

SHOP NO. 24, NEAR FRESH SIGNATURE, SECTOR-5, KURUKSHETRA

Harnek Singh (DMLT)
Ex. Sr. Lab. Tech. Microtech Lab. PKL
Mob.: 90501-03750

PATIENT NAME : MR. BHUPINDER SINGH SAINI

: 57 Year/M AGE & SEX

ADDRESS

: 044

RECEIVED ON : 03 - 08 - 2024

SAMPLE

: BLOOD

HAEMATOLOGY

COMPLETE B	LOOD	COUNT
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COMPLETE BLOOD COUNT Test Name Haemoglobin	Result 10 . 8 6,600	Unit gm% cmm	(M) 12 - 16 (F) 11 - 14 (4000 - 11000)
Total Leucocyte Count	-		
Difrential Leucocyte Count Neutrophil Lymphocytes Monocytes	78 18 02 02	% % % %	40 - 70 20 - 40 2 - 10 1 - 6
Eosinophils Basophil	3 .76	millions / cmm	4 - 5
Total R.B.C. Count Platlet Count	0.87	lakh cu / mu	70 – 96
M.C.V.	87 .5 32 .3	%	36 – 54
P.C.V./ Haematocrit value M.C.H.	28 .9	ugms.	27 – 32
M.C.H.C.	33.4	%	31-35

14.7

44.7

R.D.W.

P-LCR









BIO CLINICAL LABORATORY

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Date of Adm

Type of Dist

Diagnosis

PRESENT

CLINICAL

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BIOCHEMISTRY

Test Name Gulucose Fasting

Result 89.0

Unit

Ref. Range

70-110 mgs

COMMENTS: Fasting Blood Sugar/Glucose test. A blood sample will be taken after an overnight fast. A fasting blood sugar level less than 100 mg/dL is normal. A fasting blood sugar level from 100 to 125 mg/dL is normal. is considered prediabetes. If it's 126 mg/dL or higher on two separate tests, you have diabetes. (American Diabetes Association)

id's largest testing laboratory







:- This report is valid for same day same sample. Test report not valid for medico legal purpose. Allergy test for Asthma Allergic Rhin tis, Urticaria Food Allergy, Drug Allergy and Allergy from other substances is also available through a single blood sample

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ADDRESS BIOCHEMISTRY

	BIOCHEMISTRY		REF. RANGE
INVESTIGATIONS	RESULT	UNIT	REF. IV.
RENAL FUNCTION TEST	74.0	mg/dl	10 - 50
BLOOD UREA	7.67	mg/dl	0.8 - 1.4
SERUM CREATININE SERUM URIC ACID	4 . 96	mg/dl	2.5 - 7.0
SERUM SODIUM (Na)	135.0	m Eq/litre	135 - 155
SERUM POTASSIUM (K)	4. 63	m Eq/litre	3.5 – 5.5
SERUM PHOSPHOROUS	4.96	mg/dl	2.7 - 4.5
SERUM CAICIUM	9.53	mg/dl	8.5 - 10.5
SENOT.			

Urea is the end product of protein metabolism. It reflects on funcioning of the kidney in the body. Creatinine is the end product of creatine metabolism. It is a measure of renal function and eleveted levels are observed in patients typically with 50% or greater impairment of renal function. Sodium is critical in maintaining water & osmotic equilibrium in extracellular fluids. Disturbances in acid base and water balance are typically reflected in the sodium concentrations .Potassium is an essential element involved in critical cell functions. Potassium levels are influenced by electrolyte intake ,excretion and other means of elemination ,exercise ,hydration and medications. Calcium imbalance my cause spectrum of disease. High concentrations are seen in Hyperparathyroidism, Malignancy & Sarcoidosis. Low levels r be due to protein deficiency, renal insufficiency and Hypoparathyroidism. Repeat measurement is recommended if the values are outside the reference range.



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: BLOOD SAMPLE

BIOCHEMISTRY

	BIOCHLIMIC		
INVESTIGATIONS	RESULT	UNIT	REF. RANGE
LIPID PROFILE			120 – 200
TOTAL CHOLESTEROL	128.0	mg/dl	
H.D.L. CHOLESTEROL	44.0	mg/dl	30 – 70
L.D.L.	64.0	mg/dl	up to 130
TRIGLYCERIDES	100.0	mg/dl	40 – 165
V.L.D.L.	20.0	mg/dl	15 – 45
TG / H.D.L. RATIO	2.2		< 3.5
L.D.L. / H.D.L. RATIO	1.4		< 3.5

TRIGLYCERIDE level > 250mg/dL is associated with an approximately 2-fold greater risk of coronary vascular disease. Elevation of triglycerides can be seen with obesity, medication, fast less than 12 hrs., alcohol intake, diabetes melitus, and pancreatitis.

CHOLESTEROL, its fractions and triglycerides are the important plasma lipids indefining cardiovascular risk factor and in the managment of cardiovascular disease. Highest acceptable and optimum values of cholesterol values of cholesterol vary with age. Values above 220 mgm/dl are associated with increased risk of CHD regardless of HDL LDL values.

HDL-CHOLESTEROL level <35 mg/dL is associated with an increased risk of coronary vascular disease even in t face of desirable levels of cholesterol and LDL - cholesterol.

LDL - CHOLESTEROL& TOTAL CHOLESTEROL levels can be strikingly altered by thyroid, renal and liver disease as well as hereditary factors. Based on total cholesterol, LDL- cholesterol, and total cholesterol/HDL - cholesterol ratio, patients may be divided into the three risk categories.









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BIOCHEMISTRY

Die			
TEST NAME	RESULT	UNIT	REF. RANGE
LIVERFUNCTION TEST			
S. BILRUBIN TOTAL	0.56	mg/dl	(0.0 – 1.0)
DIRECT	0. 24	mg/dl	(0.1 - 0.4)
INDIRECT	0.32	mg/dl	(0.2 -0.7)
	30.0	mg/dl	5 – 40
S.G.O.T	34.0	mg/dl	5-40
S.G.P.T.	138.0	mg/dl	25 – 128
ALK. PHOSPHATASE	130.0		
SERUM PROTEINS		6	
T. PROTIEN	6.98	gm/dl	0.8 – 0.6
	4.27	gm/dl	3.0 - 5.0
ALBUMIN	2.71	gm/dl	2.5 – 5.0
GLOBULINE	2.11		

NORMAL RANGE: BILIRUBIN TOTAL

Premature infants. 0 to 1 day: <8 mg/dL Premature infants. 3 to 5 days: <16 mg/dL Neonates, 0 to 1 day: 1.4-8.7 mg/dL

Neonates, 1 to 2 days: 3.4-11.5 mg/dL

Premature infants. 1 to 2 days: <12 mg/dL Adults: 0.3-1 mg/dL.

Neonates, 3 to 5 days: 1.5-12 mg/dL Children 6 days to 18 years: 0.3-1.2 mg

Total and direct bilirubin determination in serum is used for the diagnosis, differentiation and follow -up of jaundice. Elevation of SC found in liver and kidney diseases such as infectious or toxic hepatitis, IM and cirrhosis. Organs rich in SGOT are heart, liver and s muscles. When any of these organs are damaged, the serum SGOT level rises in proportion to the severity of damage. Elevation of A Phosphatase in serum or plasma is found in hepatitis, biliary obstructions, hyperparathyroidism, steatorrhea and bone diseases. End Of Report

DR. RAJESH GH

(MBBS MS)







