



**REPORT**

PT Name : SONU ANSARI  
Ref By : DR. S.B.M.C.H  
Reg No : HL6700768223 / JH057  
Barcode : s1295641  
INV : Complete Blood Count (CBC)

Age : 29 Year | Sex : Male  
Registered on : 03-07-2024 08:16 PM  
Received on : 04-07-2024 05:32 AM  
Reported on : 04-07-2024 06:10 AM

SAMPLE COLLECTED AT :  
SINHA LAB



SAMPLE : EDTA Blood

**COMPLETE BLOOD COUNT (CBC)**

TEST DESCRIPTION	RESULT	UNITS	BIOLOGICAL REFERENCE RANGE
Hemoglobin	11.3	- g/dL	13 - 17
Total Red Blood Cell Count	4.07	10 <sup>6</sup> /uL	3.5 - 5.5
Hematocrit (HCT)	35.8	%	33 - 57
Total Leucocytes Count	5.84	10 <sup>3</sup> /uL	4 - 11
Neutrophils Percentage	52.51	%	40 - 77
Lymphocyte Percentage	35.10	%	25 - 45
Eosinophils Percentage	5.69	%	1 - 6
Monocytes Percentage	6.5	%	2 - 10
Basophils Percentage	0.20	%	0.0 - 2.0
Neutrophils-Absolute Count	2.87	10 <sup>3</sup> /uL	1.8 - 7.8
Lymphocytes-Absolute Count	2.05	10 <sup>3</sup> /uL	0.8 - 4.8
Eosinophil-Absolute Count	0.54	10 <sup>3</sup> /uL	0.0 - 0.9
Monocyte- Absolute Count	0.37	10 <sup>3</sup> /uL	0.50 - 1.00
Basophils-Absolute Count	0.01	10 <sup>3</sup> /uL	0.0 - 0.20
Mean Corpuscular Volume (MCV)	87.96	fL	80 - 96
Mean Corpuscular Hemoglobin (MCH)	27.76	pg	27.5 - 33.2
Mean Corpuscular Hemoglobin Concentration (MCHC)	31.56	g/dL	29.4 - 34.5
Red Cell Distribution Width (RDW-CV)	15.3	%	12 - 15
Platelet Count	266	10 <sup>3</sup> /uL	150 - 450
Mean Platelet Volume (MPV)	10.0	fL	6 - 11
Platelet haematocrit (PCT)	0.265	%	0.1 - 0.28
Platelet Distribution Width (PDW)	13.5	fL	15 - 18

---End of report---

*Archana*

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Director

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Consultant Microbiology

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PT Name : SONU ANSARI  
Ref By : DR. S.B.M.C.H  
Reg No : HL6700768223 / JH057  
Barcode : s1295644  
INV : Kidney Profile With GFR

Age : 29 Year | Sex : Male  
Registered on : 03-07-2024 08:16 PM  
Received on : 04-07-2024 05:33 AM  
Reported on : 04-07-2024 10:07 AM

SAMPLE COLLECTED AT :  
SINHA LAB



SAMPLE : Serum

### KIDNEY PROFILE

TEST DESCRIPTION	RESULT	UNITS	BIOLOGICAL REFERENCE RANGE
Urea <small>Method URICASE</small>	98.31	mg/dL	18 - 55
CREATININE <small>Method Enzymatic</small>	7.81	mg/dL	0.62 - 1.40
BUN/Creatinine ratio <small>Method CALCULATED</small>	5.88	Ratio	8:5 - 23:5
BUN (Blood Urea Nitrogen) <small>Method CALCULATED</small>	45.94	mg/dl	7 - 25
Uric Acid <small>Method URICASE</small>	6.2	mg/dL	3.5 - 7.2
Calcium <small>Method ARSENAZO</small>	9.7	mg/dL	8.8 - 10.2
SODIUM <small>Method (Electrode)</small>	131.8	mEq/L	133 - 146
POTASSIUM <small>Method (Electrode)</small>	5.7	mEq/L	3.8 - 5.4
CHLORIDE <small>Method (Electrode)</small>	100.5	mEq/L	98 - 109

#### INTERPRETATION

Kidney function tests are urine or blood tests that evaluate how well your kidneys are working. Most of these tests measure glomerular filtration rate (GFR). GFR assesses how efficiently your kidneys clear waste from your system.

They help your body filter waste materials and expel them as urine. Your kidneys are also vital for producing:

- Hormones that maintain blood pressure.
- Red blood cells, which carry oxygen throughout your body.
- Vitamin D, which maintains bone and muscle health.

Please correlate with clinical conditions.

~~End of report~~

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 SINHA LAB  
  
 SAMPLE : Serum

**GFR (GLOMERULAR FILTRATION RATE)**

TEST DESCRIPTION	RESULT	UNITS	BIOLOGICAL REFERENCE RANGE
CREATININE <small>Method (Enzymatic)</small>	7.81	mg/dL	0.62 - 1.40
GLOMERULAR FILTRATION RATE (GFR) <small>Method: CALCULATED</small>	8	mL/min/1.73 m2	. - .

**Reference Range**

- > = 90 : Normal
- 60 - 89 : Mild Decrease
- 45 - 59 : Mild to Moderate Decrease
- 30 - 44 : Moderate to Severe Decrease
- 15 - 29 : Severe Decrease

**Clinical Significance-**

The normal serum creatinine reference interval does not necessarily reflect a normal GFR for a patient. Because mild and moderate kidney injury is poorly inferred from serum creatinine alone. Thus, it is recommended for clinical laboratories to routinely estimate glomerular filtration rate (eGFR), a "gold standard" measurement for assessment of renal function, and report the value when serum creatinine is measured for patients 18 and older, when appropriate and feasible. It cannot be measured easily in clinical practice, instead, GFR is estimated from equations using serum creatinine, age, race and sex. This provides easy to interpret information for the doctor and patient on the degree of renal impairment since it approximately equates to the percentage of kidney function remaining. Application of CKD-EPI equation together with the other diagnostic tools in renal medicine will further improve the detection and management of patients with CKD.

Please correlate with clinical conditions.

~~End of report~~

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