



Labsmart Software

Sample Letterhead

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<https://www.yourlabname.in/>**Mr. Saubhik Bhaumik**

Age / Sex : 27 YRS / M
Referred by : Dr. Sachin Patil (MBBS)
Reg. no. : 1041



1041

Registered on : 08/11/2024 11:46 AM
Collected on : 08/11/2024
Received on : 08/11/2024
Reported on : 08/11/2024 11:47 AM

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**BIOCHEMISTRY**

TEST	VALUE	UNIT	REFERENCE
SERUM ALBUMIN	4.4	g/dl	3.5 - 5.2

Physiologic Basis

Major components of plasma proteins are influenced by nutritional state, hepatic function, renal function, and various diseases. It is a major binding protein, although there are more than 50 different genetic variants (alloalbumins), only occasionally does a mutation cause abnormal binding (eg, in familial dysalbuminemic hyperthyroxinemia).

Interpretation

Increased in: Dehydration, shock, hemoconcentration.

Decreased in: Decreased hepatic synthesis (chronic liver disease, malnutrition, malabsorption, malignancy, congenital analbuminemia [rare]). Increased losses (nephrotic syndrome, burns, trauma, hemorrhage with fluid replacement, fistulas, enteropathy, acute or chronic glomerulonephritis). Hemodilution (pregnancy, CHF). Drugs: estrogens.

Comments

Serum albumin indicates severity in chronic liver disease.

Useful in nutritional assessment if there is no impairment in production or increased loss of albumin. Independent risk factor for all-cause mortality in the elderly (age >70) and for complications in hospitalized and post-surgical patients.

There is a 10% reduction in serum albumin level in late pregnancy (related to hemodilution).

~~~ End of report ~~~

Mr. Sachin Sharma  
DMLT, Lab Incharge

Dr. A. K. Asthana  
MBBS, MD Pathologist

**NOT VALID FOR MEDICO LEGAL PURPOSE**

Work timings: Monday to Sunday, 8 am to 8 pm

Please correlate clinically. Although the test results are checked thoroughly, in case of any unexpected test results which could be due to machine error or typing error or any other reason please contact the lab immediately for a free evaluation.