


: Mr. SANJAY PRASAD
 : MED210061806
 No. : 81035299
 Age / Sex : 45 Year(s) / Male
 Type : OP
 Ref. Dr : DR. opd

Register On : 01/07/2024 10:48 AM
 Collection On : 01/07/2024 12:04 PM
 Report On : 06/07/2024 4:59 PM
 Printed On : 22/07/2024 11:23 AM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>Complete Blood Cell Count</u>			
RDW (Blood)	16.9	%	13 - 17
Haemoglobin (EDTA Blood/Automated Blood cell Counter)	7.5	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Automated Blood cell Counter)	24.5	%	42 - 52
RBC Count (EDTA Blood/Automated Blood cell Counter)	2.43	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood/Automated Blood cell Counter)	100.8	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Automated Blood cell Counter)	30.7	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Automated Blood cell Counter)	30.4	g/dL	32 - 36
Platelet Count (EDTA Blood/Automated Blood cell Counter)	1.53	lakh/cu.mm	1.4 - 4.5
Total Leukocyte Count (TC) (EDTA Blood/Automated Blood cell Counter)	5870	cells/cu.mm	4000 - 11000
<u>Diferential Leucocyte Count</u>			
Neutrophils (Blood)	62.7	%	40 - 75
Lymphocytes (Blood)	27.0	%	20 - 45
Eosinophils (Blood)	1.9	%	01 - 06
Monocytes (Blood)	8.0	%	01 - 10
Basophils (Blood/Automated Blood cell Counter)	0.4	%	00 - 02




Dr Pradeep Prasad
 MBBS, MD (Biochemistry)
 Reg No: JCMR #1608
 APPROVED BY

The results pertain to sample tested.

Lab Address: MEDALL SCANS AND LABS RANCHI PVT LTD, EMERGENCY BLOCK, RAJENDRA INSTITUTE OF MEDICAL SCIENCES, BARIATU ROAD,
 RANCHI, JHARKHAND, INDIA, PIN CODE: 834009.

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e-GFR Study(GLOMERULAR FILTRATION RATE)- Blood (EDTA Blood)	7	mL/min/1.73 sq.m	Normal: ≥ 90 Mild decrease in Renal function: 60 - 89 Mild to moderate decrease in Renal function: 45 - 59 Moderate to severe decrease in Renal function: 30 - 44 Severe decrease in Renal function: 15 - 29 Kidney failure: < 15

Liver Function Test

GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	70	U/L	< 55
Bilirubin(Total) (Serum/Diazotized Sulfanilic Acid)	0.4	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.2	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.2	mg/dL	0.1 - 1.0
Total Protein (Serum/Biuret)	7.0	gm/dL	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.0	gm/dL	3.5 - 5.2
Globulin (Serum/Derived)	3.0	gm/dL	2.3 - 3.6
A : G Ratio (Serum/Derived)	1.3		1.1 - 2.2
SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC Kinetic)	40	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC / Kinetic)	56	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/PNPP / Kinetic)	224	U/L	53 - 128




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<u>IRON PROFILE</u>			
Iron (Serum/Iron - Ferrozine)	69.6	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/Fe ³⁺ / Magnesium Hydroxide Carbonate)	268.7	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	199.10	µg/dL	190 - 350
Serum Transferrin (Blood)	188.09	mg/dL	175 - 320
INTERPRETATION: Transferrin is a direct measure of the iron binding capacity			
Transferrin Saturation (Serum)	25.90	%	20 - 55
INTERPRETATION: Transferrin saturation of less than 16% indicates an inadequate iron supply for erythropoiesis. Elevated transferrin saturation is noted in haemochromatosis.			
Ferritin (Serum/Chemiluminescent Microparticle Immunoassay(CMIA))	470	ng/mL	22 - 322
<u>Kidney / Renal Function Test</u>			
<u>(Urea/Creatinine)</u>			
Urea (Serum/Urease-GLDH/UV)	188	mg/dL	15 - 45
Creatinine (Serum/Jaffe Kinetic)	8.7	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-acetylcysteine , chemotherapeutic agent such as flucytosine etc.			
Uric Acid (Serum/Uricase/Peroxidase)	7.1	mg/dL	3.5 - 7.2
<u>THYROID PROFILE / TFT</u>			




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Total T3 (Triiodothyronine) (Serum/Chemiluminescent Microparticle Immunoassay(CMIA))	0.64	ng/mL	0.7 - 2.04

INTERPRETATION:

Comment :

Total T3 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T3 is recommended as it is Metabolically active.

Total T4 (Thyroxine) (Serum/Chemiluminescent Microparticle Immunoassay(CMIA))	8.96	µg/dL	4.2 - 12.0
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INTERPRETATION:

Comment :

Total T4 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T4 is recommended as it is Metabolically active.

TSH (Thyroid Stimulating Hormone) (Serum/Chemiluminescent Microparticle Immunoassay(CMIA))	9.82	µIU/mL	0.35 - 5.50
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INTERPRETATION:

Reference range for cord blood - upto 20

1 st trimester: 0.1-2.5

2 nd trimester 0.2-3.0

3 rd trimester : 0.3-3.0

(Indian Thyroid Society Guidelines)

Comment :

- 1.TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.
- 2.TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM. The variation can be of the order of 50%,hence time of the day has influence on the measured serum TSH concentrations.
- 3.Values&h;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

HIV 1&2 - 4th Generation, p24 Ag&Ab combination assay (Serum/Chemiluminescent Microparticle Immunoassay(CMIA))	0.31	S/CO	< 1.00 : Non Reactive ≥ 1.00 : Reactive
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INTERPRETATION: All Reactive samples should be confirmed by Western blot/ HIV PCR.

HBsAg - Quantitative (Serum/Chemiluminescent Microparticle Immunoassay(CMIA))	0.20	IU/mL	< 1.00 : Non Reactive ≥ 1.00 : Reactive
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INTERPRETATION: This is only a screening test. All reactive samples should be tested by a neutralizing confirmatory test.



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-- End of Report --

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Page 4 of 4

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