

# PURVANGHAL PATHOLOGY

Hospital Road, Near Block Mor, Fazl Nagar  
Kushinagar (U.P.) 274401

Mob. 7007428700 ☎ 9838082317, 9931309706

## Dr. A. Razzaque

B.Sc., BAMS, DOS, DRD (JU Kolkata)  
PGDHM (Post Graduate Diploma in Hospital Management)  
Ex.DPM (NPCB), Sadar Hospital, Pakur, Jharkhand



Registration No. CMEE2262730

## पूर्वांचल पैथोलॉजी

हॉस्पिटल रोड, ब्लॉक मॉर के पास,  
फाजिलनगर, कुशीनगर (यूपी), 274401

## Dr. J. Aquib

MBBS (DDUGU)  
E. Ahmad, DMLT (Kol.)  
A. Samad, BMLT (EU Lucknow)

PATIENTS NAME: MRS. GEETA VERMA	AGE/50 YEARS	DATE:17/07/2024	
REF BY DR: SELF	SEX/FEMALE	LAB.NO.0003	
STATUS REPORT: FINAL			
TEST NAME	VALUE	UNIT	REFERENCE VALUE

### HEMATOLOGY REPORT

#### COMPLETE BLOOD COUNT: CBC

HAEMOGLUBIN	7.8*	gm/dL	MALE 14-17.4 FEMALE 12-15.0
TOTAL LEUKOCYTE COUNT(TLC)	7,440	cell/cumm	4000-11000
<b>DIFFERENTIAL LEUKOCYTE COUNT (DLC)</b>			
Neutrophils	82	%	40-70
Lymphocytes	12	%	20-40
Eosinophils	04	%	01-06
Monocytes	02	%	02-10
Basophils	00	%	00-01
<b>Abs. Count.Of Differential.</b>			
Neutrophils	6.12	10 <sup>3</sup> /uL	1.80 - 7.70
Lymphocytes	0.88	10 <sup>3</sup> /uL	1.10 - 3.20
Eosinophils	0.26	10 <sup>3</sup> /uL	0.20 - 0.52
Monocytes	0.16	10 <sup>3</sup> /uL	0.10 - 0.60
Basophils	0.02	10 <sup>3</sup> /uL	0.00 - 0.06
R.B.C	2.35*	cell/cum	4.00 - 5.50
H.C.T	24.4	%	32 - 42
MCV	103.7*	fL	80-96
MCH	33.2	PG	27-34
MCHC	32.0	g/Dl	32-36
Platelets count	1.15*	cell/cumm	1.5-4.50



CBC- 5 Part



Erba Chem-7



Electrolytes-Erba



ECG



Digital X-Ray

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### BIOCHEMISTRY REPORT

#### KIDNEY FUNCTION TEST

S. UREA	93.74	mg/dL	05.00-40.00
S. CREATININE	4.47	mg/dL	Male 0.60-1.50 Female 0.60-1.40
S. URIC ACID	5.74	mg/dL	Male 3.0-7.00 Female 2.5-6.0

#### ELECTROLYTE

S. SODIUM (Na <sup>+</sup> )	130.50	mEq/L	135.00-155.00
S. POTASSIUM(K <sup>+</sup> )	5.58	mEq/L	3.50-5.50
S CALCIUM (Ca <sup>++</sup> )	0.920	mEq/L	1.00-1.300
S CALCIUM (Total)	7.35	mg/dL	8.40-11.40
CL <sup>-</sup>	99.70	mg/dL	96.00-109.0

#### Comment

Electrolytes are substance that have a +ve or -ve charge when dissolve in water. Electrolytes are minirals, that are present our body and tissues.

#### Increase level:

- Dehydration
- Diarrhea
- Unexplained confusion
- Muscle cramps
- Numbness
- Sweating or fever

#### Decrease level:

- Excessive fluid loss (vomiting, diarrhea, kidney disease, heart disease, diabetes)
- Diuretic like loop diuretics and potassium sparing diuretics.
- Some depressants.
- Oral cotraceptives
- Steroids.

**Serum Creatinine Test:** This blood test examines whether creatinine is building up in your Blood. The kidneys usually completely filter creatinine from the blood. A high level of creatinine suggests a kidney problem.

**Blood Urea (BU):** The blood urea (BU) test also checks for waste products in your blood. BU Tests measure the amount of nitrogen in the blood. Urea is a breakdown product of protein. However, not all elevated BU tests are due to kidney damage. Common medications, including large Doses of aspirin and some types of antibiotics can also increase your BU.

A normal BU level is between 7 and 20. A higher value could suggest several different health Problems.

**Uric acid** is the end product of the metabolic break down of purine nucleotides. It is excreted to a large degree by the kidney and so smaller degree in the intestinal trac. Increase in-Diuretic, Alcohol, drinking too much soda and fruits that containing fructose. Immune-supressing drugs, kidney problems, Psoriasis, Gout, and fits, starvation, extremely exercise, increase in - Wilson disease, Fanconis syndrom and yellowatrophy

SENSACORE	
PATIENT ID: 312	
ANALYZE SAMPLE	
Na = 130.5	mmol/L LOW
K = 5.58	mmol/L HIGH
Ca = 0.92	mmol/L LOW
Cl = 99.7	mmol/L
Jul-17-24 13:01:26	

C- 5 Part

Erba Chem-7

\*\*\*\*\*End of report\*\*\*\*\*  
Electrolytes-Erba

ECG

Digital X-Ray

**Not for the Medico Legal purpose**

Reported results for information & for interpretation of the Referring Doctors only.

**24x7 Emergency**

Results of the test may vary from laboratory to laboratory & also in same parameters from time to time for the same patients.

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### BIOCHEMISTRY REPORT

#### LIVER FUNCTION TEST

BILIRUBIN TOTAL	0.69	mg/dL	<1.00
BILIRUBIN DIRECT	0.16	mg/dL	0.00-0.40
BILIRUBIN INDIRECT	0.53	mg/dL	<0.80
AST(SGOT)	61.88	U/L	<40
ALT(SGPT)	57.62	U/L	<35
ALKALINE PHOSPHATASE (ALP)	110.80	U/L	Male 53-128 Female 42-98
TOTAL PROTEIN	6.46	g/dL	6.00-8.00
ALBUMIN	3.94	g/dL	3.5-5.5
GLOBULIN	2.52	g/dl	2.5-3.5
A: G RATIO	1.563		0.90-2.00

**Note:**

Enhanced liver fibrosis (ELF) test is used to evaluate liver fibrosis in patients with suspected chronic liver disease due to Viral Hepatitis B & C, Alcoholic liver disease and Non-alcoholic fatty liver disease.

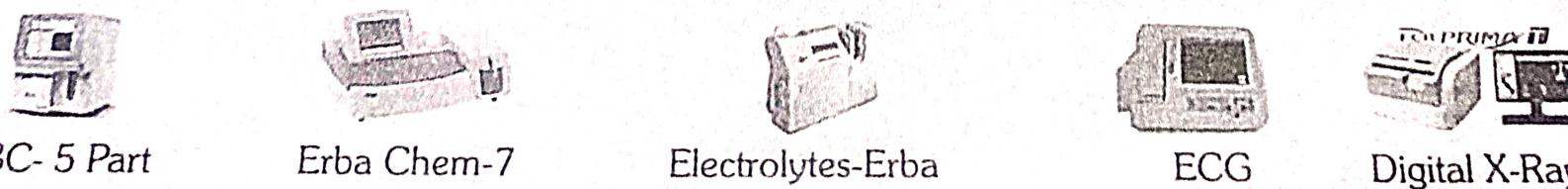
Liver tests may be done together in a panel or tested separately-some common liver function tests include. When liver cells are damaged or destroyed, the enzymes in the cells leak out into the blood, where they can be measured by blood tests, Liver tests check the blood for two main liver enzymes.

**Aspartate aminotransferases (AST),** formerly called SGOT. The AST enzyme is also found in muscles and many other tissues beside the liver.

**Alkaline aminotransferase (ALT),** formerly called SGPT. ALT is almost exclusively found in the liver. If ALT & AST are found together in elevated amounts in the blood, liver damage is most likely present.

**Alkaline phosphate (ALP)** is an enzyme in the liver, bile ducts and bone. Higher than normal levels of ALP may indicate liver damage or disease, such as blocked bile duct, or certain bone diseases.

**Albumin and total protein** albumin: are one of several proteins made in the liver and your body needs these proteins to fight infections and to perform other functions. Lower than normal levels of albumin and total protein may indicate liver damage or diseases.



PC- 5 Part      Erba Chem-7      Electrolytes-Erba      ECG      Digital X-Ray