

Name : DUMMY	Age : 25 Years
Lab No. : AB344	Gender : Male
Ref By : DR. DUMMY DUMMY	Reported : 23/10/2024 12:27:50PM
Collected : 23/10/2024 9:35:00AM	Report Status : Interim
A/c Status : P	Processed at : LPL-MEERUT LAB
Collected at : PRODUCTION TEST COLLECTION CENTRE SECTOR - 18, BLOCK-E ROHINI DELHI 110085	1st Floor, Hall No. 101, 1st Floor of Shree Ram Commercial Complex, Shraddhpuri, Phase 2, NH-58, Meerut, UP - 250001



Test Report

Test Name	Results	Units	Bio. Ref. Interval
LIVER HEALTH SCREEN			

LIVER HEALTH SCREEN			
AST (SGOT) (IFCC without P5P)	18.0	U/L	<50
ALT (SGPT) (IFCC without P5P)	<7.0	U/L	<50
Bilirubin Total, Direct & Indirect			
Bilirubin Total (DPD)	0.10	mg/dL	0.30 - 1.20
Bilirubin Direct (DPD)	0.20	mg/dL	<0.2
Bilirubin Indirect (Calculated)	<0.00	mg/dL	<1.10
Platelet Count (Electrical Impedance)	150	thou/mm ³	150.00 - 410.00
FIB-4 Index (Calculated)	3.000		<1.3

Interpretation: Increased risk of clinically significant fibrosis

Note

- In patients older than age 65, a FIB-4 cutoff of >2.0 should be used.
- FIB-4 has low accuracy in patients under age 35; thus, secondary assessment should be considered in those with elevated enzymes
- FIB-4 should not be used in acutely ill patients.
- Enhanced liver fibrosis (ELF) test may be used to further characterize patients with indeterminate score.
- Test conducted in serum and whole blood.

Comment

This test panel helps to determine whether there is any damage or inflammation inside the liver. Aminotransferase levels (AST & ALT) are sensitive indicators of liver-cell injury. Sometimes elevated liver enzyme levels may be the only clinical evidence of hepatic steatosis (fatty liver) associated with Nonalcoholic steatohepatitis (NASH). Non-alcoholic Fatty Liver Disease (NAFLD), a condition marked by excessive fat accumulation in the liver, affects a significant portion of the population. NAFLD is the most common cause of



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abnormal liver function tests in primary care. It is associated with obesity, insulin resistance, Type 2 Diabetes Mellitus (T2DM), Dyslipidemia, Hypertension and is considered as hepatic manifestation of the Metabolic syndrome. It's crucial to recognize NAFLD at an early stage as it can progress silently, often without noticeable symptoms until advanced stages like fibrosis, cirrhosis, liver failure, or cancer if left untreated. Identification of the stage of fibrosis is the most important predictor of liver outcomes; therefore, identifying patients with NAFLD and NASH with more advanced stages of fibrosis can be essential for optimal management.

FIB-4 is calculated using a simple algorithm based upon age, ALT, AST, and platelet count. FIB-4 is the most validated non-invasive test to identify advanced fibrosis and outperforms other calculations in its ability to identify patients with a low probability of advanced fibrosis thus recommended as first line test.



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COMPLETE BLOOD COUNT;CBC (Photometry,Electrical Impedance,VCS Technology,Calculated)			
Hemoglobin			
	11.00	g/dL	13.00 - 17.00
Packed Cell Volume (PCV)	44.00	%	40.00 - 50.00
RBC Count	5.00	mill/mm3	4.50 - 5.50
MCV	88.00	fL	83.00 - 101.00
MCH	37.00	pg	27.00 - 32.00
MCHC	34.00	g/dL	31.50 - 34.50
Red Cell Distribution Width (RDW)	13.00	%	11.60 - 14.00
Total Leukocyte Count (TLC)	5.00	thou/mm3	4.00 - 10.00
Differential Leucocyte Count (DLC)			
Segmented Neutrophils	40.00	%	40.00 - 80.00
Lymphocytes	40.00	%	20.00 - 40.00
Monocytes	9.00	%	2.00 - 10.00
Eosinophils	6.00	%	1.00 - 6.00
Basophils	2.00	%	<2.00
Absolute Leucocyte Count			
Neutrophils	2.00	thou/mm3	2.00 - 7.00
Lymphocytes	2.00	thou/mm3	1.00 - 3.00
Monocytes	0.45	thou/mm3	0.20 - 1.00
Eosinophils	0.30	thou/mm3	0.02 - 0.50



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Basophils	0.10	thou/mm3	0.02 - 0.10
Platelet Count	150	thou/mm3	150.00 - 410.00
Mean Platelet Volume	12.0	fL	6.5 - 12.0

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Result/s to follow:

LIVER HEALTH SCREEN, COMPLETE BLOOD COUNT;CBC

IMPORTANT INSTRUCTIONS

•Test results released pertain to the specimen submitted. •All test results are dependent on the quality of the sample received by the Laboratory. •Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician. •Report delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted. •Certain tests may require further testing at additional cost for derivation of exact value. Kindly submit request within 72 hours post reporting. •Test results may show interlaboratory variations. •The Courts/Forum at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of test(s). •Test results are not valid for medico legal purposes. •This is computer generated medical diagnostic report that has been validated by Authorized Medical Practitioner/Doctor. •The report does not need physical signature.

(#) Sample drawn from outside source.

If Test results are alarming or unexpected, client is advised to contact the Customer Care immediately for possible remedial action.

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