



<b>Name</b> : Master VIRAJ	<b>Age</b> : 8 Years
<b>Lab No.</b> : 191482156	<b>Gender</b> : Male
<b>Ref By</b> : ABHISHEK JAIN	<b>Reported</b> : 13/6/2025 3:21:10PM
<b>Collected</b> : 13/6/2025 9:20:00AM	<b>Report Status</b> : Final
<b>A/c Status</b> : P	<b>Processed at</b> : LPL-PREET VIHAR
<b>Collected at</b> : VINEET KUMAR- PSC CHIRANJEEV VIHAR PLOT NO-8/5, GROUND FLOOR, CHIRANJEEV VIHAR, GHAZIABAD, GHAZIABAD, 201001 UTP	Plot no. 33, Defence Enclave, Vikas Marg, Preet Vihar, New Delhi-110092

### Test Report

Test Name	Results	Units	Bio. Ref. Interval
<b>LIVER PANEL 1; LFT,SERUM</b>			
AST (SGOT) (IFCC)	23.0	U/L	15.00 - 40.00
ALT (SGPT) (IFCC)	21.0	U/L	10.00 - 40.00
AST:ALT Ratio (Calculated)	1.10		<1.00
GGTP (IFCC,L-y-glutamyl-3-carboxy-4-nitroanilide)	17.0	U/L	3 - 22
Alkaline Phosphatase (ALP) (IFCC-AMP)	121.00	U/L	175.00 - 420.00
Bilirubin Total (Oxidation)	0.28	mg/dL	0.30 - 1.20
Bilirubin Direct (Oxidation)	0.12	mg/dL	<0.3
Bilirubin Indirect (Calculated)	0.17	mg/dL	<1.10
Total Protein (Biuret)	7.60	g/dL	6.00 - 8.00
Albumin (BCG)	4.28	g/dL	3.80 - 5.40
Globulin(Calculated)	3.32	gm/dL	1.9 - 3.4
A : G Ratio (Calculated)	1.29		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.





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### Test Report

Test Name	Results	Units	Bio. Ref. Interval
<b>COMPLETE BLOOD COUNT;CBC</b>			
Hemoglobin (Photometry)	10.20	g/dL	11.50 - 15.50
Packed Cell Volume (PCV) (Calculated)	31.10	%	35.00 - 45.00
RBC Count (Electrical impedance)	3.91	mill/mm3	4.00 - 5.20
MCV (Derived from RBC histogram)	79.60	fL	77.00 - 95.00
Mentzer Index (Calculated)	20.4		
MCH (Calculated)	26.00	pg	25.00 - 33.00
MCHC (Calculated)	32.70	g/dL	31.00 - 37.00
Red Cell Distribution Width (RDW) (Derived from RBC histogram)	14.90	%	12.00 - 14.10
Total Leukocyte Count (TLC) (Electrical Impedence)	14.80	thou/mm3	5.00 - 13.00
<b>Differential Leucocyte Count (DLC)</b>			
Segmented Neutrophils (VCS Technology)	82.50	%	37.00 - 70.00
Lymphocytes (VCS Technology)	10.30	%	22.00 - 55.00
Monocytes (VCS Technology)	7.10	%	2.00 - 10.00
Eosinophils (VCS Technology)	0.00	%	1.00 - 8.00
Basophils (VCS Technology)	0.10	%	0.00 - 1.00
<b>Absolute Leucocyte Count</b>			
Neutrophils (Calculated)	12.21	thou/mm3	2.00 - 8.00
Lymphocytes (Calculated)	1.52	thou/mm3	1.00 - 5.00
Monocytes (Calculated)	1.05	thou/mm3	0.20 - 1.00
Eosinophils (Calculated)	0.00	thou/mm3	0.10 - 1.00





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### Test Report

Test Name	Results	Units	Bio. Ref. Interval
Basophils (Calculated)	0.01	thou/mm3	0.02 - 0.10
Platelet Count (Electrical impedance)	294	thou/mm3	170.00 - 450.00
Mean Platelet Volume (Derived from Platelet histogram)	9.9	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



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<b>PLOT NO-8/5, GROUND FLOOR, CHIRANJEEV</b>	<b>Preet Vihar, New Delhi-110092</b>
<b>VIHAR, GHAZIABAD, GHAZIABAD, 201001 UTP</b>	

**Test Report**

Test Name	Results	Units	Bio. Ref. Interval
<b>C-REACTIVE PROTEIN; CRP, SERUM</b> (Immunoturbidometry)	<b>36.60</b>	mg/L	<3.30

  
**DMC/R/8941**Dr Sakshi Virmani  
MD, Pathology  
Consultant Pathologist  
Dr Lal PathLabs Ltd  
**DMC NO. 90439**Dr. Sneha Kumari  
DNB, Pathology  
Chief of Laboratory  
Dr Lal PathLabs Ltd



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**Test Report**

Test Name	Results	Units	Bio. Ref. Interval
TYPHI DOT/ SALMONELLA TYPHI IgM (ICT)	Non-Reactive		

**Interpretation**

RESULT	REMARKS
Non-Reactive	Indicates absence of IgM antibodies against salmonella typhi.

**Note**

1. IgM antibodies are typically detectable 5-7 days post symptom onset, peaking in 2nd week and frequently remain elevated for 2-4 months following infection.
2. False negative reaction may be due to processing of sample collected early in the course of disease, antibiotic treatment during 1st week and immunosuppression.
3. Test conducted on serum.



Dr Jyotsna Singh  
MD, Pathology  
Consultant Pathologist

-----End of report-----



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#### IMPORTANT INSTRUCTIONS

•Test results released pertain to the specimen submitted. •All test results are dependent on the quality of the sample received by the Laboratory .  
•Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician .•Report delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted. •Certain tests may require further testing at additional cost for derivation of exact value. Kindly submit request within 72 hours post reporting. •Test results may show interlaboratory variations. •The Courts/Forum at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of test(s). •Test results are not valid for medico legal purposes. •This is computer generated medical diagnostic report that has been validated by Authorized Medical Practitioner /Doctor. •The report does not need physical signature.

(#) Sample drawn from outside source.

If Test results are alarming or unexpected, client is advised to contact the Customer Care immediately for possible remedial action.

Tel: +91-11-49885050, Fax: - +91-11-2788-2134, E-mail: lalpathlabs@lalpathlabs.com

