Name	: Mr. LALIT KAITHWAR	**Register On**	: 16/07/2024 10:40 AM
PID No.	: MED210074181	**Collection On**	: 16/07/2024 10:51 AM
SID No.	: 81039957	**Report On**	: 17/07/2024 8:45 PM
Age / Sex	: 60 Year(s) / Male	**Printed On**	: 18/07/2024 10:32 AM
Type	: OP		
Ref. Dr	: DR. YOGENDRA CHOUDHARY		

medall DIAGNOSTICS

Investigation	Observed Value	Unit	Biological Reference Interval
Complete Blood Cell Count			
RDW (Blood)	13.7	%	13 - 17
Haemoglobin (EDTA Blood/*Automated Blood cell Counter*)	**6.9**	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/*Automated Blood cell Counter*)	**22.1**	%	42 - 52
RBC Count (EDTA Blood/*Automated Blood cell Counter*)	**2.82**	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood/*Automated Blood cell Counter*)	78.4	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/*Automated Blood cell Counter*)	**24.3**	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/*Automated Blood cell Counter*)	**31.0**	g/dL	32 - 36
Platelet Count (EDTA Blood/*Automated Blood cell Counter*)	1.74	lakh/cu.mm	1.4 - 4.5
Total Leukocyte Count (TC) (EDTA Blood/*Automated Blood cell Counter*)	4560	cells/cu.mm	4000 - 11000
Diferential Leucocyte Count			
Neutrophils (Blood)	71.8	%	40 - 75
Lymphocytes (Blood)	**18.8**	%	20 - 45
Eosinophils (Blood)	4.3	%	01 - 06
Monocytes (Blood)	4.5	%	01 - 10
Basophils (Blood/*Automated Blood cell Counter*)	0.6	%	00 - 02
Calcium (Serum/*Arsenazo III*)	**7.2**	mg/dL	8.8 - 10.6

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Investigation	Observed Value	Unit	Biological Reference Interval
Renal Function Test			
Serum Electrolytes			
Sodium (Serum/*Ion selective electrode (ISE)*)	137.4	mmol/L	136 - 145
Potassium (Serum/*Ion selective electrode (ISE)*)	5.06	mmol/L	3.5 - 5.1
Chloride (Serum/*Ion selective electrode (ISE)*)	101.4	mmol/L	98 - 107
Urea (Serum/*Urease-GLDH/UV*)	**68**	mg/dL	15 - 45
Creatinine (Serum/*Jaffe Kinetic*)	**3.8**	mg/dL	0.9 - 1.3

INTERPRETATION: Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin ,cefazolin, ACE inhibitors ,angiotensin II receptor antagonists,N-acetylcyteine , chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/*Uricase/Peroxidase*)	6.4	mg/dL	3.5 - 7.2
Liver Function Test			
GGT(Gamma Glutamyl Transpeptidase) (Serum/*IFCC / Kinetic*)	**74**	U/L	< 55
Bilirubin(Total) (Serum/*Diazotized Sulfanilic Acid*)	0.6	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/*Diazotized Sulfanilic Acid*)	0.1	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/*Derived*)	0.5	mg/dL	0.1 - 1.0
Total Protein (Serum/*Biuret*)	**5.8**	gm/dL	6.0 - 8.0
Albumin (Serum/*Bromocresol green*)	**2.6**	gm/dL	3.5 - 5.2
Globulin (Serum/*Derived*)	3.2	gm/dL	2.3 - 3.6

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Investigation	Observed Value	Unit	Biological Reference Interval
A : G Ratio (Serum/*Derived*)	0.8		1.1 - 2.2
SGOT/AST (Aspartate Aminotransferase) (Serum/*IFCC Kinetic*)	25	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/*IFCC / Kinetic*)	30	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/*PNPP / Kinetic*)	**898**	U/L	56 - 119
Lipid Profile			
Cholesterol Total (Serum/*Cholesterol oxidase/Peroxidase*)	114.7	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/*Glycerol phosphate oxidase / peroxidase*)	140	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

INTERPRETATION: The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence recommending triglycerides estimation in non-fasting condition for evaluating the risk of heart disease and screening for metabolic syndrome, as non-fasting sample is more representative of the "usual" circulating level of triglycerides during most part of the day.

HDL Cholesterol (Serum/*Immunoinhibition*)	**25**	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/*Calculated*)	61.7	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/*Calculated*)	28	mg/dL	< 30

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Investigation	Observed Value	Unit	Biological Reference Interval
Non HDL Cholesterol (Serum/*Calculated*)	89.7	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >=220

INTERPRETATION: 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol.
2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.

Total Cholesterol/HDL Cholesterol Ratio (Serum/*Calculated*)	4.6		Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/*Calculated*)	5.6		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/*Calculated*)	2.5		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

IRON & TIBC

Iron (Serum/*Iron - Ferrozine*)	112.0	µg/dL	23 - 168

INTERPRETATION: INTERPRETATION : Low serum iron values are seen in chronic blood loss, insufficient intake or absorption of iron and increased demand on the body stores. Elevated serum iron values are seen in haemolytic anaemia, increased intake.

Total Iron Binding Capacity (TIBC) (Serum/*Fe3+ / Magnesium Hydroxide Carbonate*)	**146.5**	µg/dL	250 - 425

INTERPRETATION: TIBC is increased in iron deficiency anaemia and in pregnancy. It is lower than normal in infections , malignant disease and renal disease.

Unbound Iron Binding Capacity	**34.50**	µg/dL	190 - 350
Serum Transferin (Blood)	102.55	mg/dL	175 - 320

INTERPRETATION: Transferrin is a direct measure of the iron binding capacity

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Investigation	Observed Value	Unit	Biological Reference Interval
Transferrin Saturation (Serum)	76.45	%	20 - 55

INTERPRETATION: Transferrin saturation of less than 16% indicates an inadequate iron supply for erythropoiesis. Elevated transferrub saturation is noted in haemochromatosis.

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