

SAHARA PATHOLOGICAL LAB

Near Referal Hospital, Rajdham Road, Jamamore

Committe Nat 9935327933

4/07/2024

Name :-Mr Prakash Kumar Mahto

Age/Sex:- 45/M

Place:- Jainamore

Refd. ByDr. Sadar Hospital

TEST	HEMATOLOGY TEST REPORT	NOPMAL VALUES
T.C (WBC)	29,510	NORMAL VALUES
D.C (WBC)	23,310	4,000 - 10,000/Cumm
NEUTROPHILS	81,0	
LYMPHOCYTE	15.5	50 - 70 %
EOSINOPHYLE	3.5	20 - 40 %
LYM#		1.0 - 6.0 %
MID#	1.62 x 10*3 /ul	0.6-4.1 x 10*3/ul
NEUT#	1.03 x 10*3 /ul	0.1-1.8 x 10*3/ul
RBC	26.86 x 10*6 /ul	2.0-7.8 x 10*3/ul
HEMOGLOBIN	3.09 x 10*6 /ul	3.50-5.50 x 10*6/ul
HCT	9.2	11.0 - 16.0 g/dl
MCV	32.4	36.0 - 48.0 %
MCH	104.8	80.0 - 99.0 fl
	29.8	26.0 - 32.0 pg
MCHC	28.4	32.0 -3 6.0 g/dl
RDW-SD	55.4	37.0 - 54.0 fl
RDW-CV	13.5	11.5 - 14.5%
PLATELET	243	
MPV	11.7	100-300 x 10*3/ul
PDW	17.1	7.4 - 10.4 fl
PCT	2.86	10.0 - 17.0 %
P-LCR	43.6	1.08 – 2.82 %
*Please correlate with the	e clinical condition	13.0 - 43.0 %

^{*}Please correlate with the clinical conditions.

DIAGNOSTIC REPORT



PATIENT NAME: PRAKASH KUMAR MAHTO	REF. DOCTOR : DR. SADAR HOSPITAL AGE/SLX :45 Years Male		
	ACCESSION NO : 0707XG000175 PATIENT ID : PRAKM030779707 CLIENT PATIENT ID: ABHA NO ::	AGL/SLX :45 Years DRAWN :03/07/2024 12:42:35 RECEIVED :03/07/2024 12:44:37 REPORTED :03/07/2024 18:01:19	
	Biologic	al Reference Interval Units	
Test Penert Status Final	Results		

Test Report Status Final	Results	Biological Reference 1	Biological Reference Interval	
		N-2 - 0 - 2 - 10 - 10 - 10 - 10 - 10 - 10	and the second control of the second control	
	BIOCHEMISTRY			
KIDNEY FUNCTION TEST BLOOD UREA NITROGEN (BUN), SERUM BLOOD UREA NITROGEN	111.2 High	6 - 22	mg/dL	
CREATININE, SERUM CREATININE	10.4 High	0.6 - 1.4	mg/dL	
BUN/CREAT RATIO BUN/CREAT RATIO	10.69	5.0 - 15.0		
CALCIUM, SERUM CALCIUM	9.0	8.4 - 10.4	mg/dL	
ELECTROLYTES (NA/K/CL), SERUM SODIUM, SERUM POTASSIUM, SERUM CHLORIDE, SERUM	130.0 Low 4.32 103.3	135.0 - 148.0 3.5 - 5.3 98.0 - 107.0	mmol/L mmol/L mmol/L	

Inter	pretation(s)	

			hloride	-1-
T- 1:	Potassium	CONTRACTOR STREET	Mioriaa	
Sadium				

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Dr.Sanjeew Kumar Consultant - Pathologist & Laboratory Head





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REF. DOCTOR: SELF IENT NAME: PRAKASH KUMAR MAHTO Male DE/NAME & ADDRESS : CROODOOO48 - KIT DOWN ACCESSION NO : 0031XG003037 45 Years AGE/SEX 03/07/2024 12:07:00 IT DOWN SADAR HOSPITAL BOKORO DRAWN PATIENT ID PRAKM04077931 SADAR HOSPITAL, BOKORO, SECTOR - 1. BOKORO RECEIVED : 04/07/2024 12:30:08 CLIENT PATIENT ID: STEEL CITY REPORTED :04/07/2024 13:57:45 ABHA NO BOKARO 827001 7260813496

CLINICAL INFORMATION :

0707XG000175

Test Report Status <u>Final</u>	Biological Reference	ence Interval Units	
			The same of the sa
	BIOCHEMISTRY		
LIVER FUNCTION PROFILE, SERUM			
BILIRUBIN, TOTAL	0.30	0.2 - 1.2	mg/dL
METHOD : DIAZONIUM SALT			
BILIRUBIN, DIRECT	0.11	0.0 - 0.5	mg/dL
METHOD: DIAZO REACTION			
BILIRUBIN, INDIRECT	0.19	0.1 - 1.0	mg/dL
METHOD : CALCULATED			a/dl
TOTAL PROTEIN	7.0	6.0 - 8.30	g/dL
METHOD : BIURET ALBUMIN	4.0	3.5 - 5.2	g/dL
METHOD : COLORIMETRIC (BROMCRESOL GREEN)	4.0	3.3 - 3.2	9/ 0-2
GLOBULIN	3.0	2.0 - 3.5	g/dL
ALBUMIN/GLOBULIN RATIO	1.3	1 - 2.1	RATIO
METHOD : CALCULATED PARAMETER	1.5	1 2.1	
ASPARTATE AMINOTRANSFERASE(AST/SGOT)	13	5 - 34	U/L
METHOD : ENZYMATIC (NADH (WITHOUT P-5 -P)			
ALANINE AMINOTRANSFERASE (ALT/SGPT)	14	0 - 55	U/L
METHOD : ENZYMATIC (NADH (WITHOUT P-5 -P)			
ALKALINE PHOSPHATASE	76	40 - 150	U/L
METHOD : PARA-NITROPHENYL PHOSPHATE		==	
GAMMA GLUTAMYL TRANSFERASE (GGT)	21	11 - 59	U/L
METHOD: L-GAMMA-GLUTAMYL-4-NITROANALIDE /GLYCYLGLYCINE		125 220	U/L
LACTATE DEHYDROGENASE	197	125 - 220	0/L
METHOD : IFCC LACTATE TO PYRUVATE			
		•	
URIC ACID, SERUM			
URIC ACID	10.0 High	3.5 - 7.2	mg/dL

Interpretation(s)
LIVER FUNCTION PROFILE, SERUMBilirubin is a yellowish pigment found in bile and is a breakdown product of normal heme catabolism. Bilirubin is excreted in bile and urine, and elevated levels may give

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METHOD : URICASE

co-italily.

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Dr.Anwesha Chatterjee Pathologist Dr. Chaitali Ray, PHD Biochemist





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/ROCESSED AT:

Thyrocare

2nd Floor, Saluja Tower, Plot No.1789, PP compound, Main Road, Ranchi-834001









9 out of 10 Doctors Trust that Thyrocare Reports are Accurate & Reliable

NAME

: PRAKASH K MAHTO (45Y/M)

REF. BY

: DR SADAR HOSPITAL

TEST ASKED

: IRON

SAMPLE COLLECTED AT:

(14046), SAHARA PATHO LAB, NEAR DR DEVENDRA PRASAD, JAINA MORE, RANCHI ROAD, NEAR REFERAL HOSPITAL, BOKARO.,829301

TEST NAME

TECHNOLOGY

VALUE

UNITS

IRON

PHOTOMETRY

35

µg/dL

Bio. Ref. Interval. : Male: 65 - 175

Female: 50 - 170

Method: Ferrozine method without deproteinization

Please correlate with clinical conditions.

- End of report -

Sample Collected on (SCT)

Sample Received on (SRT)

Report Released on (RRT)

Sample Type

Labcode

Barcode

:14 Jul 2024 12:43

: 14 Jul 2024 23:09

: 15 Jul 2024 00:28

:SERUM

:1407109467/JRD40

: CP414571

Dr Anupama Sinha MD(Path)

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SAHARA PATHOLOGICAL LAB

Near Referal Hospital, Rajdhani Road, Jainamore Dist: Bokaro Steel City Contact No. 9955527839 14/07/2024

Name:-Sri Prakash Kumar Mahto

Age/Sex:- M

Place:-

Refd. By Dr.Sadar Hospital

SEROLOGY

H.I.V TEST-H.C.V TEST-

Hbsag TEST-

Negative

Negative

Negative



^{*} Please correlate with the clinical conditions.





TENT NAME: PRAKASH KUMAR MAHTO REF. DOCTOR: DR. SADAR HOSPITAL ACCESSION NO : 0707XG000175 AGE/SEX :45 Years PATIENT ID : PRAKM030779707 DRAWN :03/07/2024 12:42:35 CLIENT PATIENT ID RECEIVED: 03/07/2024 12:44:37 ABHA NO REPORTED :03/07/2024 18:01:19 **Test Report Status Einal** Results **Biological Reference Interval** Units **SEROLOGY** CRP, SEMI-QUANTITATIVE, SERUM C-REACTIVE PROTEIN <6 < 6 mg/L

Interpretation(s)

CRP, SEMI-QUANTITATIVE, SERUM-C - reactive protein (CRP) is an acute phase reactant protein that has the property of showing elevations in concentrations in response to stressful or inflammatory states that occur with infection, injury, surgery, trauma or other tissue necrosis.

Synthesis of CRP increases within 4-6 hours of onset of inflammation, reaching peak values within 1-2 days. CRP levels also fall quickly after resolution of inflammation since its half life is 6 hours. The main limitation of CRP is in its non-specific response and should not be interpreted without a complete clinical history and evaluation.: Latex

End Of Report
Please visit www.agilusdiagnostics.com for related Test Information for this accession

CONDITIONS OF LABORATORY TESTING & REPORTING

- It is presumed that the test sample belongs to the patient named or identified in the test requisition form.
- All tests are performed and reported as per the turnaround time stated in the AGILUS Directory of Services.
- 3. Result delays could occur due to unforeseen circumstances such as non-availability of kits / equipment breakdown / natural calamities / technical downtime or any other unforeseen event.
- 4. A requested test might not be performed if:
 - i. Specimen received is insufficient or inappropriate
 - ii. Specimen quality is unsatisfactory
 - iii. Incorrect specimen type
 - iv. Discrepancy between identification on specimen container label and test requisition form

- 5. AGILUS Diagnostics confirms that all tests have been performed or assayed with highest quality standards, clinical safety & technical integrity.
- Laboratory results should not be interpreted in isolation; it must be correlated with clinical information and be interpreted by registered medical practitioners only to determine final diagnosis.
- 7. Test results may vary based on time of collection, physiological condition of the patient, current medication or nutritional and dietary changes. Please consult your doctor or call us for any clarification.
- 8. Test results cannot be used for Medico legal purposes.
- 9. In case of queries please call customer care (91115 91115) within 48 hours of the report.

Agilus Diagnostics Limited

Fortis Hospital, Sector 62, Phase VIII, Mohali 160062

Sanjeen

Dr.Sanjeew Kumar Consultant - Pathologist & Laboratory Head





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MEDIONA ORMANJEI GENERAL HOSPITAL A Unit Of Mediona Biological & Services LLP



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10/7/24

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Infantin in Jyder-

Plan der new AD restriction (Fernand)

Tab Amoxyclar 625

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Trb Dala 650

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Tab Neurosian Font

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