





## Laboratory Test Report

Patient Name : Mr. ANIL Age/Gender : 49 YRS /M

 UHID/MR No
 : ADEL.0000596814

 Visit ID
 : MDEL597055

 Ref Doctor
 : Dr.CITY LAB

Client Name : DR ANUP HEALTHCARE

Specimen Drawn ON : 04/Jul/2024 10:00AM Specimen Received ON : 04/Jul/2024 03:38PM Report Date : 04/Jul/2024 03:59PM

	DEPARTM	ENT OF HAEMATOLOG	T	
Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE BLOOD COUNT(CBC)23				
R.B.C	2.33	Millions/cumm	4.5-5.5	Impedance variation
Haemoglobin	6.7	g/dl	13-17	Spectrophotometry
Packed Cell Volume	20.90	%	40.0-50.0	Analogical Integration
MCV	89.7	fl	80-100	
MCH	28.76	pg	27.0-32.0	Calculated
MCHC	32.06	g/dL	27.0-48.0	Calculated
RDW-CV	18.0	%	11.5-14.0	Calculated
Platelet Count	191	x1000/uL	150-450	Impedance Variation
Total WBC Count	4290	/cumm	4000-10000	Impedance Variation
TNC	4.30			
MPV	7.80	%	9.1-11.9	Calculated
PCT	0.15	%	0.18-0.39	Calculated
PDW	12.10	%	9.0-15.0	Calculated
Differential Leucocyte Count				
Neutrophil	60	%	40.0-80.0	flow cytometry/manua
ymphocyte	30	%	20.0-40.0	flow cytometry/manua
Monocytes	08	%	2-10	flow cytometry/manua
Eosinophils	02	%	01-06	Flow cytometry/manua
Basophils	00	%	0-1	Flow cytometry/manua
Absolute Neutrophils	2.57	1000/μL	2.00-7.00	
Absolute Lymphocytes	1.29	1000/μL	1.00-3,00	
Absolute Monocytes	0.34	1000/μL	0.20-1.00	
Absolute Eosinophils	0.09	1000/μL	0.02-0.50	
Neutrophil-Lymphocyte Ratio	2.00			Calculated
ymphocyte-Monocyte Ratio	4			Calculated
Platelet-Lymphocyte Ratio	6			Calculated



OR ANI. GUPTA
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DR NCERU AGARMAL NLB 5 M.D. (PATH) DEPUTY LAB DIRECTOR DMC NO. 21087



DR UMA SHANKAR M.B.B S M.D. (PATH) CONSULTANT PATHOLOGIST DMC NO. 68471 This report has been validated by

DR. SNIGDHA GOEL
MISLES M.D. (PATH)
GONSULTANT PATHOLOGIST
REGO. NO. DMC R/12009



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Specimen Drawn ON : 04/Jul/2024 10:00AM

Specimen Received ON: 04/Jul/2024 04:02PM Report Date: 04/Jul/2024 04:31PM

Client Code : DL1143
Barcode No : B6717027
Ref Customer : SELF

	DEPARTME	NT OF BIOCHEMISTE	RY	
Test Name	Result	Unit	Bio. Ref. Range	Method
Phosphorus	4.74	mg/dL	2.50-5.00	Ammonium molybdate

Hypophosphatemia is relatively common in hospitalized patients. Serum concentrations of phosphate between 1.5 and 2.4 mg/dL may be considered moderately decreased and are not usually associated with clinical signs and symptoms. Levels below 1.5 mg/dL may result in muscle weakness, hemolysis of red cells, coma, bone deformity, and impaired growth.

The most acute problem associated with rapid elevations of serum phosphate levels is hypocalcemia with tetany, seizures, and hypotension. Soft tissue calcification is also an important long-term effect of high phosphorus levels.

Phosphorus levels below 1.0 mg/dL are potentially life-threatening and are considered a critical value in the Mayo Health System

Protein, Total

7.23

g/dL

6.60-8.70

Spectro-photometry

As

DR ANIL GUPTA
M.B.B.S. M.D. (PATH)
SR CONSULTANT PATHOLOGIST
REGO NO 5015

Pauan Kumar

OR PAWAN KUMAR
Prid BIOCHEMISTRY
CONSULTANT BIOCHEMIST

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DR NEERU AGARWAL MBB \$ . MD. (PATH) DEPUTY LAB DIRECTOR DMC NO. 21087 This report has been validated by

DR. UMA SHANKAR M.B.B. S., M.D. (PA7H) CONSULTANT PATHOLOGIST DMC NO. 68471



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: Dr.CITY LAB Client Name : DR ANUP HEALTHCARE Specimen Drawn ON

: 04/Jul/2024 10:00AM Specimen Received ON: 04/Jul/2024 04:02PM

Report Date

: 04/Jul/2024 04:32PM

Client Code Barcode No

: DL1143 : B6717027

Ref Customer

: SELF

DEPARTMENT OF BIOCHEMISTRY							
Test Name	Result	Unit	Bio. Ref. Range	Method			
KIDNEY FUNCTION TEST (KFT)			1	1 Wictiou			
Sample Type : SERUM							
Urea	113.3	mg/dl	18.0-45.0	Spectro-photometry			
Creatinine		-					
Uric Acid	4.87	mg/dL	0.70-1.40	Spectro-photometry			
Sodium (NA+)	8.43	mg/dl	4.40-7.60	Spectro-photometry			
Potassium (K+)	130.60	mmol/L	135.0-145.0	Ion Selective Electrode			
Chloride	4.50	mmol/L	3.50-5.50	ion Selective Electrode			
- Total Control Contro	103.00	mmol/L	98-109	Ion Selective Electrode			

Please correlate clinically.

Kindly read in conjunction with the clinical status and history of the patient.

Interpretation:- Kidney blood tests, or Kidney function tests, are used to detect and diagnose disease of the Kidney.

The higher the blood levels of urea and creatinine, the less well the kidneys are working.

The level of creatinine is usually used as a marker as to the severity of kidney failure. (Creatinine in itself is not harmful, but a high level indicates that the kidneys are not working properly. So, many other waste products will not be cleared out of the bloodstream.) You normally need treatment with dialysis if the level of creatinine goes higher than a certain value. Dehydration can also be a come for increases in urea level.

Before and after starting treatment with certain medicines. Some medicines occasionally cause kidney damage (Nephrotoxic Drug) as a side-effect. Therefore, kidney function is often checked before and after starting treatment with certain medicines.

\*\*\* End Of Report \*\*\*

M.B.B.S. M.D. (PATH) REGD. NO. 5015

Phd BIOCHEMISTRY

MBBS MD (PATH) DEPUTY LAB DIRECTOR DMC NO. 21087

This report has been validated by

MBBS MD (PATH) CONSULTANT PATHOLOGIST DMC NO. 68471



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