नेहरू चिकित्सालय NEHRU HOSPITAL
स्नातकोत्तर चिकित्सा शिक्षा एवम् अनुसंधान संस्थान, चण्डीगढ़
POSTGRADUATE INSTITUTE OF MEDICAL EDUCATION AND RESEARCH
CHANDIGARH

OUT PATIENT CARD

CR No. : 2023 0491 4861 Date : 05-04-2024

Name : GURPREET SINGH
Ph. No : 8930517405
Age/Sex : 28 Y/M
Father Name: Balbir Singh
Address : SAIR
Haryana India

Category : General

kindly consider for post free

Department : Nephrology
Unit/Consult: Nephrology Referral/HSK.MR.VK.RR,SS

Room No : 3001
Amount(Rs) : NIL
Unit Days : Mon,Wed,Fri

Serial No : 46

Cont...

5/4/24

सामयिक निदान/तात्कालिक निदान PROVISIONAL DIAGNOSIS	

तारीख व हस्ताक्षर DATE & INITIALS	बताई गई जांचें व उपचार TREATMENT AND INVESTIGATIONS ORDERED

SUPPLY FOLLOWING DRUGS OR EQUIVALENT GENERIC DRUGS

details in previous card.

CKD-5D on
MHD 3/week.
via AVF

RRF - Nil

Home BP : 160-170 (M).

Inv.

CBC - 10.4/5.7/156
TP/Alb - 7/4.2
LFT - 186/14.
UR - 7.
Ca/PO4 - 8/3.3.

Iron profile.

Fe - 100.
TIBC - 365.
%Sat - 27

Adv.

- X-ray (3026)
- MHD 3/week @ CCU.
- T. Embeta AM (50/C) BD.

जन्म तथा मृत्यु का पंजीकरण 21 दिन के अन्दर करवाना अनिवार्य है।
पी.जी.आई में हुए जन्म तथा मृत्यु के प्रमाण पत्र सी.आर.डी. विभाग में उपलब्ध है।

Name	: Mr. GURPREET SINGH	Patient UID.	: 5418898
Age/Gender	: 27 Yrs/Male	Visit No.	: 76752407100001
Referred Client	: LDPLK1223-KAMAL DIAGNOSTICS LABORAT	Collected on	: 10-Jul-2024 07:00PM
Referred By	: KAMAL LAB	Received on	: 10-Jul-2024 08:56PM
Doctor Name	:	Reported on	: 10-Jul-2024 09:28PM
Sample Type	: - ,Serum - 14525037,Whole Blood EDTA - 14525038		

HAEMATOLOGY

Test Name	Results	Unit	Bio. Ref. Interval
COMPLETE HAEMOGRAM WITHOUT PS (CBC+ESR)			
HAEMOGLOBIN (Hb) *Methodology: colorimetric method*	10.5	g/dL	13.0-17.0
RED BLOOD CELLS- RBC COUNT *Methodology: electric impedance*	3.74	millions/mm³	4.5 - 5.5
PACKED CELL VOLUME (PCV) -HEMATOCRIT *Methodology: Pulse Height detection method*	34.1	%	40.0-50.0
MCV *Methodology: Automated/Calculated*	91.3	fL	83-101
MCH *Methodology: by Automated/Calculated*	28.1	pg	27.0-32.0
MCHC *Methodology: Automated/Calculated*	30.8	g/dL	31.5-34.5
RED CELL DISTRIBUTION WIDTH (RDW-CV) *Methodology: Automated/Calculated*	15.5	%	11.6-14.0
RED CELL DISTRIBUTION WIDTH (RDW-SD) *Methodology: Automated/Calculated*	50.5	fL	39.0- 46.0
MENTZER INDEX *Methodology: Calculated*	24.41		
PLATELET COUNT *Methodology: electric impedance*	170	10^3/µL	150-410
PLATELET DISTRIBUTION WIDTH (PDW) *Methodology: Calculated*	13.2	fL	9.00-17.00
PCT(PLATELETCRIT) *Methodology: Calculated*	0.193	%	0.108-0.282
MEAN PLATELET VOLUME - MPV *Methodology: Plt Histogram*	11.4	fL	7.00-12.0
P-LCR *Methodology: Calculated*	35.70	%	11.0-45.0
P-LCC *Methodology: Calculated*	61.00	%	30.0-90.0
TOTAL LEUKOCYTE COUNT (TLC) *Methodology: electric impedance*	8.50	10^3/µL	4.00-10.0
DIFFERENTIAL LEUCOCYTE COUNT			
Neutrophils *Methodology: Flow cytometry/Manual*	78.6	%	40 - 80
Lymphocytes *Methodology: Flow cytometry/Manual*	9.4	%	20 - 40
Eosinophils *Methodology: Flow cytometry/Manual*	5.0	%	1.00-6.00
Monocytes	6.9	%	2.00-10.0

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...ender	: 37 Yrs/Male	Patient UID.	: 5418898
...rred Client	: LDPLK1223-KAMAL DIAGNOSTICS LABORAT	Visit No.	: 76757457100001
...rred By	: KAMAL LAB	Collected on	: 10-Jul-2024 07:00PM
...tor Name	:	Received on	: 10-Jul-2024 08:55PM
...mple Type	: - ,Serum - 14525037,Whole Blood EDTA - 14525038	Reported on	: 10-Jul-2024 09:26PM

BIOCHEMISTRY

Test Name	Results	Unit	Bio. Ref. Interval
LIVER FUNCTION TEST (LFT) - EXTENDED			
...IRUBIN TOTAL,Serum *Methodology: Diazonium Ion Blanked*	0.35	mg/dL	0.10 - 1.20
...RECT BILIRUBIN(CONJUGATED), Serum *Methodology: Diazo Method*	0.08	mg/dl	0.00-0.20
...ECT BILIRUBIN,Serum *Methodology: Calculated*	0.27	mg/dL	0.80
...PT (ALT), SERUM *Methodology: UV without P5P*	17.70	U/L	0-35
...OT (AST) ,SERUM *Methodology: UV With P5P*	29.10	IU/L	0.0-40.0
...LKALINE PHOSPHATASE ,Serum *Methodology: IFCC*	124.0	U/L	53-128
...AMMA GLUTAMYL TRANSFERASE (GGT),Serum *Methodology: IFCC*	19.00	U/L	12.0-58.0
...OTAL PROTEIN , Serum *Methodology: Biuret*	6.97	g/dL	6.00-8.30
...lbumin,Serum *Methodology: BCG*	3.80	g/dL	3.2-5.20
...LOBULIN,SERUM *Methodology: Calculated*	3.17	g/dL	2.30-4.50
.../G Ratio ,Serum *Methodology: Calculated*	1.20		1.0 - 2.3
...GOT/SGPT RATIO	1.64		

...T

...these ...a group of tests that can be used to detect the presence of liver disease, distinguish among different types of liver disorders, gauge the extent of known liver damage, and monitor the response to treatment. Most liver diseases cause only mild symptoms initially, but these diseases must be detected early. Some tests are associated with functionality (e.g., albumin), some with cellular integrity (e.g., transaminase), and some with conditions linked to the biliary tract (gamma-glutamyl transferase and alkaline phosphatase). Conditions with elevated levels of ALT and AST include hepatitis A,B ,C ,paracetamol toxicity etc.Several biochemical tests are useful in the evaluation and management of patients with hepatic dysfunction. Some or all of these measurements are also carried out (usually about twice a year for routine cases) on those individuals taking certain medications, such as anticonvulsants, to ensure that the medications are not adversely impacting the person's liver.

Reference ranges are from Teitz fundamental of clinical chemistry 8th ed (2018)

*** End Of Report ***

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BIOCHEMISTRY

Test Name	Results	Unit	Bio. Ref. Interval
KIDNEY FUNCTION TEST (KFT)-BASIC			
UREA - SERUM *Methodology: Urease UV*	**121.7**	mg/dL	19.0 - 44.0
CREATININE-SERUM *Methodology: Jaffe Kinetic*	**9.74**	mg/dL	0.60-1.30
URIC ACID - SERUM *Methodology: Colorimetric*	6.20	mg/dL	3.50 - 7.20
SODIUM (SERUM) *Methodology: ISE*	**131.6**	mmol/L	135 - 150
POTASSIUM-SERUM *Methodology: ISE*	5.23	mmol/L	3.5 - 5.5
CHLORIDE ,Serum *Methodology: ISE*	108.60	mmol/L	94 - 110
BLOOD UREA NITROGEN (BUN) *Methodology: Calculated*	**56.87**	mg/dL	8.00-23.0
BUN/CREATININE RATIO *Methodology: Calculated*	5.84	Ratio	10-20:1 Normal
UREA / CREATININE RATIO *Methodology: Calculated*	**12.49**	Ratio	40-100:1 Normal

INTERPRETATION

Kidney function tests are group of tests that can be used to evaluate how well the kidneys are functioning.Creatinine is a waste product produced by muscles from the breakdown of a compound called creatine. In blood, it is a marker of GFR ,In urine, it can remove the need for 24-hour collections for many analytes or be used as a quality assurance tool to assess the accuracy of a 24-hour collection . It is removed from the body by the kidneys, which filter almost all of it from the blood and release it into the urine. This test measures the amount of creatinine in the blood and/or urine.Creatine is part of the cycle that produces energy needed to contract muscles. Both creatine and creatinine are produced by the body at a relatively constant rate. Since almost all creatinine is filtered from the blood by the kidneys and released into the urine, blood levels are usually a good indicator of how well the kidneys are working.

REMARK-The amount of creatinine you produce depends on your body size and your muscle mass. For this reason, creatinine levels are usually slightly higher in men than in women and children.Certain drugs are nephrotoxic hence KFT is done before and after initiation of treatment with these drugs.

Higher creatinine than normal level may be due to: • Blockage in the urinary tract • Kidney problems, such as kidney damage or failure, infection, or reduced blood flow • Loss of body fluid (dehydration) • Muscle problems, such as breakdown of muscle fibers • Problems during pregnancy, such as seizures (eclampsia)), or high blood pressure caused by pregnancy (preeclampsia)

Lower than normal creatinine level may be due to: • Myasthenia Gravis • Muscular dystrophy.Low serum creatinine values are rare; they almost always reflect low muscle mass.

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