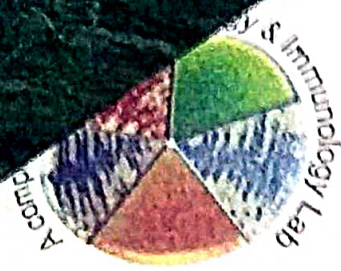


# Tejas Micro Diagnostics

(A Fully Automated Laboratory)

62, Jawahar Lal Nehru Road, Tagore Town, Prayagraj

Mobile: 9415253337



Patient's Name :Sabita Devi  
 Ref By :Prof. (Dr.) A. Gupta  
 Specimen examined :Serum  
 Date :12-07-2024

MD(Med.), DNB, MNAMS, FISON(Nephro), FRCP (Edm., LDN, Ghs) FASN(Nephro), FISH, FISCN

Test	Result	Units	Biological Ref. Interval
<b>Kidney Function Test</b>			
Serum Urea	60.0	mg/dl	15 - 40
Serum BUN	28.0	mg/dl	7- 20
Serum Creatinine	3.1	mg/dl	0.6 - 1.4
Serum Uric Acid	4.8	mg/dl	3.5 - 7.0
Serum Sodium (Na+)	144.0	mmol/L	135 - 145
Serum Potassium (K+)	4.1	mmol/L	3.5 - 5.0
Serum Calcium	1.0	mmol/L	1.1- 1.3
Serum Protein	7.3	g/dl	6.0 - 8.0
Serum Albumin	4.0	g/dl	3.4 - 5.5
Serum Globulin	3.3		
A/G Ratio	1.2		
e G F R	23	ml/min/1.73m <sup>2</sup>	

..... End of report .....

Dr. Arunkant, MBBS, PGDMC  
Director

Dr. Upma Narain  
Former Micro-Biologist  
KNM Hospital, Ajjd.

Dr. Daya Hajela, MD  
Consultant Pathologist

# BAS MICRODIAGNOSTIC PRAYAGRAJ

Date 07/12/2024 01:12:39 PM

Results

Operat. TEJAS

First name SAVITA DEVI

Sample ID AUTO\_SID0004

Gender Female

Dilution 1 / 1.00

Age

Patient ID AUTO\_PID01506

Department

Physician

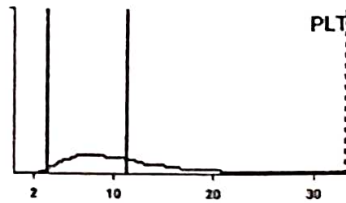
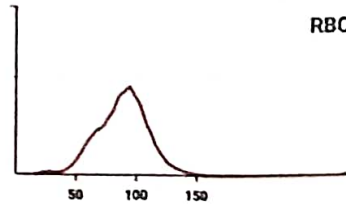
Type Woman

Date of birth

Sample comments

**CBC**

				Range
WBC	4.11		10 <sup>3</sup> /mm <sup>3</sup>	4.00 - 11.00
RBC	2.27	L	10 <sup>6</sup> /mm <sup>3</sup>	3.90 - 5.20
HGB	7.2	L	g/dL	11.5 - 15.1
HCT	21.2	L	%	35.0 - 45.0
MCV	93.3		fL	75.0 - 97.0
MCH	31.5		pg	26.5 - 33.0
MCHC	33.7		g/dL	32.0 - 36.0
RDW-CV	18.5	h	%	12.0 - 18.0
RDW-SD	69.1	H	fL	37.0 - 56.0
MIC	5.1		%	0.0 - 20.0
MAC	6.6		%	2.0 - 10.0
PLT	68	L	10 <sup>3</sup> /mm <sup>3</sup>	150 - 450
MPV	12.2	H	fL	7.4 - 11.0
PCT	0.083	l	%	0.150 - 0.400
PDW	14.3		fL	11.0 - 20.0
P-LCC	29	l	10 <sup>3</sup> /mm <sup>3</sup>	44 - 140
P-LCR	42.2		%	18.0 - 50.0



**Alarms**

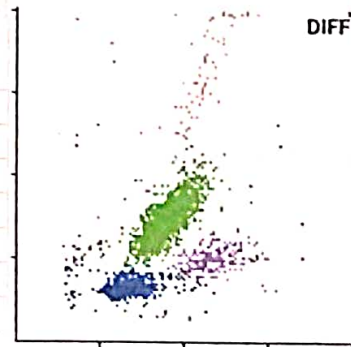
**Susp. Pathologies**

Anemia  
Thrombopenia

NLR : 1.64

**DIF**

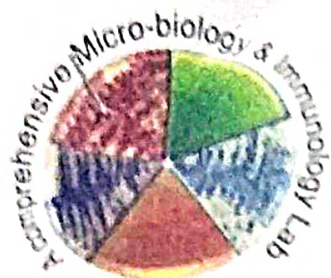
	%	Range	10 <sup>3</sup> /mm <sup>3</sup>	Range
NEU	58.5	40.0 - 75.0	2.40	1.50 - 7.50
LYM	35.4	15.0 - 45.0	1.46	1.25 - 4.00
MON	3.7	l 4.0 - 13.0	0.15	l 0.20 - 0.80
EOS	2.3	0.5 - 7.0	0.09	0.00 - 0.40
BAS	0.1	0.0 - 2.0	0.01	0.00 - 0.10
IMG	0.3	0.0 - 2.0	0.01	0.00 - 0.50
IMM	0.0	0.0 - 0.5	0.00	0.00 - 0.10
IML	0.0	0.0 - 0.2	0.00	0.00 - 0.05
ALY	1.2	0.0 - 2.5	0.05	0.00 - 0.20
LIC	0.3	0.0 - 3.0	0.01	0.00 - 0.20



07/12/2024 Dr. Anur Kant, PGDMC  
Director

Dr. Upma Narain, D. Phil.  
Former Micro-Biologist  
KNM Hospital, Alid.

S/N 308Y0810592 Dr. Daya Hajela, MD  
Consultant Pathologist



Regd. No. RMEE 2109198

# Tejas Micro Diagnostics

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62, Jawahar Lal Nehru Road, Tagore Town, Prayagraj

Mobile: 9415253337

Patient's Name : Sabita Devi  
Ref By : Prof. (Dr.) A. Gupta  
Specimen examined : Urine R/M  
Date : 12-07-2024

## Physical

Colour: : L.Yellow

Ph : Acidic

SpGravity : 1.015

## Biochemical

Albumin : (++)

Sugar : Nil

Bile Salt/BilePigment: -

## Microscopy

Pus cells : 4-6/hpf

Epithelial cells : (+++)

RBC : Nil

Cast : Nil

Crystals : Nil

Others : -

..... End of report .....

Dr. Arunkant, MBBS, PGDMC  
Director

Dr. Upma Narain  
Former Micro-Biologist  
KNM Hospital, Aild.

Dr. Daya Hajela, MD  
Consultant Pathologist

(All microbiological tests have technical limitations and also depend on the quality of sample received by laboratory. The report is not for medico legal purposes.)



# Tejas Micro Diagnostics

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62, Jawahar Lal Nehru Road, Tagore Town, Prayagraj

Mobile: 9415253337

Patient's Name : Sabita Devi  
 Ref By : Prof. (Dr.) A. Gupta  
 MD(Med), DNB, MNAMS, FISN(Nephro), FRCP (Edin., LDN, Ghs) FASN(Nephro), FISH, FISCM  
 Specimen examined : Serum for PTH  
 Date : 12-07-2024

Test	Result	Normal Range	Interpretations
Parathyroid Hormone (PTH 1-84)	674.2	9.2-44.6 pg/ml	* PTH level increased in Primary and secondary hyperparathyroidism. Vitamin D deficiency Renal failure * PTH level decreased in Autoimmune hypoparathyroidism Hyperthyroidism DiGeorge syndrome

**Comments**

- PTH is a hormone secreted by parathyroid glands that controls calcium levels in blood and body fluids by increasing 1, 25-dihydroxyvitamin D3, mobilizing calcium from bone, increasing renal tubular resorption of calcium, increasing intestinal calcium absorption. Ionized calcium in blood inhibits PTH secretion. It diagnose hyperparathyroidism. monitor severity of secondary hyperparathyroidism in chronic renal failure and iscriminate primary hyperparathyroidism from tumor hypercalcemia.
- Test results should be interpreted in conjunction with serum calcium and phosphorus levels and clinical finding.
- As per KDIGO guidelines, the PTH concentration of patients treated by dialysis should be maintained within two to nine times the upper normal limit of the assay (VIDAS PTH interval in such patient is 89.2 – 401.4 pg/ml)

**Principle** : Enzyme linked fluorescent Assay ( ELFA)

**Instrument used** : mini VIDAS

..... End of report .....

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 Director

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 KNM Hospital, AId.

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