

PATIENT NAME: NITU KUMARI



REF. DOCTOR : DR. SADAR HOSPITAL

PATIENT NAME: NITO KOMARI	ACCESSION NO: 0707XG000334 AGE/SEX: 23 Years Fema		
	!	F250601707 DRAWN	:05/07/2024 14:33.09
	CLIENT PATIENT ID:	RECEIVED	:05/07/2024 14:36 1
	ABHA NO :	REPORTED	0 :05/07/2024 19:12.79
Test Report Status <u>Final</u>	Results	Biological Reference	ce Interval Units
н	AEMATOLOGY - CBC		
CBC WITH ESR (CBC+PS+ESR) EDTA WHOLE B	LOOD/SMEAR	D. D. C. D. E. E. E. E. C. D. C. C. D. D. C.	
BLOOD COUNTS,EDTA WHOLE BLOOD			
HEMOGLOBIN (HB)	5.9 C.Low	12.0 - 15.0	g/dL
RED BLOOD CELL (RBC) COUNT	2.12 Low	3.8 - 4.8	mil/μL
WHITE BLOOD CELL (WBC) COUNT	4.60	4.0 - 10.0	thou/μL
PLATELET COUNT	178	150 - 410	thou/μL
RBC AND PLATELET INDICES		20.40	%
HEMATOCRIT (PCV)	16.9 Low	36 - 46	fL
MEAN CORPUSCULAR VOLUME (MCV)	80.0 Low	83 - 101	
MEAN CORPUSCULAR HEMOGLOBIN (MCH)	27.8	27.0 - 32.0	pg a/di
MEAN CORPUSCULAR HEMOGLOBIN	34.9 High	31.5 - 34.5	g/dL
CONCENTRATION (MCHC)	21.8 High	11.6 - 14.0	%
RED CELL DISTRIBUTION WIDTH (RDW)	37.7		
MENTZER INDEX	8.5	6.8 - 10.9	fL
MEAN PLATELET VOLUME (MPV)	0.5		
WBC DIFFERENTIAL COUNT	2000	4000	D/
NEUTROPHILS	65	40 - 80	%
LYMPHOCYTES	30	20 - 40	% 04.
MONOCYTES	02	2 - 10	%
EOSINOPHILS	03	1-6	%
BASOPHILS	00	< 1 - 2	%
ABSOLUTE NEUTROPHIL COUNT	2.99	2.0 - 7.0	thou/µL
ABSOLUTE LYMPHOCYTE COUNT	1.38	1.0 - 3.0	thou/µL
ABSOLUTE MONOCYTE COUNT	0.09 Low	0.2 - 1.0	thou/μL
ABSOLUTE EOSINOPHIL COUNT	0.14	0.02 - 0.50	thou/µL
ABSOLUTE BASOPHIL COUNT	0	0.0 - 0.1	thou/μL
NEUTROPHIL LYMPHOCYTE RATIO (NLR)	2.2		

Consultant - Pathologist & Laboratory Head



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PERFORMED AT :

Dr.Sanjeew Kumar





TIENT NAME: NITU KUMARI REF. DOCTOR: DR. SADAR HOSPITAL ACCESSION NO: 0707XG000334 AGE/SEX :23 Years Female PATIENT ID DRAWN :05/07/2024 14:33:09 : NITUF250601707 CLIENT PATIENT ID: RECEIVED: 05/07/2024 14:36:11 REPORTED :05/07/2024 19:12:29 ABHA NO

Test Report Status <u>Final</u>	Results	Biological Reference	Interval Units
	BIOCHEMISTRY		
LIVER FUNCTION PROFILE, SERUM			
TOTAL PROTEIN	6.3	6.0 - 8.3	g/dL
ALBUMIN	4.1	3.2 - 5.0	g/dL
GLOBULIN	2.2	2.0 - 4.1	g/dL
ALBUMIN/GLOBULIN RATIO	1.9	1.0 - 2.1	RATIO
ASPARTATE AMINOTRANSFERASE(AST/SGOT)	28	0 - 45	U/L
ALANINE AMINOTRANSFERASE (ALT/SGPT)	25	0 - 45	U/L
ALKALINE PHOSPHATASE	123 High	39 - 118	U/L
GAMMA GLUTAMYL TRANSFERASE (GGT)	91 High	0 - 50	U/L
ACTATE DEHYDROGENASE	506 High	200 - 450	U/L
IDNEY FUNCTION TEST		- '	
LOOD UREA NITROGEN (BUN), SERUM			
LOOD UREA NITROGEN	95 High	6 - 22	ma/dl
	y	0 - 22	mg/dL
DEATTAINE CEDUM			
REATININE, SERUM			
REATININE	7.48 High	0.6 - 1.2	mg/dL
IN/CREAT RATIO			
JN/CREAT RATIO	12.70	5.0 - 15.0	
		2.2 2310	
IC ACID, SERUM			
IC ACID	7 O High	0.5.4.5	
IC ACID	7.0 High	2.5 - 6.8	mg/dL



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ACCESSION NO : **0707XG000334**PATIENT ID : NITUF250601707

CLIENT PATIENT ID:

ABHA NO

AGE/SEX :23 Years Female DRAWN :05/07/2024 14:33 00

RECEIVED : 05/07/2024 14:36.11

REPORTED :05/07/2024 19:12:29

Test Report Stat	us <u>Final</u>	Results	Biological Reference I	nterval Units	
TOTAL PROTEIN	, SERUM				
TOTAL PROTEIN		6.3	6.0 - 8.3	g/dL	
ALBUMIN, SERU	М				
ALBUMIN		4.1	3.2 - 5.0	g/dL	
171.2					
GLOBULIN					
GLOBULIN		2.2	2.0 - 4.1	g/dL	
CALCIUM, SERUI	4				
CALCIUM	1	8.4	8.4 - 10.4	mg/dL	
CALCION		5.1	0.1 20.1	3 ,	
ELECTROLYTES (NA/K/CL), SERUM				
SODIUM, SERUM	1	130.1 Low	135.0 - 148.0	mmol/L	
POTASSIUM, SE	RUM	4.42	3.5 - 5.3	mmol/L	
CHLORIDE, SERI	JM	108.9 High	98.0 - 107.0	mmol/L	

Chloride

Carjeans

Interpretation(s)

Sodium

Potassium

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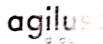
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STIC REPORT



REF. DOCTOR: SELF



'ATIENT NAME: NITU KUMARI

CODE/NAME & ADDRESS : CR00000048 - KIT DOWN

KIT DOWN SADAR HOSPITAL, BOKORO

SADAR HOSPITAL, BOKORO, SECTOR - 1, BOKORO

STEEL CITY, **BOKARO 827001** 7260813496

ACCESSION NO : 0031XG004828

PATIENT ID : NITUF06070131

CLIENT PATIENT ID:

ABHA NO

Femalle DRAWN :05/07/2024 14:07 00

AGE/SEX :23 Years

RECEIVED : 06/07/2024 12:51 4 REPORTED :06/07/2024 14:36:37

CLINICAL INFORMATION:

0707XG000334

Test Report Status <u>Final</u>

Results

Biological Reference Interval Units

BIOCHEMISTRY

0.70

0.25

0.45

BILIRUBIN (TOTAL DIRECT, INDIRECT), SERUM

BILIRUBIN, TOTAL METHOD: DIAZONIUM SALT BILIRUBIN, DIRECT

METHOD: DIAZO REACTION

BILIRUBIN, INDIRECT METHOD: CALCULATED

0.2 - 1.2

mg/dL

0.0 - 0.5

ma/aL

0.1 - 1.0

mg/dL

Interpretation(s)
BILIRUBIN (TOTAL, DIRECT, INDIRECT), SERUM-Bilirubin is a yellowish pigment found in bile and is a breakdown product of normal fieme catabolism. Bilirubin is exceeded levels may give yellow discoloration in joundice. Elevated levels results from increased bilirubin production (eg., bernolysis and medicolor crythropoiesis), decreased bilirubin excretion (eg., obstruction and hepatitis), and abnormal bilirubin metabolism (eg., herediary and meanized joundice). Conjugated (bilirubin is elevated more than unconjugated (indirect) bilirubin in Viral hepatitis, Drug reactions, Alcoholic liver disease Conjugated (direct) bilirubin is also elevated much than unconjugated (indirect) bilirubin when there is some kind of blockage of the bile ducts like in Gallstones getting into the bile ducts, burners & Scaring of the bils of thoreased unconjugated (indirect) bilirubin may be a result of Hemolytic or pernicious anemia, Transfusion reaction & a common metabolic condition termed Gibest syndrome, due to low levels of the enzyme that attaches sugar molecules to bilirubin.

Total Bili- Source: Wallach's Interpretation of Diagnostic tests, 9th ed Direct Bili - Source: Tietz Text book of Clinical Chemistry & Molecular Diagnostics, 4th ed

End Of Report

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Dr.Anwesha Chatterjee

Pathologist

Dr. Chaitali Ray, PHD

Biochemist

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View Details





STIC REPORT





ATIENT NAME: NITU KUMARI

REF. DOCTOR : DR. SADAR HOSPITAL

ACCESSION NO : 0707XG000334

: NITUF250601707 PATIENT ID

CLIENT PATIENT ID:

ABHA NO

AGE/SEX :23 Years Female :05/07/2024 14:33.09 DRAWN

RECEIVED : 05/07/2024 14:36 11

REPORTED :06/07/2024 14:38 24

Test Report Status

Final

Results

Biological Reference Interval Units

SPECIALISED CHEMISTRY - ANEMIA

SERUM IRON AND TIBC STUDIES

IRON

35 Low

50 - 170

µg/dL

METHOD : FERENE

TOTAL IRON BINDING CAPACITY

216 Low

250 - 450

µg/dL

METHOD: CALCULATED PARAMETER

13 - 45

% SATURATION

16

%

Interpretation(s)
SERUM IRON AND TIBC STUDIES-Total Iron binding capacity (TIBC) measures the blood's capacity to bind iron with transferrin and thus is an indirect way of assessing

transferrin level.

Taken together with serum fron and percent transferrin saturation this test is performed when they is a concern about anemia, fron deficiency or fron deficiency anemia. However, because the liver produces transferrin, alterations in liver function (such as cirrhosis, hepatitis, or liver failure) must be considered when performing this test. Increased in:

- iron deficiency
- acute and chronic blood loss acute liver damage
- progesterone birth control pills
- Decreased in:
- hemochromatosis
- cirrhosis of the liver
- thalassemia
 anemias of infection and chronic diseases

- anemies of interest and the contract of the

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1.Tietz Textbook of Clinical Chemistry and Molecular Diagnostics, edited by Carl A Burtis, Edward R.Ashwood, David E Bruns, 4th Edition, Elsevier publication, 2006, 56.3

2. Wallach's Interpretation of Diagnostic tests, 9th Edition, Ed Mary A Williamson and L Michael Snyder. Pub Uppincott Williams and Wilkins, 2011, 234-235.

End Of Report

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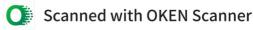
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Dr. Chaitall Ray, PHD

Dr.Anwesha Chatterjee **Pathologist**

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REF. DOCTOR : DR. SADAR HOSPITAL .TIENT NAME: NITU KUMARI

ACCESSION NO : 0707XG000334

: NITUF250601707 PATIENT ID

CLIENT PATIENT ID:

ABHA NO

Female AGE/SEX :23 Years DRAWN :05/07/2024 14:33 (0)

RECEIVED : 05/07/2024 14:36 11

REPORTED :05/07/2024 19:17 29

Biological Reference Interval Units Results **Test Report Status Final**

EIA - INFECTIOUS SECTION

HEPATITIS B SURFACE ANTIGEN, SERUM

HEPATITIS B SURFACE ANTIGEN

NON REACTIVE

NON REACTIVE

HEPATITIS C ANTIBODIES, SERUM

HEPATITIS C ANTIBODIES

NON REACTIVE

NON REACTIVE

Interpretation(s)
HEPATITIS B SURFACE ANTIGEN, SERUM-Hepatitis B is caused by infection with HBV, a enveloped DNA agent that is classified as hepadnavirus. This test detects the HEPATITIS B SURFACE ANTIGEN, SERUM-Hepatitis B is caused by infection with HBV, a enveloped DNA agent that is classified as hepadnavirus. This test detects the presence of viral surface antigen i.e. HBsAg also known as "Australia antigen" in serum sample and is indicative of HBV infection, either acute or chronic. In typical HBV infection, IIBsAg will be detected 2.4. Test Utility: HBsAg is the first serologic marker appearing in the serum 6-16 weeks following hepatitis B viral Infection. In typical HBV infection, IIBsAg will be detected 2.4. The weeks before the liver enzyme levels (ALT) become abnormal and 3-5 weeks before patient develops joundice. In acute cases HBsAg usually disappears 1-2 inonthis after when one of symptoms. Persistence of HBsAg for more than 6 months indicates development of either a chronic carrier state or chronic liver disappears 1-2 inonthis after the ones of symptoms. Persistence of HBsAg for more than 6 months indicates development of either a chronic carrier state or chronic liver disappears 1-2 inonthis after the ones of symptoms. Persistence of HBsAg when accompanied by Hepatitis B antigen and/or hepatitis markers for diagnosis of acute or chronic infection. It the Limitations: For diagnostic purposes, results should be used in conjunction with patient history and other hepatitis markers for diagnosis of acute or chronic infection. It the Limitations: For diagnostic purposes, results should be used in conjunction with patient history and other hepatitis anticory. HBsAg antibody results at which increased in the second of the most important causes of post-blood transfusion as well as integers and an integer of the limitation of the most important causes of post-blood transfusion as well as integers and on-A non-B hepatitis and chronic liver failure. Although the most important of the most important causes

Chronic hepatitis, cirrhosis and/or increased risk of hepatocellular carcinoma.

Notes & Limitations: HCV antibody is typically not detected until approximately 14 weeks after infection (or 5 weeks after appearance of the first biochemical marker of the first biochemical marker of the first biochemical marker of the first strong and is almost always detectable by the late convalescent stage of infection. A negative result may also be observed due to loss of HCV antigen, years following resolution of infection. Infants born to hepatitis C infected mothers may have delayed seroconversion to anti-HCV. Hence a negative result should be evaluated cautiously exist to clinical findings. It is to be noted that absence of HCV antibodies after 14 weeks of exposure is strong evidence against HCV infection, Presence of HCV antibodies does not imply an active Hepatitis C infection but is indicative of both past and/or recent infection. It has been reported that as many as 90% of individuals receiving intraverous commercial immunoglobulin test falsely positive for HCV antibody. Also, patients with autoimmune liver disease may show a false positive antibody result. Hence it is advisable to confirm a positive antibody result with a supplemental test. A positive result when followed by a positive supplemental test (i.e. HCV-RIA-PCR) suggests active hepatitis C infection.

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Dr. Sanieew Kumar Consultant - Pathologist & **Laboratory Head**

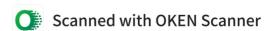
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RAJENDERA INSTIRUTE OF MEDICAL SCIENCES

RANCHI (JHARKHAND) INDIA

DEPARTMENT OF MEDICINE

UNIT Dr. AJIT DUNG DUNG

DISCHARGE SHEET

Name of Patient NITU KUMARI -gerSex 23 F - et No. 11 Address KURMA PS PINDRAJORA, BOKARO, JHARKHAN Registration No. 2024 3656 Date of Admission 16/5/4 Date of Discharge 10, Disgnosis BIL renal acteur stenon's Cause of Discharge DIOR

CKD in meuntainerse MMD INVESTIGATIONS DONE Pt was admitted to medicine where win the abo finen completite. Then was knight, wssalo on zzlrly wimilo son Here, pts investigations were close in 16/1/14 + 116-10.8 stells 721 - 6000, PLC N-74.44, 5. Cleat -8.7,5. Na-1 TREATMENT GIVEN: 2 = 15/24 = Mb - 8.10, 711-6660, DLL-N-895

FITNE-30/2-7

FILL-1.05 LOUIS, SCIP1-26, SCIP7-15, Alk
FILL-30/2-7

FILL-4180, DLL-N-601,

PLL-31.55 LOUS, S. CIEST-36, SLUES- 69.

MUL 'N SSALO PH WOW ON LNJ POLYMIXINB, 2NJ MELOPENEM

ZNJ TAKLIOCID, 2NJ PANTOP, Tab Sheller, 7 als Milaucic

ADVICE THE TIME OF DISCHARGE 1016, Nicomn, Sym. DUPMALAC. Printer Prisoners B.M. Cjail, Howar Ranchi, email-usinery production of Sharp Strong Strong Chapter of Strong Strong Chapter Company Strong Chapter Chapter Strong Chapter Chapter Strong Chapter Chapter Chapter Strong Chapter Chapt 3) Tab · Cefixime 200 mg BD x 7 days Tab Nicoudia 20 mg 7DS - Continued
Tab Nicoudia 20 mg 7DS - Continued
Tab Arkamin 200 mg 7DS - Continued SUP DUPHALAL 30 ML KS 9.7.3