

सही जांच तो सही इलाज (सही 🏈 (सही 🍼 (सही जांच) (सम



| Patient Name : Mr. DEMO | Patient Code : 169960554379 |
|-----------------------------|-------------------------------------|
| Gender/Age : Male / 25 Year | Bill No. : LAB1048 |
| Referred by : SELF | Recieved Date : 08-12-2023 04:47 PM |
| Collection At : | Report Date : 08-12-2023 05:03 PM |

BIOCHEMISTRY REPORT

KIDNEY FUNCTION TEST(KFT)

| Test | Result | Unit | Normal Range |
|-------------------------|--------|--------|--------------|
| Urea | 12 | mg/dl | 10.0 - 45.0 |
| Serum Creatinine | 0.73 | mg/dL | 0.70 - 1.30 |
| Uric Acid | 3.8 | mg/dl | 3.6 - 7.7 |
| Sodium | 120 | mmol/L | 135 - 146 |
| Potassium | 3.8 | mmol/L | 3.5 - 5.5 |
| Calcium | 8.9 | mg/dl | 8.5 - 10.7 |
| Blood Urea Nitrogen-BUN | 6 | mg/dl | 7 - 20 |

Interpretation :

Kidney function tests help to screen the individual for renal disease and to determine the extent or progression of renal disease. These tests also aid in determining drug dosage for drugs excreted through the kidneys. The clinical syndrome resulting from decreased renal function and azotemia is called uremia Renal azotemia: glomerular nephritis and chronic pyelonephritis. Prerenal azotemia: severe dehydration, hemorrhagic shock, and excessive protein intake. Post renal azotemia: urethral stones or tumors and prostatic obstructions Measurement of urea in dialysis fluids is widely used in assessing the adequacy of renal replacement therapy.

In these prerenal situations, the plasma creatinine concentration may be normal. In obstructive post renal conditions, both plasma creatinine and urea concentrations will be increased, although there is often a greater increase in plasma urea than creatinine because of the increased back diffusion. These considerations give rise to the principal clinical utility of plasma urea, which lies in its measurement in conjunction with that of plasma creatinine and subsequent calculation of the urea nitrogen/creatinine ratio. This ratio has been used as a crude discriminator between prerenal and postrenal azotemia. Significantly lower ratios usually denote (1) acute tubular necrosis, (2) low protein intake, (3) starvation, or (4) severe liver disease (decreased urea synthesis). So even though blood urea is not an excellent marker of renal dysfunction as it rises quite late in the dysfunction and its rise is also not exclusive to kidney dysfunction, but for practical purposes serum urea level is still one of the most ordered test and forms an important part of the kidney function test.

Concentrations in excess of 6.0 mg/dL at 32 weeks gestation have been noted to be associated with a high perinatal mortality rate.



Dr. Sunil Sharma (Medical Lab Tachnician)

DR. Narya'n Singh (MD Pathologist)

DR. Sachin Singh (MD Pathologist)



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LIVER FUNCTION TEST (LFT)

| Test | Result | Unit | Normal Range |
|--|--------|-------|--------------|
| TOTAL BILIRUBIN Method: Serum, Jendrassik Grof | 0.3 | mg/dl | 0.1 -1.2 |
| DIRECT BILIRUBIN Method: Serum, Diazotization | 0.3 | mg/dl | 0.0 - 0.3 |
| SGPT (ALT) Method: Serum, UV with P5P, IFCC 37 degree | 45 | U/L | 0 - 50 |
| SGOT (AST) Method: UV with P5P, IFCC 37 degree | 43 | U/L | 0 - 50 |
| ALKALINE PHOSPHATASE | 29 | U/L | 30 - 120 |
| TOTAL PROTEIN Method: Serum, Biuret, reagent blank end point | 8 | g/dl | 6.0 - 8.0 |
| SERUM ALBUMIN Method: Serum, Bromocresol green | 3.6 | g/dl | 3.2 - 4.6 |
| SERUM GLOBULIN Method: Serum, Calculated | 4.4 | g/dl | 1.8 - 3.6 |
| A/G RATIO Method: Serum, Calculated | 0.82 | | 1.2 - 2.2 |
| Gamma Glutamyl Transferase-Serum Method: Kinetic | 17 | IU/L | 15 - 73 |

NOTE :

In known cases of Chronic Liver disease due to Viral Hepatitis B & C, Alcoholic liver disease or Non alcoholic fatty liver disease, Enhanced liver fibrosis (ELF) test may be used to evaluate liver fibrosis.



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DR. Narya'n Singh (MD Pathologist)

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| Bill No.: LAB1048Referred by.: SELFRe-t-wet Date: 08-12-203 04:47 PMCollection At:Report Date: 08-12-203 05:03 PMINTENTION COMPLETE SUPPORTCOMPLETE SUPPORTRemain (Marcing Complete Marcing Complete Marcin | Patient Name : Mr. DEMO | | Patient Code : 169960554 | 1379 | |
|---|------------------------------|------------|---------------------------------|--------------|--|
| Recieved Date: 08-12-2023 04:47 PMCollection At:Report Date: 08-12-2023 05:03 PMCollection At:COMPLETE SUPCITCOMPLETE SUPCITCOMPLETE SUPCITCOMPLETE SUPCITTotal WBC CountMain Manne ManneManne MarkMain Main ManneAddition and Main ManneRECOUNTMain Main ManneMain Colspan="2">Main Main Main Main Main Main Main Main | Gender/Age : Male / 25 Year | | Bill No. : LAB1048 | | |
| Report Date : 08-12-2023 05:03 PMHAEMATOLOUSTLAEMATOLOUSTCOMPLETE BLOCKTCOMPLETE BLOCKTCOMPLETE BLOCKTTestResultUnitNormal RangeHaemoglobin13gm/dL12.0.16.0Total WBC Count4500cell/cumm4000-10000RBC Count4500cell/cumm4000-10000RBC Count455%40-50RBC Count455%40-50RBC Count455%40-50Mean Corp Mb MCH28gg27.32Mean Corp Mb MCH28gg m/dL31.5.34.5RDW-CV14%11.6.14.0RDW-SD36fL37.0.54.0Platelet Dount ChCC29gm/dL31.6.4.3RDW-SD16lac/cmm15.4.4.5Platelet IndicesV12fL9.0.13.0PDW-CV38%37.8.46.3PCT0.18%33.0.4.6.3PCT0.18%33.0.4.6.3PCT0.18%33.0.4.6.3PLCR1%10.0.1.0.3PLCR23%0.0.1.0.3DFFERENTIAL LEUCOCYTE COUNT1%0.0.1.0.3Noncytes23%0.0.2.10Basphils1%0.0.0.2Absolute Existphil Count2025/(umm200.700Absolute Stophil Count1035/(umm4.04.04 <td< td=""><td>Referred by : SELF</td><td></td><td>Recieved Date : 08-12-202</td><td>3 04:47 PM</td></td<> | Referred by : SELF | | Recieved Date : 08-12-202 | 3 04:47 PM | |
| HAEMATOLOGY REPORT COMPLETE BLOOD COUNT Complete BLOOD COUNT Test Result Unit Normal Range Haemoglobin 13 gm/dL 12.0 · 16.0 Total WBC Count 4500 cell/cuumm 4000 · 10000 RBC Count 4.6 mil/cuumm 400 · 10000 RBC Count 4.6 mil/cuumm 40.5 · 5.5 RBC INDICES | Collection At : | | Report Date : 08-12-2023 | 05:03 PM | |
| COMPLETE BLOOD COUNT Test Result Unit Normal Range Haemoglobin 13 gm/dL 12.0 16.0 Total WBC Count 4500 cell/cu.mm 4000 - 10000 RBC Count 4.6 mil/cu.mm 4000 - 10000 RBC Count 4.6 mil/cu.mm 4500 RBC INDICES | | HAEMATOL | OGY REPORT | | |
| TestResultUnitNormal RangeHaemoglobin13gm/dL12.0-16.0Total WBC Count44500Gell/cu.mm4000-10000RBC Count4450Gell/cu.mm405-5.5RBC INDICESImage: Second | | COMPLETE B | | | |
| Haemoglobin13gm/d.12.0-16.0Total WBC Count4500cell/cu.mm4000-10000RBC Count4.6mil/cu.mm4.5-5.5RBC TOURCES%4.0-50Hematorit HCT45%40-50Mean Corp Volume MCV96ft83-101Mean Corp Hb MCH28pg27-32Mean Corp Hb Conc MCHC29gm/dL31.5-34.5RDW-CV14%11.6-14.0RDW-SD36ft37.0-54.0Platelet Indices1.616.017.0PDW-SD10ft9.9-17.0PDW-CV38%37.8-46.3PDW-CV14%10.1-3.0PDW-SD10ft9.9-17.0PDW-CV38%37.8-46.3PCT0.18%30.0-43.0PLCR14%10.1-3.0PLCR13%10.1-3.0Umphorytes23%40.4.0Lymphorytes23%0.1-0.2Solute IDEGONT14%10.0-13.0Monorytes23%0.1-0.2Esinophils11%0.10.0Monorytes23%0.1-0.2Basophils24%0.1-0.2Monorytes23%0.1-0.2Monorytes23%0.1-0.2Monorytes23%0.1-0.2Monorytes24%0.1-0.2Monorytes29%< | Test | Result | Unit | Normal Range | |
| Total WBC Count4500cell/cu.mm4000-10000RBC Count4.6mil/cu.mm4.5-5.5RBC IDDICESHematorit HCT4.5%4.0-5.0Mean Corp Volume MCV9%16.1Mean Corp Hb MCH2.8g7.2-3.2Mean Corp Hb MCH2.9gm/dL3.1.5-3.4.5RDW-CV4.14%11.6-14.0RDW-SD3.6fL3.7.0.54.0Platel Count3.6fL3.7.0.54.0Platel Indices1.6lac/cmm1.5.4.5PV1.2fL9.0.13.0PDV-SD1.0fL9.0.13.0PDV-SD1.0fL9.0.13.0PDV-SD1.0fL9.0.13.0PDV-SD1.0fL9.0.13.0PDV-SD1.0fL9.0.13.0PDV-SD1.0fL9.0.13.0PDV-SD1.0fL9.0.13.0PDV-SD1.0fL9.0.13.0PDV-SD1.0fL9.0.13.0PDV-SD1.0fL9.0.13.0PDV-SD1.0fL9.0.13.0PDV-SD1.0fL9.0.13.0PDV-SD1.0fL9.0.13.0PDV-SD1.0fL9.0.13.0PDV-SD1.0fL9.0.13.0PDV-SD1.0fL9.0.13.0PDV-SD1.0fL9.0.13.0PDU-SD1.0fL9.0.10.0PDU-SD1.0fL9.0.10.0< | Haemoglobin | 13 | gm/dL | 12.0 - 16.0 | |
| RBC Count4.6mil/cu.mm4.5 . 5.5RBC INDICESHematocrit HCT45%40 . 5.0Mean Corp Volume MCV98ft83 . 101Mean Corp Mb MCH28pg27 . 32Mean Corp Hb MCN28gm/dL31.5 . 34.5RDW-CV14%11.6 . 14.0RDW-SD36ft37.0 . 54.0Platelet Count16lac/cmm15.4 . 5PMV16lac/cmm15.4 . 5Platelet Indices | Total WBC Count | 4500 | cell/cu.mm | 4000 - 10000 | |
| RBC INDICESHematocrit HCT45%40 - 50Mean Corp Volume MCV98ft83 - 101Mean Corp Hb MCH28pg27 - 32Mean Corp Hb Conc MCHC29gm/dL31.5 - 34.5RDW-CV14%11.6 - 14.0RDW-SD36ft37.0 - 54.0Platelet Count16lac/crm15.4 - 45.0Platelet Indices10ft9.0 - 13.0PV-SD10ft9.0 - 13.0PUV-SD018%0.17 - 0.35PV-CV38%0.17 - 0.35PLCR0.18%0.13 - 0.43.0PLTFERENTLAL LEUCOCYTE COUNT14%0.13 - 0.43.0Neutrophils45%0.0 - 0.0Sonophils1%0.1 - 0.6Monocytes23%0.0 - 0.0Basoluts Neutrophils Coun2025/cumm200 - 7000Absolute Neutrophils Count1035/cumm40.440Absolute Neutrophils Count45/cumm200 - 7000Absolute Neutrophils Count1035/cumm200 - 7000Absolute Neutrophils Count45/cumm200 - 7000Absolute Neutrophils Count45/cumm40.440Absolute Neutrophil Count45/cumm200 - 7000Absolute Neutrophils Count405/cumm40.440Absolute Neutrophil Count405/cumm40.440Absolute Neutrophil Count405/cumm40.440 <td< td=""><td>RBC Count</td><td>4.6</td><td>mil/cu.mm</td><td>4.5 - 5.5</td></td<> | RBC Count | 4.6 | mil/cu.mm | 4.5 - 5.5 | |
| Hematocrit HCT45%40 • 50Mean Corp Volume MCV98ft83 · 101Mean Corp Hb MCH28pg27 · 32Mean Corp Hb Conc MCHC29gm/dt31.5 · 34.5RDW-CV14%11.6 · 14.0RDW-SD36ft37.0 · 54.0Platelet Count1616c/cmm15.5 · 45.5Platelet Indices777PV-SD10ft9.0 · 13.0PDW-SD10ft9.0 · 13.0PDW-SD10ft9.0 · 13.0PDW-CV38%0.17 · 0.35PLCR0.18%0.17 · 0.35PLCR14%13.0 · 43.0DIFFERENTIAL LEUCOCYTE COUNT14%0.13 · 0.43.0Neutrophils45%0.0 · 60Lymphocytes23%0.0 · 60Basonpils1%0.1 · 0.6Absolute Neutrophils Coun2025/cumm2000 · 7000Absolute Neutrophil Count45/cumm40.440Absolute Koutophil Count45/cumm40.440Absolute Konport Count1035/cumm1000 · 3000Absolute Koutophil Count45/cumm40.440Absolute Konport Count45/cumm40.440Absolute Konport Count45/cumm40.440Absolute Konport Count45/cumm40.440Absolute Konport Count45/cumm40.440Absolute Konport Count45< | RBC INDICES | | | | |
| Mean Corp Volume MCV98fL83 - 101Mean Corp Hb Chr28pg27 - 32Mean Corp Hb Conc MCHC29gm/dL31.5 - 34.5RDW-CV14%11.6 - 14.0RDW-SD36fL37.0 - 54.0Platelet Count1.6Jac/cmm1.5 - 4.5Platelet Indices9.0 - 13.0PDV-SD10fL9.0 - 13.0PDW-SD10fL9.9 - 17.0PDW-CV38%37.8 - 46.3PCT0.18%0.17 - 0.35P-LCR14%10.0 - 13.0DFFERENTIAL LEUCOCYTE COUNT38%37.8 - 46.3Vurphils14%0.17 - 0.35P-LCR0.18%0.17 - 0.35P-LCR14%0.0 - 0.0Differential LEUCOCYTE COUNT38%0.17 - 0.35Vurphils45%0.10 - 0.0Monocytes23%0.0 - 0.0Basphils29%0.0 - 0.0Basphils29%0.1 - 0.2Absolute Differential Count2025/cumm2000 - 7000Absolute Lymphocyte Count1035/cumm10.00 - 3000Absolute Lymphocyte Count45/cumm40.440Absolute Monocyte Count90/cumm2000 - 1000 | Hematocrit HCT | 45 | % | 40 - 50 | |
| Mean Corp Hb MCH28pg27.32Mean Corp Hb Conc MCHC29gm/dL31.5 · 34.5RDW-CV14%11.6 · 14.0RDW-SD36ft37.0 · 54.0Platelet Count1.6lac/cmm1.5 · 4.5Platelet Count1.6lac/cmm1.5 · 4.5Platelet Indices | Mean Corp Volume MCV | 98 | fL fL | 83 - 101 | |
| Mean Corp Hb Conc MCHC29gm/dL31.5 · 34.5RDW-CV14%11.6 · 14.0RDW-SD36ft37.0 · 54.0Platelet Count1.6lac/cmm1.5 · 4.5Platelet Indices12ft9.0 · 13.0MPV12ft9.0 · 13.0PDW-SD10ft9.9 · 17.0PDW-CV38%37.8 · 46.3PCT0.18%0.17 · 0.35PLCR14%13.0 · 43.0DFFERENTAL LEUCOCYTE COUNT33%0.17 · 0.35Neutrophils45%40 · 80Lymphocytes23%0.1 · 0.6Solonphils1%0.1 · 0.6Monocytes29%0.1 · 0.6Absolute Neutrophils Count2025/cumm2000 · 7000Absolute Lymphocyte Count45/cumm40 · 440Absolute Eosinophil Count45/cumm40 · 440 | Mean Corp Hb MCH | 28 | pg | 27 - 32 | |
| RDW-CV14%11.6 · 14.0RDW-SD36fL37.0 · 54.0Platelet Count1.6lac/cmm1.5 · 4.5Platelet IndicesfL9.0 · 13.0MPV12fL9.0 · 13.0PDW-SD10fL9.9 · 17.0PDW-CV38%37.8 · 46.3PCT0.18%0.17 · 0.35PLCR14%13.0 · 43.0PFERENTAL LEUCOCYTE COUNT1%0.17 · 0.35Neutrophils45%40 · 80Lymphocytes23%20 · 40Basophils1%0.1 · 0.6Monocytes29%0.1 · 0.2Absolute Neutrophils Count2025/cumm2000 · 7000Absolute Lymphocyte Count45/cumm40 · 440Absolute Eosinophil Count45/cumm200 · 7000Absolute Lown1035/cumm100 · 3000Absolute Lown45/cumm40 · 440Absolute Eosinophil Count45/cumm40 · 440Absolute Eosinophil Count45/cumm40 · 440Absolute Eosinophil Count45/cumm40 · 440Absolute Monocyte Count45/cumm40 · 440 | Mean Corp Hb Conc MCHC | 29 | gm/dL | 31.5 - 34.5 | |
| RDW-SD36fL37.0-54.0Platelet Count1.6lac/cmm1.5 - 4.5Platelet Indices | RDW-CV | 14 | % | 11.6 - 14.0 | |
| Platelet Count1.6lac/cmm1.5 - 4.5Platelet Indices1111MPV12fL9.0 - 13.0PDW-SD100fL9.9 - 17.0PDW-SD38%37.8 - 46.3PCT0.18%0.17 - 0.35P-LCR0.18%0.17 - 0.35DIFFERENTIAL LEUCOCYTE COUNTNeutrophils45%40 - 80Lymphocytes23%0.1 - 0.6Bosinophils1%0.1 - 0.6Monocytes29%0.1 - 0.6Bosolute Differential Count2025/cumm2000 - 7000Absolute Lymphocyte Count1035/cumm1000 - 3000Absolute Eosinophil Count45/cumm2001 - 000Absolute Monocyte Count90/cumm2001 - 000 | RDW-SD | 36 | fL | 37.0 - 54.0 | |
| Platelet IndicesMPV12fL9.0 - 13.0PDW-SD10fL9.9 - 17.0PDW-CV38%37.8 - 46.3PCT0.18%0.17 - 0.35P-LCR14%13.0 - 43.0DIFFERENTIAL LEUCOCYTE COUNTNeutrophils45%40.80Lymphocytes23%20.40Eosinophils1%01.06Monocytes2%02.10Basophils29%01.02Absolute Differential Count2025/cumm2000.7000Absolute Lymphocyte Count1035/cumm40.440Absolute Eosinophil Count45/cumm40.440 | Platelet Count | 1.6 | lac/cmm | 1.5 - 4.5 | |
| MPV12fL9.0.13.0PDW-SD10fL9.9.17.0PDW-CV38%37.8.46.3PCT0.18%0.17.0.35P-LCR14%13.0.43.0DIFFERENTIAL LEUCOCYTE COUNTNeutrophils45%40.80Lymphocytes23%20.40Eosinophils1%01.06Monocytes2%02.10Basophils29%01.02Absolute Neutrophils Count2025/cumm2000.7000Absolute Lymphocyte Count45/cumm40.440Absolute Monocyte Count90/cumm200.1000 | Platelet Indices | | | | |
| PDW-SD10fL9.9.17.0PDW-CV38%37.8.46.3PCT0.18%0.17.0.35P-LCR14%13.0.43.0DIFFERENTIAL LEUCOCYTE COUNTNeutrophils45%40.80Lymphocytes23%20.40Eosinophils1%01.06Monocytes2%02.10Basophils29%01.02Absolute Differential Count2025/cumm2000.7000Absolute Lymphocyte Count45/cumm40.440Absolute Monocyte Count90/cumm200.1000 | MPV | 12 | fL | 9.0 - 13.0 | |
| PDW-CV38%37.8 - 46.3PCT0.18%0.17 - 0.35P-LCR14%13.0 - 43.0DIFFERENTIAL LEUCOCYTE COUNTNeutrophils45%40 - 80Lymphocytes23%20 - 40Eosinophils1%01 - 06Monocytes2%01 - 06Basophils29%01 - 02Absolute Neutrophils Coun2025/cumm2000 - 7000Absolute Lymphocyte Count45/cumm1000 - 3000Absolute Eosinophil Count45/cumm200 - 1000 | PDW-SD | 10 | fL | 9.9 - 17.0 | |
| PCT0.18%0.17 - 0.35P-LCR14%13.0 + 43.0DIFFERENTIAL LEUCOCYTE COUNTNeutrophils45%40 - 80Lymphocytes23%20 - 40Eosinophils1%01 - 06Monocytes2%02 - 10Basophils29%01 - 02Absolute Differential Count2025/cumm2000 - 7000Absolute Lymphocyte Count45/cumm1000 - 3000Absolute Eosinophil Count45/cumm200 - 1000Absolute Monocyte Count90/cumm200 - 1000 | PDW-CV | 38 | % | 37.8 - 46.3 | |
| P-LCR14%13.0 - 43.0DIFFERENTIAL LEUCOCYTE COUNTNeutrophils45%40 - 80Lymphocytes23%20 - 40Eosinophils1%01 - 06Monocytes2%02 - 10Basophils29%01 - 02Absolute Differential Count2025/cumm2000 - 7000Absolute Lymphocyte Count1035/cumm1000 - 3000Absolute Eosinophil Count90/cumm200 - 1000 | РСТ | 0.18 | % | 0.17 - 0.35 | |
| DIFFERENTIAL LEUCOCYTE COUNTNeutrophils45%40-80Lymphocytes23%20-40Lymphocytes1%01-06Bosinophils1%01-06Monocytes2%02-10Basophils29%01-02Absolute Differential Count2025/cumm2000-7000Absolute Lymphocyte Count1035/cumm1000-3000Absolute Eosinophil Count45/cumm200-1000 | P-LCR | 14 | % | 13.0 - 43.0 | |
| Neutrophils45%40 - 80Lymphocytes23%20 - 40Eosinophils1%01 - 06Monocytes2%02 - 10Basophils29%01 - 02Absolute Differential Count2025/cumm2000 - 7000Absolute Lymphocyte Count1035/cumm1000 - 3000Absolute Eosinophil Count45/cumm200 - 1000 | DIFFERENTIAL LEUCOCYTE COUNT | | | | |
| Lymphocytes23%20-40Eosinophils1%01-06Monocytes2%02-10Basophils29%01-02Absolute Differential CountAbsolute Neutrophils Coun2025/cumm2000-7000Absolute Lymphocyte Count1035/cumm1000-3000Absolute Eosinophil Count45/cumm40-440Absolute Monocyte Count90/cumm200-1000 | Neutrophils | 45 | % | 40 - 80 | |
| Eosinophils1%01-06Monocytes2%02-10Basophils29%01-02Absolute Differential CountAbsolute Neutrophils Coun2025/cumm2000-7000Absolute Lymphocyte Count1035/cumm1000-3000Absolute Eosinophil Count45/cumm40-440Absolute Monocyte Count90/cumm200-1000 | Lymphocytes | 23 | % | 20 - 40 | |
| Monocytes2%02 - 10Basophils29%01 - 02Absolute Differential Count2025/cumm2000 - 7000Absolute Lymphocyte Count1035/cumm1000 - 3000Absolute Eosinophil Count45/cumm40 - 440Absolute Monocyte Count90/cumm200 - 1000 | Eosinophils | 1 | % | 01 - 06 | |
| Basophils29%01 - 02Absolute Differential CountAbsolute Neutrophils Coun2025/cumm2000 - 7000Absolute Lymphocyte Count1035/cumm1000 - 3000Absolute Eosinophil Count45/cumm40 - 440Absolute Monocyte Count90/cumm200 - 1000 | Monocytes | 2 | % | 02 - 10 | |
| Absolute Differential CountAbsolute Neutrophils Coun2025/cumm2000 - 7000Absolute Lymphocyte Count1035/cumm1000 - 3000Absolute Eosinophil Count45/cumm40 - 440Absolute Monocyte Count90/cumm200 - 1000 | Basophils | 29 | % | 01 - 02 | |
| Absolute Neutrophils Coun2025/cumm2000 - 7000Absolute Lymphocyte Count1035/cumm1000 - 3000Absolute Eosinophil Count45/cumm40 - 440Absolute Monocyte Count90/cumm200 - 1000 | Absolute Differential Count | | | | |
| Absolute Lymphocyte Count1035/cumm1000 - 3000Absolute Eosinophil Count45/cumm40 - 440Absolute Monocyte Count90/cumm200 - 1000 | Absolute Neutrophils Coun | 2025 | /cumm | 2000 - 7000 | |
| Absolute Eosinophil Count45/cumm40 - 440Absolute Monocyte Count90/cumm200 - 1000 | Absolute Lymphocyte Count | 1035 | /cumm | 1000 - 3000 | |
| Absolute Monocyte Count 90 /cumm 200 - 1000 | Absolute Eosinophil Count | 45 | /cumm | 40 - 440 | |
| | Absolute Monocyte Count | 90 | /cumm | 200 - 1000 | |



Dr. Sunil Sharma (Medical Lab Tachnician)

DR. Naryan Singh (MD Pathologist)

Gul Dingrey

DR. Sachin Singh (MD Pathologist)



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| Collection At : | Report Date : 08-12-2023 05:03 PM |
| | |

*25 - Hydroxy Vitamin D

| Test | Result | Unit | Normal Range |
|-----------------------------------|--------|-------|---|
| *25 - Hydroxy Vitamin D- Serum | 35 | ng/mL | Deficiency - < 20 Insufficiency - 20 -30 Sufficiency - 30 - 100 Toxicity - >100 |

*25 OH Vitamin D is total of Vitamin D in Bone and mineral metabolism was recognized from its first identification as a factor that could cure rickets. However,Vitamin D is now recognized as a prohormone which has multiple roles in maintaining optimal health.*Vitamin D toxicity is a recognized problem but a rare occurrence. Instead, a recent growing public health problem is Vitamin D insufficiency.

| LIPID PROFILE | | | |
|-------------------------|--------|-------|--------------|
| Test | Result | Unit | Normal Range |
| LIPID PROFILE | | | |
| Total Cholesterol | 140 | mg/dl | 130 - 200 |
| Triglycerides | 26 | mg/dl | 25 - 200 |
| HDL Cholesterol | 38 | mg/dl | 35 - 80 |
| LDL Cholesterol | 96.80 | mg/dl | 85 - 130 |
| VLDL Cholesterol | 5.20 | mg/dl | 5 - 40 |
| LDL / HDL | 2.55 | mg/dl | 1.5 - 3.5 |
| Total Cholesterol / HDL | 3.68 | mg/dl | 3.5 - 5 |
| TG / HDL | 0.68 | mg/dl | 3.1 - 6.0 |
| Non-HDL cholesterol | 102.00 | mg/dl | 130 - 159 |

NCEP recommends lowering of LDL Cholesterol as the primary therapeutic target with Lipid lowering agents, however, if Triglycerides remain >200 mg/dL after LDL goal is reached, set secondary goal for non-HDL Cholesterol (total minus HDL) 30 mg/dL higher than LDL goal. When Triglyceride level is > 400 mg/dL, Friedewald Equation is not applicable for calculation of LDL & VLDL. Hence the calculated values are not provided for such samples. *Result rechecked and verified for abnormal cases.





DR. Naryan Singh (MD Pathologist)

DR. Sachin Singh (MD Pathologist)



सही जांच तो सही इलाज (सही 🇳 (सही र समय



| Patient Name : Mr. DEMO | | Patient Code : 16996055 | 64379 | |
|-----------------------------|------------------------|--------------------------------|-------------------------|--|
| Gender/Age : Male / 25 Year | | Bill No. : LAB1048 | | |
| Referred by : SELF | | Recieved Date : 08-12-20 | 23 04:47 PM | |
| Collection At : | | Report Date : 08-12-2023 | 05:03 PM | |
| | Complete Urine | Analysis (CUE) | | |
| Test | Result | Unit | Normal Range | |
| Urobilinogen | NILL | mg/dl | Nil | |
| Yeast Cell | NILL | mg/dl | Nil | |
| PHYSICAL EXAMINATION | | | | |
| Colour | Dark Yellow | | Straw to light amber | |
| Appearence | Watery | चाःक | Clear | |
| CHEMICAL EXAMINATION | N | | | |
| Glucose | Negative | mg/dl | Negative | |
| Protein | Negative | mg/dl | Negative | |
| Bilirubin (Bile) | Negative | mg/dl | Negative | |
| Ketone Bodies | Negative | mg/dl | Negative | |
| Specific gravity | 1.035 | | 1.001 - 1.035 | |
| Reaction (pH) | 4.5 | | 4.6 - 8.0 | |
| Nitrites | NIL | mg/dl | Nil | |
| Leukocyte Esterase | | TEN M | Nil | |
| MICROSCOPIC EXAMINATION | | | | |
| PUS(WBC) Cells | 05 | /hpf | 00-05 | |
| Red Blood Cells | NIL | /hpf | Nil | |
| U.Epithelial Cells | 05 | /hpf | 00-05 | |
| Casts | Occasional Hyaline cas | st . | Occasional Hyaline cast | |
| Crystals | Absent | | Absent | |
| Bacteria | Absent | | Absent | |



Dr. Sunil Sharma

Medical Lab Tachnician)

DR. Narya'n Singh (MD Pathologist)

DR. Sachin Singh (MD Pathologist)



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| Patient Name : Mr. DEMO | | Patient Code : 169960554379 | | |
|-----------------------------|--------|-------------------------------------|--|--|
| Gender/Age : Male / 25 Year | | Bill No. : LAB1048 | | |
| Referred by : SELF | | Recieved Date : 08-12-2023 04:47 PM | | |
| Collection At : | | Report Date : 08-12-2023 05:03 PM | | |
| *Vitamin - B12 | | | | |
| Test | Result | Ilnit Normal Bange | | |

| Test | Result | Unit | Normal Range |
|----------------|--------|-------|--------------|
| *Vitamin - B12 | 140 | pg/mL | 120 - 914 |

*Vitamin B12 is essential in DNA synthesis Hematopoiesis, and Central Nervous System integrity. *Its absorption depends on the presence of intrinsic factor (IF) and may be due to lack of IF secretion by gastric mucosa. *Vitamin B12 deficiency frequently causes Macrocytic Anemia, Glossitis, Pheripheral Neuropathy, Weakness, Hyperflexia, Ataxia, Loss of Proprioception, poor coordination and effective behavioural changes. A significant increase in RBC MCV may be an important indicator of Vitamin B12 deficiency.

| *Glucose - Post Prandial(PP) | | | |
|---------------------------------|--------|-------|--|
| Test | Result | Unit | Normal Range |
| *Glucose - Post Prandial(PP) | 140 | mg/dL | Normal: <140 Pre-Diabetic: 140-199 Diabetic: >=200 |

*Glucose is the major carbohydrate present in blood. Its oxidation in the cells is the source of energy for the body. Increased levels of Glucose are found in Diabetes Mellitus, Hyperparathyroidism, Pancreatitis and renal failure Decreased levels are found in Insulinoma, Hypothyroidism, Hypopituitarism and extensive Liver disease. Biological Reference Interval: Source: American Diabetic Association, Diabetes Care 2018:41 (Suppl.1) S13-S27 Correlate Clinically.

*Glucose-Blood-Fasting

| Test | Result | Unit | Normal Range |
|------------------------|--------|-------|---|
| *Glucose-Blood-Fasting | 100 | mg/dL | Normal < 100 Pre-diabetic 100-125 Diabetic >= 126 |

*Glucose is the major carbohydrate present in blood. Its oxidation in the cells is the source of energy for the body. Increased levels of Glucose are found in Diabetes Mellitus, Hyperparathyroidism, Pancreatitis and renal failure. Decreased levels are found in Insulinoma, Hypothyroidism, Hypopituitarism and extensive Liver disease Biological Reference Interval : Source: American Diabetic Association, Diabetes Care 2018:41 (Suppl.1) S13-S27



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Thyroid Pannel 2(FT3FT4TSH)

| Test | Result | Unit | Normal Range | |
|-----------------------------|--------|--------|--------------|--|
| Thyroid Pannel 2(FT3FT4TSH) | | | | |
| Free T3 | 3.8 | pg/mL | 3.1 - 6.8 | |
| Free T4 | 0.91 | ng/dL | 0.93 - 1.70 | |
| TSH 3rd Generation | 0.6 | ulU/ml | 0.4 -6.0 | |

| BLOOD GROUP | | | | |
|-------------|------------|------|--------------|--|
| Test | Result | Unit | Normal Range | |
| BLOOD GROUP | | | | |
| ABO System | "0" | | | |
| Rh Typing | "POSITIVE" | | | |

| HIV | | | |
|------|--------------|-------|--------------|
| Test | Result | Unit | Normal Range |
| HIV | NON REACTIVE | mg/dL | NON REACTIVE |



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*Glycosylated Hemoglobin(GHb/HbA1c)

| Test | Result | Unit | Normal Range |
|--|--------|-------|--|
| *Glycosylated Hemoglobin(GHb/HbA1c) | 5.8 | % | <5.7 Non diabetic, 5.7 - 6.4 Borderline diabetic, >6.4 Diabetic |
| *Mean Blood Glucose | 119.76 | mg/dL | 90 - 120 : Excellent Control 121 - 150 : Good Control 151 - 180 : Average Control 181 - 210 : Action Suggested >211 :Panic Value |

HbA1c is an indicator of glycemic control. HbA1c represents average Glycemia over the past six to eight weeks. Glycation of Hemoglobin occurs over the entire120 day life span of the Red Blood Cell, but within this 120 days. Clinical studies suggest that a patient in stable control will have 50% of their HbA1c formed in the month before sampling, 25% in the month before that, and the remaining 25% in months two to four. Mean Plasma Glucose mg/dL = 28.7 x A1C - 46.7. Correlation between HbA1c and Mean Plasma Glucose (MPG) is not "perfect" but rather only this means that to predict or estimate average glucose from HbA1c or vice-versa is not "perfect" but gives a good working ballpark estimate. Afternoon and evening results correlate more closely to HbA1c than morning results, perhaps because morning fasting glucose levels vary much more than daytime Glucose levels, which are easier to predict and control. As per IFCC recommendations 2007, HbA1c being reported as above maintaining traceability to both IFCC (mmol/mol) & NGSP (%) units.

| Prothrombin Time (PT) | | | | |
|------------------------|--------|------|--------------|--|
| Test | Result | Unit | Normal Range | |
| Prothrombin Time (PT) | | | | |
| PT-Patient Value | 11 | Sec | 11 - 17 | |
| PT- Mean Control Value | 2 | Sec | | |
| PT-Ratio | 3 | | | |
| PT-INR | 5.5 | | 0.9 - 1.2 | |

*The test measures the clotting time of Plasma with addition of tissue Thromboplastin and so indicates the overall efficiency of the extrinsic pathway. *The Prothrombin Time may be shortened during acute inflammatory conditions which are accompanied by increase in Fibrinogen levels and also by agents such as Antihistaminics, Butabarbital, Phenobarbital, Caffeine, Oral Contraceptives and Vit K. *The Prothrombin Time may be prolonged by Corticosteroids, EDTA, Asparaginase, Clofibrate, Ethanol, Tetracycline, Aspirin and anticoagulants like Heparin and Warfarin. *PT Ratio = PT Patient/PT mean control value INR = (PT ratio)^ISI To produce valid results for Hemostasis / Thrombosis tests and factor assays, specimen integrity is crucial and must be maintained. Due to extreme sensitivity of the test, pre-analytical errors needs to be ruled out for confirmation of abnormal test results.

