

Name : Ms. RITA JAISWAL
 Lab No : 462961607
 Ref By : SELF
 Collected : 10/9/2024 7:30:00PM
 A/c Status : P
 Collected at : Jangipur-CC

Age : 55 Years
 Gender : Female
 Reported : 10/9/2024 10:00:07PM
 Report Status : Final
 Processed at : Dr. Lal Path labs Ltd
 Suddhipur, Varanasi-221003

Test Report

| Test Name | Results | Units | Bio. Ref. Interval |
|---|---------|-------|--------------------|
| LIVER PANEL 1; LFT,SERUM (Reflectance Photometry) | | | |
| AST (SGOT) | 16.7 | U/L | <32 |
| ALT (SGPT) | 13.8 | U/L | <33 |
| AST:ALT Ratio | 1.21 | | <1.00 |
| GGTP | 89.0 | U/L | <42.00 |
| Alkaline Phosphatase (ALP) | 197.00 | U/L | <98 |
| Bilirubin Total | 0.33 | mg/dL | <1.10 |
| Bilirubin Direct | 0.11 | mg/dL | <0.20 |
| Bilirubin Indirect | 0.22 | mg/dL | <1.10 |
| Total Protein | 6.36 | g/dL | 6.40 - 8.30 |
| Albumin | 3.94 | g/dL | 3.50 - 5.20 |
| A : G Ratio | 1.35 | | 0.90 - 2.00 |

Note

1. In an asymptomatic patient, Non alcoholic fatty liver disease (NAFLD) is the most common cause of increased AST, ALT levels. NAFLD is considered as hepatic manifestation of metabolic syndrome.
2. In most type of liver disease, ALT activity is higher than that of AST; exception may be seen in Alcoholic Hepatitis, Hepatic Cirrhosis, and Liver neoplasia. In a patient with Chronic liver disease, AST:ALT ratio >1 is highly suggestive of advanced liver fibrosis.
3. In known cases of Chronic Liver disease due to Viral Hepatitis B & C, Alcoholic liver disease or NAFLD, Enhanced liver fibrosis (ELF) test may be used to evaluate liver fibrosis.
4. In a patient with Chronic Liver disease, AFP and Des-gamma carboxyprothrombin (DCP)/PIVKA II can be used to assess risk for development of Hepatocellular Carcinoma.

KIDNEY PANEL; KFT,SERUM
(Reflectance Photometry, Indirect ISE)

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Regd. Office : Dr Lal PathLabs Ltd, Block-E, Sector-18, Rohini, New Delhi-110085
Web: www.lalpathlabs.com, CIN: L74899DL1995PLC065388

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Test Report

Test Name

Creatinine

Results

11.41

Units

mg/dL

Bio. Ref. Interval

<0.90

GFR Estimated

4

mL/min/1.73m2

>59

GFR Category

G5

Urea

255.20

mg/dL

Result Rechecked,
Please Correlate Clinically.

Urea Nitrogen Blood

119.18

mg/dL

9.80 - 20.10

Uric Acid

9.10

mg/dL

2.4 - 5.7

Total Protein

6.86

g/dL

6.40 - 8.30

Albumin

3.94

g/dL

3.50 - 5.20

A : G Ratio

1.35

0.90 - 2.00

Calcium, Total

8.68

mg/dL

8.6 - 10.0

Phosphorus

5.34

mg/dL

2.6 - 4.5

Sodium

134.00

mEq/L

136.00 - 145.00

Potassium

6.56

mEq/L

3.5 - 5.1

Chloride

96.20

mEq/L

98 - 108

Advise

1. CKD Risk Map (Z1014)
2. Cystatin C, serum (B173)

Note

1. Estimated GFR (eGFR) calculated using the 2021 CKD-EPI creatinine equation and GFR Category reported as per KDIGO guideline 2012.
2. eGFR category G1 or G2 does not fulfil the criteria for CKD, in the absence of evidence of kidney damage
3. The BUN-to-creatinine ratio is used to differentiate prerenal and postrenal azotemia from renal

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| COMPLETE BLOOD COUNT;CBC (SLS Method, Sheath Flow DC Detection Method, Fluorescent Flow Cytometry & Calculated) | | | |
| Hemoglobin | 6.70 | g/dL | 12.00 - 15.00 |
| Result Rechecked, Please Correlate Clinically. | | | |
| Packed Cell Volume (PCV) | 23.00 | % | 36.00 - 46.00 |
| RBC Count | 2.61 | mill/mm3 | 3.80 - 4.80 |
| MCV | 88.10 | fL | 83.00 - 101.00 |
| Mentzer Index | 33.8 | | |
| MCH | 25.70 | pg | 27.00 - 32.00 |
| MCHC | 29.10 | g/dL | 31.50 - 34.50 |
| Red Cell Distribution Width (RDW) | 16.80 | % | 11.60 - 14.00 |
| Total Leukocyte Count (TLC) | 8.18 | thou/mm3 | 4.00 - 10.00 |
| Differential Leucocyte Count (DLC) | | | |
| Segmented Neutrophils | 59.90 | % | 40.00 - 80.00 |
| Lymphocytes | 26.40 | % | 20.00 - 40.00 |
| Monocytes | 3.80 | % | 2.00 - 10.00 |
| Eosinophils | 9.40 | % | 1.00 - 6.00 |
| Basophils | 0.50 | % | <2.00 |
| Absolute Leucocyte Count | | | |
| Neutrophils | 4.90 | thou/mm3 | 2.00 - 7.00 |
| Lymphocytes | 2.16 | thou/mm3 | 1.00 - 3.00 |
| Monocytes | 0.31 | thou/mm3 | 0.20- 1.00 |

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| Eosinophils | 0.77 | thou/mm3 | 0.02 - 0.50 |
| Basophils | 0.04 | thou/mm3 | 0.02 - 0.10 |
| Platelet Count | 150 | thou/mm3 | 150.00 - 410.00 |
| Mean Platelet Volume | 13.8 | fL | 6.5 - 12.0 |

Comment

In anaemic conditions Mentzer index is used to differentiate Iron Deficiency Anaemia from Beta- Thalassemia trait. If Mentzer Index value is >13, there is probability of Iron Deficiency Anaemia. A value <13 indicates likelihood of Beta- Thalassemia trait and Hb HPLC is advised to rule out the Thalassemia trait.

Note

- As per the recommendation of International council for Standardization in Hematology, the differential leucocyte counts are additionally being reported as absolute numbers of each cell in per unit volume of blood
- Test conducted on EDTA whole blood