

# DISTRICT MALE HOSPITAL

BADAUN, (UTTAR PRADESH)  
DEPARTMENT OF PATHOLOGY

Date : 06-Aug-2024

Reg/Ref: 190779 / 171472

Name : MR. NEM SINGH

Age/Gender : 35 Yrs./Male

Ref.By : Dr. ....

Phone : 6354614452

Ward : OPD

Receipt : NA

Requested Test : CBC, hbsag, hcv, hiv

Coll Time : 06-Aug-2024 11:58 AM Validate : 07-Aug-2024 10:52 AM Prn. Time : 07-Aug-2024 10:52 AM

Investigation	Observed Values	Biological Ref. Interval
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## HAEMATOLOGY

Complete Blood Count (By 3 Part Diff. Analyser)

Haemoglobin	7.9 sample repeat for hb confirmation g/dL 7500 cells/mm <sup>3</sup>	13 - 17 g/dL 4000- 11000cells/mm <sup>3</sup>
Total Leucocyte Count ( TLC )		40 - 30 %
Differential % Leucocyte Counts:		20 - 40 %
Neutrophils %	68.3 %	1 - 20 %
Lymphocytes %	22.2 %	3.8 - 4.8 Million cells/ $\mu$ L
Eosinophile/Monocyte/Basophil %	9.5 %	36 - 46 %
Total RBCs	2.95 Million cells/ $\mu$ L	80 - 100 fl.
HCT ( Hematocrit )	18.2 %	27 - 32 pg
MCV (Mean Cell Volume)	61.6 fl.	32 - 35 g/dl
MCH (Mean Corpus. Haemoglobin)	26.7 pg	37-54 fl.
MCHC (Mean Corpus. Hb Conc.)	43.4 g/dl	11.5 - 14.5 %
RDW-SD(RBC Dist. width SD)	62 fL	1.5 - 4.5 Lac cells/mm <sup>3</sup>
RDW-CV (RBC Dist. width CV)	16.1 %	13-43 %
Platelets Count	2.35 Lac cells/mm <sup>3</sup>	7.4-10.4 fL
LPCR (Large Platelet Cells Ratio)	15.3 %	0.10-0.28 %
MPV (Mean Platelet Volume)	8.1 fl.	10-17 %
PCT (Pitocrit)	0.19 %	
PDW (Platelets Dist. Width)	11.1 %	

## SEROLOGY

HBsAg Rapid Test

Negative ✓

All rapid card test to be confirm by elisa., Sample Type: Plain

HCV Rapid Test

Negative ✓

All rapid card test to be confirm by elisa., Sample Type: Plain

Comments

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HIV RAPID TEST

Negative

HIV I AND II

Negative ✓

Comments

0

Report Status: Final

हम आपके शीघ्र स्वस्थ होने की कामना करते हैं।  
End of report



34366 User: AMIRNHAI (COLLECTION-PC)  
Printed: 07 Aug 2024 10:52:35

Signed By Pathologist



NEW DIAGNO LABS  
C00080294-NEW DIAGNO COLLECTION CENTER

<b>Name</b>	: MR. NEM SINGH	<b>Age/Gender</b>	: 35 Years/MALE
<b>Reg No</b>	: 0001CH001481	<b>Barcode No</b>	: 50024617
<b>Sample Coll Dt</b>	: 09/08/2024 10:18 AM	<b>Reg Date</b>	: 10/08/2024 10:20 AM
<b>Sample Rcv Dt</b>	: 10/08/2024 10:20 AM	<b>Reported Date</b>	: 10/08/2024 11:21 AM
<b>Report Status</b>	: Final	<b>Referred By</b>	: SELF

Tests	Results	Biological Reference Range	Units
ALKALINE PHOSPHATASE	171	High 40-129	U/L
BUN/CREATININE RATIO	8.6		Ratio
AGE (YRS)	35		
PROTEIN TOTAL	7.2	6.0-8.0	g/dL
ALBUMIN	3.7	3.50 - 5.20	g/dL
GLOMERULAR FILTRATION RATE (MALE)	11	Low 74 - 138	ml/min/1.73m
GLOBULIN	3.5	2.50 - 5.60	g/dL
A:G RATIO	1.06	1.0 - 2.10	Ratio
BLOOD UREA NITROGEN	51.50	High 7.0 - 18.0	mg/dL

**Specimen:**  
SERUM

**Interpretation:-** Kidney blood tests, or Kidney function tests, are used to detect and diagnose disease of the Kidney. The higher the blood levels of urea and creatinine, the less well the kidneys are working. The level of creatinine is usually used as a marker as to the severity of kidney failure. (Creatinine in itself is not harmful, but a high level indicates that the kidneys are not working properly. So, many other waste products will not be cleared out of the bloodstream.) You normally need treatment with dialysis if the level of creatinine goes higher than a certain value. Dehydration can also be a cause for increases in urea level. Before and after starting treatment with certain medicines. Some medicines occasionally cause kidney damage (Nephrotoxic Drug) as a side-effect. Therefore, kidney function is often checked before and after starting treatment with certain medicines.

**\*\*End Of Report\*\***

*Monica*  
**Dr Monica**  
 M.S., M.D.  
 Consultant Pathologist

NEW DIAGNO LABS MR. NEM SINGH



<b>Name</b>	: MR. NEM SINGH	<b>Age/Gender</b>	: 35 Years/MALE
<b>Reg No</b>	: 0001CH001481	<b>Barcode No</b>	: 50024617
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Tests	Results	Biological Reference Range	Units
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**BIOCHEMISTRY**

**LIVER PROFILE, SERUM**

BILIRUBIN TOTAL	0.48	upto 1.20	mg/dL
BILIRUBIN DIRECT	0.14	Upto 0.40	mg/dL
BILIRUBIN INDIRECT	0.34	0.2-0.8	mg /dL
ASPARTATE AMINOTRANSFERASE (SGOT)	16.74	1-46	U/L
ALANINE AMINOTRANSFERASE (SGPT)	29.36	1-49	U/L
ALKALINE PHOSPHATASE	<b>171</b>	<b>High</b> 40-129	U/L
GAMMA GLUTAMYL TRANSFERASE	41	10.0-45.0	U/L
PROTEIN TOTAL	7.2	6.0 - 8.0	g/dL
ALBUMIN	3.7	3.5-5.2	g/dL
GLOBULIN	3.5	2.50-5.60	g/dL
A:G RATIO	<b>1.06</b>	<b>Low</b> 1.0 - 2.1	Ratio

**Specimen:**  
SERUM

**Bilirubin Total**

**Clinical Significance:** "Total Bilirubin is one of the most commonly used tests to assess liver function. A number of inherited and acquired diseases affect bilirubin production, metabolism, storage and excretion and causes hyperbilirubinemia resulting in jaundice. Hyperbilirubinemia may be due to increased bilirubin production.

**Bilirubin Direct**

**Clinical Significance:** "Direct bilirubin is a measurement of conjugated bilirubin. Jaundice can occur as a result of increased bilirubin production (eg, hemolysis and ineffective erythropoiesis), decreased bilirubin excretion (eg, obstruction and hepatitis), and abnormal bilirubin metabolism (eg, hereditary and neonatal jaundice).

**SGOT / AST**

**Clinical Significance:** "Elevated aspartate aminotransferase (AST) values are seen most commonly in parenchymal liver diseases. Values can be elevated from 10 to 100 times the normal range, though commonly 20 to 50 times elevations are seen. AST levels are raised in infectious hepatitis and other inflammatory conditions affecting the liver along with ALT, though ALT levels are higher.

**SGPT / ALT**

**Clinical Significance:** "Elevated alanine aminotransferase (ALT) values are seen in parenchymal liver diseases characterized by a destruction of hepatocytes. Values are at least 10 times higher the normal range and may reach up to 100 times the upper reference limit. Commonly, values are seen to be 20 - 50 times higher than normal. In infectious hepatitis and other inflammatory conditions affecting the liver.

**Alkaline Phosphatase (ALP)**

**Clinical Significance:** "Alkaline Phosphatase levels can be elevated in both liver related as well as bone related conditions. ALP levels are raised (more than 3 fold) in extrahepatic biliary obstruction (eg, by stone or by cancer of the head of the pancreas) than in intrahepatic obstruction, and indirectly proportional to the level of obstruction.

**Total Protein**


**Clinical Significance:** "High levels of Serum Total Protein is seen in increased acute phase reactants in inflammation, late-stage liver disease, infections, multiple myeloma and other malignant paraproteinemias. Hypoproteinemia is seen in hypogammaglobulinemia, nephrotic syndrome and protein-losing enteropathy.

**Albumin**

**Clinical Significance:** "Hypoalbuminemia can be caused by impaired synthesis due to liver disease (primary) or due to diminished protein intake (secondary), increased catabolism due to tissue damage and inflammation; malabsorption of amino acids; and increased renal excretion.

**KIDNEY FUNCTION TEST, SERUM**

UREA	<b>110.2</b>	<b>High</b> 10-50	mg/dL
CREATININE	<b>5.98</b>	<b>High</b> 0.7-1.4	mg/dL
URICACID	6.5	3.5-7.2	mg/dL
SODIUM	<b>148</b>	<b>High</b> 136 - 145	mmol/L
POTASSIUM	5.2	3.5 - 5.5	mmol/L
METHOD : ISE DIRECT			
CHLORIDE	98	98 - 111	mmol/L
CALCIUM	9.23	8.8-10.2	mg/dL

Barcode No. : S006399		Sample Coll. Date : 24-Jun-2024 08:21 AM
Patient NAME : Mr. NEM SINGH		
Age / Sex : 35 YRS / Male		Sample Receiving Date : 24-Jun-2024 08:23 AM
UHID : NMH/24/002629		Reporting Date : 24-Jun-2024 09:28 AM
Referring Doctor : Dr. ANIL PRASAD BHATT		Doctor : Dr. ANIL PRASAD BHATT
Remarks :		

**BIOCHEMISTRY**
**KFT Profile with Calcium Uric Acid (Specimen : SERUM)**

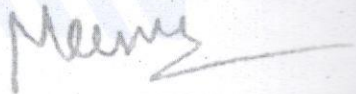
Date	24/Jun/24 23/Jun/24 22/Jun/24			Unit	Bio Ref Interval
	09:37AM	12:38PM	03:10PM		
Blood Urea	143.7	185.70	184.50	mg/dl	19.0-43.0
Blood Urea Nitrogen (BUN)	67.15	86.78	86.21		
Serum Creatinine	16.59	21.94	24.47	mg/dl	0.66-1.25
Uric Acid	5.8	9.40	10.80	mg/dl	3.5-8.5
Serum Calcium	8.6	8.80	8.70	mg/dl	8.4-10.2
Sodium (Na <sup>+</sup> )	128.7	130.00	128.20	mmol/L	137.0-145.0
Potassium (K <sup>+</sup> )	4.36	4.72	5.37		3.5-5.1
Chloride (Cl <sup>-</sup> )	94.2	99.80	103.20	mmol/L	98.0-107.0
Phosphorus Serum	7.76	8.09	7.72	mg/dl	2.5-4.5

Please Correlate Clinically.  
\*\*\* End Of Report \*\*\*

This report is not valid for medico legal purpose.

Test Performed at Noida Multispeciality Hospital, Sector 66, Noida, Mob-8495954949.

This authenticity of the report can be verified by scanning the QR Code on top of the page.



Dr. Meenu Agarwal  
MBBS. MD  
Pathologist