indicative of a significantly higher risk of coronary vascular disease. Elevation of triglyceride can be seen with fasting less than 12 hours, obesity medication, alcohol intake, diabetes mellitus or pancreatitis.
- Total Cholesterol: its fractions and triglycerides are the important plasma lipids identifying cardiovascular risk factor and in the management of cardiovascular disease. Values above 220 mg/dl are associated with increased risk of CHD regardless of HDL & LDL value.
- HDL - Cholesterol: Low levels of HDL are associated with an increased risk of coronary vascular disease even in the face of desirable levels of Cholesterol and LDL-Cholesterol
- LDL - Cholesterol: levels can be strikingly altered by thyroid, renal and liver disease as well as hereditary factors. In case Triglyceride levels are more than 400 mg/dl, the patient is advised for a direct-LDL Cholesterol test.

Remarks: Please correlate results clinically.

Scan to Validate



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Kidney Function Test					Serum Sample
Accession No:	Collected On:	Received On:	Approved On:		
CL01843445	14-Apr-24 08:23	14-Apr-24 09:46	14-Apr-24 13:35		
Observation	Result	Unit	Biological Ref. Interval	Method	
Blood Urea	50	mg/dL	15-36	Urease, Colorimetric	
Blood Urea Nitrogen	23.36	mg/dL	7 - 17	Calculated	
Estimated GFR	57.50	mL/min/1.73m ²		Calculated By CKD-EPI(2021)	
Creatinine	1.4	mg/dL	0.5-1.04	Enzymatic	
Uric Acid	6.4	mg/dL	2.5 - 6.2	Uricase , Colorimetric	
Calcium	9.6	mg/dL	8.4 - 10.2	Arsenazo III	
Phosphorus	5.6	mg/dL	2.5 - 4.5	Phosphomolybdate reduction	
BUN/Creatinine Ratio	16.69	Ratio		Calculated	
Urea/Creatinine Ratio	35.71	Ratio		Calculated	
Sodium	139	mmol/L	137-145	ISE Direct	
Potassium	4.6	mmol/L	3.5 - 5.1	ISE Direct	
Chloride	110	mmol/L	98 - 107	ISE Direct	

Technology: Dry Chemistry (VITROS MicroSlide, MicroSensor and Intellicheck Technology)
Analyzer: Fully Automated Biochemistry and ImmunoAssay Analyzer: VITROS 5600

Remarks: Please correlate results clinically.

Lipase					Serum Sample
Accession No:	Collected On:	Received On:	Approved On:		
CL01843445	14-Apr-24 08:23	14-Apr-24 09:46	14-Apr-24 12:56		
Observation	Result	Unit	Biological Ref. Interval	Method	
Lipase	169	U/L	23 - 300	Enzymatic With Colipase	

Clinical Significance Of Lipase:

Lipases are enzymes, produced in the pancreas and also in small amounts by the salivary glands, gastric, pulmonary and intestinal mucosa. In acute pancreatitis the lipase concentrations rise to 2-50 fold the upper reference limit within 4-8 hours after the beginning of abdominal pain peaking at 24 hours and decrease within 8 to 14 days. Elevated lipase values can also be observed in chronic pancreatitis and obstruction of the pancreatic duct.

Reference Range Suggested from: VITROS® MicroSlide Assay Summary Pub. No. J23323_EN 2020-02-21

Sample Type: Serum

Technology: Dry Chemistry (VITROS Microslide, MicroSensor & Intellicheck)

Analyzer: Fully Automated Biochemistry and Immunology Analyzer : VITROS 5600

Advise: Please correlate results with clinical conditions

Bicarbonate					Serum Sample
Accession No:	Collected On:	Received On:	Approved On:		
CL01843445	14-Apr-24 08:23	14-Apr-24 09:46	14-Apr-24 12:56		
Observation	Result	Unit	Biological Ref. Interval	Method	
Bicarbonate	21	mmol/L	22-30	Enzymatic Endpoint	

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Clinical Significance of Bicarbonate:

Bicarbonate is the second largest fraction of anions in the plasma. At the physiological pH of blood, the concentration of carbonate is 1/1000 that of bicarbonate. This test is a significant indicator of electrolyte dispersion and anion deficit. An abnormal bicarbonate means a metabolic rather than a respiratory problem.

Increased Levels

- Acute Metabolic alkalosis
- Chronic Metabolic alkalosis

Decreased Levels

- Acute Metabolic acidosis
- Compensated Metabolic acidosis

Sample Type: Serum

Technology: Dry Chemistry (VITROS Microslide, MicroSensor & Intellicheck)

Analyzer: Fully Automated Biochemistry and Immunology Analyzer : VITROS 5600

Advise: Please correlate results with clinical conditions



Dr. Pankaj Tayal
Consultant Pathologist
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In case of any unexpected or alarming results, please contact us immediately for re-confirmation, clarifications, and rectifications, if needed.

Scan to Validate



Conditions Of Reporting

- ▶ The report results are for information and interpretation for your referring doctor. Reports are to be correlated with the patient's clinical history.
- ▶ Biological Reference Range/Interval is suggested for your Gender and Age on the basis of available literature. All reference ranges are to be reconsidered by physician's advice for your specific care.
- ▶ This Medical Report is a professional opinion, not a diagnosis.
- ▶ The report will carry the name and age provided at the time of registration. To maintain confidentiality, certain reports may not be e-mailed at the discretion of the management.
- ▶ All the notes and interpretation beneath the pathology result in the report provided are for educational purpose only. It is not intended to be a substitute for physician's consultation.
- ▶ Results of tests may vary from laboratory to laboratory and in some parameters from time to time for the same patients. Test results and reference range may also vary depending on the technology and methodology used. Laboratory test results may also vary depending on the age, sex, time of the day sample has been taken, diet, medication and limitation of modern technology.
- ▶ In case of any unexpected or alarming test results, please contact us immediately for re-confirmation, further discussion, clarifications and rectifications, if needed.
- ▶ In case of any discrepancy due to typing error, kindly get it rectified immediately.
- ▶ Neither HOD or its employees/representatives assume any liability or responsibility for any loss or damage that may be incurred by any person as a result of interpreting the meaning of this report.
- ▶ Test results are not valid for medico legal purposes.
- ▶ In case of any issues or suggestions about your test results, please email us on quality@houseofdiagnostics.com
- ▶ The courts (forums) at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the tests and the results of the tests. Our liability is limited to the amount of investigations booked with us.

DOC#COR20200707

Facilities Available

Radiology

- ▶ 3T MRI & 1.5T MRI
- ▶ CT Scan
- ▶ Digital X-Ray
- ▶ Mammography
- ▶ Open / Standing MRI
- ▶ Bone DEXA Scan

Pathology

- ▶ Biochemistry
- ▶ Immunoassay
- ▶ Hematology
- ▶ Clinical Pathology
- ▶ Serology
- ▶ Microbiology

Nuclear Medicine

- ▶ **India's First** Simultaneous PET-MRI
- ▶ Whole Body PET/CT Scan
- ▶ DTPA / DMSA Renal Scans
- ▶ Thyroid Scan
- ▶ Whole Body Bone Scan
- ▶ HIDA Scan • Rest MUGA

Cardiology Investigations

- ▶ ECG (Electrocardiogram)
- ▶ Echocardiography
- ▶ TMT
- ▶ Stress Echocardiography
- ▶ Stress Thallium

Neurology Investigations

- ▶ EEG - ElectroEncephaloGram
- ▶ EMG - ElectroMyoGraphy
- ▶ NCV - Nerve Conduction Velocity
- ▶ VEP - Visual Evoked Response
- ▶ SSEP

Dental Imaging

- ▶ CBCT - Cone Beam CT Scan
- ▶ OPG - OrthoPantomoGram

Other Tests

- ▶ PFT