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Liver test report sgpt

A blood test is when a sample of blood is taken from the body to be tested in a lab. Doctors order blood tests to check things such as the levels of glucose, hemoglobin, or white blood cells. This can help them detect problems like a disease or medical condition. Sometimes, blood tests can help them see how well an organ (such as the liver or kidneys) is working. What is an ALT Test? An ALT test measures the level of alanine aminotransferase, also called ALT or SGPT. ALT is one of the enzymes that help the liver convert food into energy. High levels of these enzymes can be a sign that the liver is injured or irritated, and the enzymes are leaking out of the liver cells. Why Are ALT Tests Done? An ALT test may be done if a child has signs of a possible problem with the liver, such as jaundice (yellowish skin or eyes), dark urine, nausea, vomiting, or belly pain. It also might be done if a child is on medicine that makes high liver enzyme levels more likely. How Should We Prepare for an ALT Test? Your child may be asked to stop eating and drinking for 8 to 12 hours before the ALT test. Tell your doctor about any medicines your child takes because some drugs might affect the test results. Wearing a T-shirt or short-sleeved shirt for the test can make things easier for your child, and you also can bring along a toy or book as a distraction. How Is an ALT Test Done? Most blood tests take a small amount of blood from a vein. To do that, a health professional will: clean the skin, put an elastic band (tourniquet) above the area to get the veins to swell with blood insert a needle into a vein (usually in the arm inside of the elbow or on the back of the hand) pull the blood sample into a vial or syringe take off the elastic band and remove the needle from the vein In babies, blood draws are sometimes done as a "heel stick collection." After cleaning the area, the health professional will prick your baby's heel with a tiny needle (or lancet) to collect a small sample of blood. Collecting a sample of blood is only temporarily uncomfortable and can feel like a quick pinprick. Liver function tests measure a series of chemicals which relate to the way the liver works. They include substances that are made in the liver or affected by the health of the liver cells, chemicals which are processed or excreted by the liver, and hormones that the liver makes in order to do its work.Liver function tests are aimed at giving a picture of the 'state' of your liver. They are a sensitive way of looking for liver strain or liver damage, as they often show this well before you get any symptoms or problems with your liver. This means that the cause of liver strain or damage can be diagnosed and, often, reversed.Liver function tests are also used for monitoring in cases of known liver inflammation, injury or disease.The liver is your largest internal organ. It sits in the tummy (abdomen), under your diaphragm on the right-hand side. It is usually tucked under the ribs, which protect it, although in some people the edge of the liver protrudes slightly. If the liver is swollen, through inflammation or disease, it can swell out from under the ribs and make your tummy swollen.The liver is a factory for the production and breakdown of carbohydrates, fats, proteins, hormones and other essential body chemicals, and helps dispose of waste products. This work is mainly carried out by liver cells (hepatocytes). Some of the most important functions include:Production of these substancesGlycogen (a carbohydrate energy store), which it makes from glucose.Glucose, made and released into the blood from glycogen, proteins and fats.Many essential proteins and amino acids (building blocks of proteins).Many of the clotting factors that help your blood to clot normally.Plays a part in red blood cell production.Albumin, the main protein in your blood, which bulks out your serum and enables it to carry essential substances around the body.Angiotensinogen, which plays a role in blood pressure control.Thrombopoietin, which regulates some of the work of your bone marrow.Cholesterol, triglycerides, lipoproteins and fats - as part of the management of fat stores in your body.Bile, excreted into the intestine for absorbing fats and vitamin K.Hormones that help children grow and that build muscle in adults.Breakdown of these substancesExcess hormones, including insulin.Bilirubin, which is a waste product from worn-out blood cells.Many waste products.A wide range of toxic substances and medicines, including alcohol.Foreign proteins that reach it from the digestive system (trapped and destroyed by specialised immune cells in the liver).Storage of these (and other) substancesGlucose (as glycogen).Vitamin A (1-2 years' supply).Vitamin D (1-4 months' supply).Vitamin B12 (3-5 years' supply).Vitamin K.Iron and copper.The usual liver function tests typically include the following:Bilirubin.Albumin.Total protein.Transferases (AST or SGOT and ALT or SGPT).Gamma GT.Creatine kinase.Calcium and corrected calcium.Prothrombin time or International Normalised Ratio (INR).Each of these is discussed below. The liver performs hundreds of different functions, so there are many other possible tests that look at its health. These would normally be done if an abnormality is found with the basic liver function tests described here, or if a specific problem is suspected. They might include:Virus tests - for example, for hepatitis A, B or C - to look for the cause of disease.Autoantibody tests (to detect and monitor immune diseases).Immunoglobulins (antibodies made in response to various challenges including allergies, infections, some blood disorders and some cancers).Serum ferritin and transferrin saturation (measures of iron storage and management by your body).Alpha-fetoprotein (maternal levels help look at the health of the baby during pregnancy, and levels are also raised in some cancers).Copper/ caeruloplasmin (measures of copper management by the body).Alpha-1 antitrypsin (a hormone involved in protecting liver and lung cells from injury).Clotting factors (particularly if there is a suspicion that your blood is not clotting well or you have severe liver disease).What can cause your liver function tests to be abnormal?Your liver tests can be abnormal because:Your liver is inflamed (for example, by infection, toxic substances like alcohol and some medicines, or by an immune condition).Your liver cells have been damaged (for example, by toxic substances, such as alcohol, paracetamol, poisons).Your liver is having to work harder to process medicines or toxic substances (for example, alcohol, paracetamol, poisons).The bile drainage from your liver is blocked - for example, by a gallstone.There is a swelling inside your liver (for example, an abscess or a tumour).You have an underlying condition that affects the liver's production and storage abilities (for example, Wilson's disease, haemochromatosis, Gilbert's syndrome). In these cases the abnormality of your liver tests will be a feature of your condition, and may be normal for you.Your liver is physically injured (for example, trauma).You fall just outside the normal limits (see below).What does the 'normal range' mean in liver function tests?The 'normal range' is a range of values given by the local laboratory for liver function tests. The range varies slightly between laboratories according to the measurement methods that they use.The 'normal' limits are defined by laboratories as the range of levels inside which 19 of every 20 people with healthy livers will fall. This means that, for any one liver test, around 1 in 20 people with healthy livers will have a result that is slightly abnormal. There will, in the majority of cases, be nothing wrong with their liver; having a test that's just over the edge usually means nothing, as long as - crucially - there is only one slight abnormality out of the whole range of tests. You should always discuss even a slightly abnormal result with your doctor.You are likely to find out that your liver tests are abnormal from your healthcare provider, who will tell you what you need to do next. However, if you obtain your test results without explanation, you should contact your healthcare provider to discuss them.Doctors consider a slightly abnormal liver function test as one that is less than twice the upper limit of the 'normal' value. Doctors consider a very abnormal liver function test as one that is more than twice the upper limit of the 'normal' value.If the tests are very mildly abnormal, only one or two tests are affected and you are perfectly well then this would not normally need an urgent consultation. However, you should speak to a health professional for advice within a few days (in case more tests or monitoring need to be done).If you have multiple abnormalities on your tests, if some of the tests are very abnormal or if you are also unwell or in pain then you should seek medical advice more urgently.If you have known liver disease and your liver function tests have altered significantly since the last time they were checked, you should seek medical advice the same day unless you have a standing instruction to do something different.Sometimes an abnormal liver function test is normal for you. If you already know this is the case then it may be that no action is needed. A common example of this is Gilbert's syndrome, when you have a naturally raised level of bilirubin but other liver function tests are normal and you are well. Your doctor will tell you if you have Gilbert's syndrome.What will my doctor do if I have abnormal liver function tests?All abnormal liver function tests need explanation, even if that explanation is that you are one of the 5% who fall outside the 'normal' range. In many cases, a single, isolated, slightly abnormal liver function test in a well patient will not signify an underlying problem. However, some liver disorders, including early signs of overuse of alcohol, can produce slight changes (especially at first), so it's important to be sure.Your doctor will want to do further tests and to see, question and examine you, to determine the reason for the blood test abnormality. If you are otherwise well, this will initially be done in primary care. Options include:Repeating the blood test.Further blood tests in order to discover or rule out particular causes.An ultrasound scan of your liver and gallbladder.A liver biopsy, to work out exactly what is going on.Depending on the severity and suspected cause, referral to a liver specialist for advice, more specialist tests and liver biopsy.If you are very unwell, you may need referral or admission to hospital.Can my doctor make a diagnosis from my liver function test?Sometimes. Single abnormalities in the tests do not give diagnoses on their own but the pattern of abnormalities can point to the most likely cause of the problem. When this is combined with speaking to and examining you, your doctor may be able to make a clear diagnosis.Once the cause of the abnormality has been determined, your doctor will discuss what you need to do next.What do unusually low levels on my liver function tests mean?Note that in most cases (except albumin and calcium) it is a raised (rather than a lowered) level in the liver function test which may indicate a problem. In the following descriptions, where low levels can be significant for your health they are also described.Bilirubin comes from the breakdown of red blood cells in the body. The liver processes (conjugates) bilirubin so that it can be excreted via the kidneys. A high bilirubin level can make you appear jaundiced (with a yellow tinge to the skin and to the whites of the eyes).The most likely cause of raised bilirubin depends on whether the rise is in bilirubin that the liver has already processed (conjugated bilirubin), in the bilirubin that the liver has not yet processed (unconjugated bilirubin), or in both.A rise in both types of bilirubinConjugated bilirubin tends to rise if the flow of bile in the tiny tubes within the liver is blocked, and unconjugated bilirubin tends to rise if the liver calls cannot do their work (or there is too much work for them to do). If the liver is both damaged (not working properly) and swollen or scarred (blocking the drainage system) then both types of bilirubin will tend to rise.An isolated rise in unconjugated bilirubinUnconjugated bilirubin may increase because the liver can't process the bilirubin, or because the body is making an excess of bilirubin by breaking down too many blood cells, and the liver is normal but can't keep up.Increased conjugated bilirubin suggests that the liver is conjugating the bilirubin properly (the job of liver cells) but not excreting it properly via the bile ducts. Causes include:Reactions to some medicines, including common ones such as blood pressure tablets, hormones (for example, oestrogen), antibiotics (particularly erythromycin and flucloxacillin), tricyclic antidepressants and anabolic steroids.Some autoimmune diseases that affect bile excretion.Blockage of the bile ducts - for example, by a gallstone.Dubin-Johnson syndrome and Rotor's syndrome.In babies a rise in conjugated bilirubin can signify rare but serious problems with the development of the bile drainage system in the liver, such as biliary atresia.Albumin is the main protein in your serum, and its level is a good guide to long-term liver health. Albumin levels that are abnormally low have the greatest significance for the liver.Low levels of albuminThis can be due to:Severe liver disease.Poor nutrition.Malabsorption of protein (for example, in Crohn's disease or in coeliac disease).Protein-losing enteropathies (for example, severe bowel inflammation or infection such as cholera).Protein loss through kidney problems (for example, nephrotic syndrome).Failure of protein manufacture through severe liver inflammation.Albumin levels also fall if you lose protein through your skin (for example, in extensive skin inflammation and widespread burns).Albumin levels decrease during pregnancy, when your blood is more dilute.High levels of albuminThis is usually due to having the tourniquet on for too long before your blood sample is taken. Sometimes it can be due to a very high-protein diet, as in bodybuilders, or to lack of fluid in the body (dehydration), when the blood is more concentrated.Total protein measures the total of albumin and globulins. It is usually normal in liver disease even if albumin levels are low, as globulin levels tend to increase as albumin levels fall.High values of total protein are seen in chronic active hepatitis and alcoholic hepatitis.High values of total protein are also seen in conditions outside the liver which increase globulins (such as myeloma) and conditions involving overactivity of the immune system (such as severe infection and chronic inflammatory disease).Low levels of total protein can sometimes be seen in severe liver disease, in conditions of severe protein loss (such as widespread burns) and in severe malnutrition.These substances are also called transferases. They are liver hormones (proteins which help do the work of the liver) which are normally found inside liver cells rather than in the blood.ALT stands for alanine transaminase and is also called SGPT (serum glutamic-pyruvic transaminase).AST stands for aspartate transaminase and is also called SGOT (serum glutamic oxaloacetic transaminase).Creatine kinase is sometimes checked along with AST and ALT.If blood levels of transaminases go up this suggests leakage from damaged liver cells due to inflammation or cell death. AST and ALT tend to be high in liver disease and very high in liver inflammation.ALT is mainly found in the liver. AST is also found in muscle and red blood cells.ALT rises more than AST in acute liver disease (for example, alcoholic cirrhosis) ALT is higher than AST; in cirrhosis AST is higher than ALT.Lower-than-normal levels of transaminases do not signify disease.Creatine kinase comes mainly from muscle, so if it is raised alongside AST and ALT it suggests that the liver may not be the main source of the problem.Causes of mild rises in transferasesThese include:Causes of marked increases in transferasesMarked increases are usually caused by acute injury to the liver by viruses, shortage of oxygen (ischaemia) or toxic substances. Causes include:Gamma-glutamyltransferase (GGT) levels increase in most liver diseases. This test is very sensitive, although it also goes up in some heart, lung and kidney conditions.The most common reason for GGT increasing as a single abnormality is drinking more alcohol than your liver can easily cope with. GGT levels can be 10 times normal. The rise is a sign your liver is under strain and is at risk of being damaged by alcohol.GGT rises up to 2-3 times the upper limit of normal in non-alcoholic fatty liver disease (NAFLD). This condition is increasingly common and can progress to scarring or inflammation of the liver. Transaminase levels also tend to rise in NAFLD.Some prescribed and over-the-counter medicines can increase GGT levels.GGT rises in some patients with chronic hepatitis C infection.In chronic liver disease, a rise in GGT suggests bile duct damage and scarring.Alkaline phosphatase (ALP) comes mainly from the cells lining bile ducts and from bones - particularly growing bones. It rises if there is slow or blocked flow in the bile ducts, if the bile ducts are damaged and in bone disorders. If the cause is in the liver, the GGT is also abnormal, whereas if it's the bone, the GGT is usually normal. ALP is also raised during the third trimester of pregnancy.Common causes of raised ALP with other abnormalities on your tests include:Isolated raised ALP can occur in 99% of the body's calcium is stored in the bones, with the remaining 1% stored in other tissues, including the blood plasma. The calcium test measures the total calcium in the blood plasma. About half of this is tightly attached to the protein, albumin, which forms the bulk of the protein in your plasma. The calcium level that really counts is the 'free', or unbound, calcium that floats unattached in the plasma.If you have low albumin levels, the total calcium in your blood will be less; however, because the amount attached to the albumin is reduced (because there is less albumin), the actual free levels of calcium may be fine (or even raised). Corrected calcium corrects the figure to give the actual, free amount of calcium.Causes of low (corrected) calcium levelsCalcium levels are regulated by the kidney, thyroid and parathyroid glands, using the hormones parathyroid hormone, calcitonin and vitamin D. Low levels are uncommon. Causes include:Hypoparathyroidism (your parathyroid glands do not make enough of their hormone).Just after parathyroid surgery.Severe chronic kidney disease.Severe liver disease.Pancreatitis.Severe vitamin D deficiency.High phosphate ingestion (we can take in phosphate from enemas, from baby milks and from some flours - for example, chapati flour).Magnesium deficiency (often due to dietary deficiency and to prescribed medicines, including some antibiotics, diuretics and painkillers).Causes of raised (corrected) calcium levelsPrimary hyperparathyroidism (overactive parathyroid glands) cause 8 out of 10 cases.Cancer of many different kinds can increase calcium levels, and accounts for about 2 out of 10 cases.Rarer causes of hypercalcaemia include:Overconsumption of antacids.Sarcoidosis.Pulmonary tuberculosis Addison's disease.Prolonged bed rest - especially in teenagers whose bones are growing fast.Vitamin A and/or D overdose.A number of medicines, including lithium, tamoxifen and diuretics.Kidney dialysis.Prothrombin time (PT) or International Normalised Ratio (INR) are sometimes measured as a part of standard liver function tests.PT and INR are ways of measuring the ability of your blood to clot. Conditions which impair this clotting (prolonging the PT and increasing the INR) include:Acute and severe liver disease (including liver failure and severe paracetamol overdose).Use of anticoagulant medicines (in this case, lengthening the prothrombin time and increasing the INR is the intention).There is a difference between what you need to do to keep your liver healthy most of the time and what you need to do if your liver is inflamed or damaged.If you are well, the way to look after your liver is with a balanced diet with a good fibre content, exercise, maintenance of a healthy weight, avoiding 'fad' diets (which can challenge the kidneys and liver hard), avoiding unnecessary medicines and supplements including paracetamol, stopping smoking, and staying within the recommended limits for alcohol (both daily and weekly). The liver does not need a detox diet, which will not help it and will often (if it is very low-calorie, for instance) make it work harder. The liver is a digesting, storage and detoxing organ.If your liver is inflamed and injured (for example, you have hepatitis and are jaundiced) or you have advanced liver disease (for example, cirrhosis) then, depending on the severity, you may be advised to have a special diet. This involves using carbohydrates as your major source of calories, eating fat moderately and cutting down on protein. You may be advised to take vitamin supplements, and if you are retaining fluid you should reduce your salt consumption to less than 1500 milligrams per day.Liver function tests are not a diagnosis; they are a set of clues which help doctors make a diagnosis.Liver function tests are a sensitive early warning system for problems in the liver and, in some cases, elsewhere.Because 'normal ranges' used by laboratories are the levels between which about 19 out of 20 of people's tests will fall, about 1 person in 20 will have an abnormal test without cause. About half of these people will have slightly high tests and about half will have slightly low tests, but their levels either way should not be extreme.The most likely cause of any particular pattern of abnormal liver function tests varies between patients (because of difference in age and gender) and between populations (because of variations in genetics and because different things are more common in different parts of the world).Almost any pattern of liver function test abnormality can be caused by medicines (including over-the-counter medications), by herbal remedies and traditional medicines from other cultures, and by poisonous substances.Many liver conditions cause no symptoms, at least at first, so, if you have several abnormal tests (or one test is markedly abnormal), it is very important to follow this up.Although single, mildly abnormal tests are not usually significant, any unexplained abnormality generally needs a check that you are well and may need a repeat test.Abnormal liver function tests in a person who is also sick are more worrying than those in a person who is well. Liver function test report sgpt. what is the normal level for sgpt. what is normal range of alt sgpt. what indicates if sgpt is high

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