



LABORATORY REPORT

NAME : MR.BC0966 REFERRED BY : SELF VISIT NO : VAMP26148169
AGE : 40Y 0M 0D ZERO TARIFF CLIENT CODE COLLECTED ON : 21-04-2026 10:00
GENDER : Male LAB MR# : AAMP01479448 RECEIVED ON : 21-04-2026 19:51
OP / IP / DG # : APPROVED ON : 22-04-2026 18:04
REPORT STATUS : Final Report



Test Name	Result	Biological Ref. Interval	Unit
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BIOCHEMISTRY

LFT(Bilirubin Total, Bilirubin Conjugated, (Serum)

Bilirubin Total <i>Diazo method</i>	0.80	<1.1	mg/dL
Bilirubin Conjugated <i>Diazo method</i>	0.2	<=0.2	mg/dL
Bilirubin Unconjugated, Indirect <i>Calculation</i>	0.60	<1.0	mg/dL
Aspartate Aminotransferase (AST/SGOT) <i>IFCC kinetic</i>	31	< 40	U/L
Alanine aminotransferase - (ALT / SGPT) <i>Kinetic IFCC</i>	28	< 41.0	U/L
Alkaline Phosphatase - ALP <i>IFCC kinetic</i>	99.0	<129	U/L

Interpretation:

1. In an asymptomatic patient, Non alcoholic fatty liver disease (NAFLD) is the most common cause of increased AST, ALT levels. NAFLD is considered as hepatic manifestation of metabolic syndrome.
2. In most type of liver disease, ALT activity is higher than that of AST; exception may be seen in Alcoholic Hepatitis, Hepatic Cirrhosis, and Liver neoplasia. In a patient with Chronic liver disease, AST:ALT ratio>1 is highly suggestive of advanced liver fibrosis.
3. In known cases of Chronic Liver disease due to Viral Hepatitis B & C, Alcoholic liver disease or NAFLD, Enhanced liver fibrosis (ELF) test may be used to evaluate liver fibrosis.
4. In a patient with Chronic Liver disease, AFP and Des-gamma carboxyprothrombin (DCP)/PIVKA II can be used to assess risk for development of Hepatocellular Carcinoma.

Sanjeeta

Dr. Sanjeeta
MBBS,MD (Biochemistry)
Consultant Biochemist

Disclaimer:

1. All results released pertain to the specimen as received by the lab for testing and under the assumption that the patient indicated or identified on the bill/test requisition form is the owner of the specimen.
2. Clinical details and consent forms, especially in Genetic testing, histopathology, as well as wherever applicable, are mandatory to be accompanied with the test requisition form. The non-availability of such information may lead to delay in reporting as well as misinterpretation of test results. The lab will not be responsible for any such delays or misinterpretations thereof.

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This is an electronically authenticated laboratory report.

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Sin No: 20385466



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<p>3. Test results are dependent on the quality of the sample received by the lab. In case the samples are preprocessed elsewhere (e.g., paraffin blocks), results may be compromised.</p> <p>4. Tests are performed as per the schedule given in the test listing and in any unforeseen circumstances, report delivery may be affected.</p> <p>5. Test results may show inter-laboratory as well as intra-laboratory variations as per the acceptable norms.</p> <p>6. Genetic reports as well as reports of other tests should be correlated with clinical details and other available test reports by a qualified medical practitioner. Genetic counselling is advised in genetic test reports by a qualified genetic counsellor, medical practitioner or both.</p> <p>7. Samples will be discarded post processing after a specified period as per the laboratory's retention policy. Kindly get in touch with the lab for more information.</p> <p>8. If accidental damage, loss, or destruction of the specimen is not attributable to any direct or negligent act or omission on the part of Ampath Labs or its employees, Ampath shall in no event be liable. Ampath lab's liability for a lack of services, or other mistakes and omissions, shall be restricted to the amount of the patient's payment for the pertinent laboratory services.</p>			

