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MEDICAL LABORATORY

BML377133

Laboratory Investigation Report

Name	:	Ms. ROAA NABIL KAMAL	**Ref No.**	:	36840
DOB	:	13/01/2001	**Sample No.**	:	2403384427
Age / Gender	:	23 Y 2 M / Female	**Collected**	:	28/03/2024 15:00
Referred by	:	Dr. MARVIS ENYI	**Registered**	:	28/03/2024 22:54
Centre	:	Peshawar Medical Center LLC	**Reported**	:	29/03/2024 08:24

BIOCHEMISTRY

Test	Result	Flag	Unit	Reference Range	Methodology
ALT / SGPT	**387**	**H**	U/L	< or = 35	UV with P5P 37°C (IFCC)

Interpretation Notes :

High levels of ALT may be due to liver damage from conditions such as hepatitis or cirrhosis, lead poisoning, very strenuous exercise or severe injury to a muscle, exposure to carbon tetrachloride, decay of a large tumor (necrosis), mononucleosis, and growth spurts.
Low levels of ALT may be due to low-functioning or non-functioning liver, urinary tract infections, or malnutrition.

AST / SGOT	**177**	**H**	U/L	< or = 35 Please note change in method and reference range. Source: Roche Cobas IFU	IFCC; Tris buffer with P5P

Interpretation Notes :

High values are seen in alcohol ingestion, acute viral hepatitis, including earlier stages of hemochromatosis; chemical injury (eg, necrosis related to toxins such as carbon tetrachloride), cholecystitis, Reye syndrome, and also in earlier stages of hemochromatosis
Low values are seen in uremia, vitamin B6 deficiency (this can be corrected), metronidazole, trifluoperazine.

Sample Type : *Serum*

End of Report

Dr. Adley Mark Fernandes
M.D (Pathology)
Pathologist

Dr. Vyoma V Shah
M.D (Pathology)
Clinical Pathologist

NAZAR MOHAMED ALI
Laboratory Technologist
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This is an electronically authenticated report

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