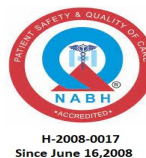




Sir Ganga Ram Hospital

RAJINDER NAGAR, NEW DELHI-110060



Clinical Laboratory Services Department of Haematology

Name : MR SURESH CHANDRA **Age/Sex** : 63 Yrs / Male
Registration No. : 3412244 **Ward No.** :
Lab Request No. : 1124151094 **Room No.** :
Episode No. : OP13978435 **Location Type** : Out Patient
Location : GENERAL & LAPAROSCOPIC SURGERY (UNIT 1) * Mon,Thu **Collected On** : 09 Aug 2024 11:28AM
Referred By : None **Received On** : 09 Aug 2024 12:49PM
Ext. Doctor : **Reported On** : 09 Aug 2024 01:31PM
Specimen : Blood **Released by** :
Printed On : 10-Aug-2024 06:43 PM



Investigation	Results	Units	Bio. Ref. Interval	Test Method
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Complete Blood Count-EDTA BLOOD

Cell Counter

Sysmex XN

Automated/Microscopy

Haemoglobin	13.2	g/dl	(13.0-17.0)	SLS Hb Method
TLC	6.94	thous/ul	(4.00-10.00)	Flowcytometry
Platelet Count	113	thous/ul	(150-450)	Impedance / Flowcytometry
PCV	40.3	%	(40.0-50.0)	Cumulative pulse height detection
RBC	4.43	mill/ul	(4.50-5.50)	Impedance
MCV	91.0	fL	(83.0-101.0)	Computed
MCH	29.8	pg	(26.7-31.7)	Computed
MCHC	32.8	g/dl	(31.5-34.5)	Computed
RDW	15.2	%	(11.6-14.0)	Computed
Micro R	2.10	%		Computed
Macro R	4.40	%		Computed

Differential Leukocyte Count (DLC)

Fluorescence Flowcytometry / Manual

Neutrophils	62	%	(40-80)
Lymphocytes	29	%	(20-40)
Eosinophils	1	%	(1-6)
Monocytes	8	%	(2-10)
Basophils	0	%	(0-2)
ANC	4303	/ul	(2000-7000)
ALC	2013	/ul	(1000-3000)
AEC	69	/ul	(20-500)
AMC	555	/ul	(200-1000)
ABC	0	/ul	(20-100)

Please correlate clinically.



Sir Ganga Ram Hospital
RAJINDER NAGAR, NEW DELHI-110060



Clinical Laboratory Services
Department of Biochemistry

Name : MR SURESH CHANDRA **Age/Sex** : 63 Yrs / Male
Registration No. : 3412244 **Ward No.** :
Lab Request No. : 9924183049 **Room No.** :
Episode No. : OP13978435 **Location Type** : Out Patient
Location : GENERAL & LAPAROSCOPIC SURGERY (UNIT 1) * Mon,Thu
Collected On : 09 Aug 2024 11:28AM
Referred By : None **Received On** : 09 Aug 2024 01:01PM
Ext. Doctor : **Reported On** : 09 Aug 2024 01:58PM
Specimen : Blood **Released by** : Dr Reetika Saini
Printed On : 10-Aug-2024 06:43 PM



Investigation	Results	Units	Bio. Ref. Interval	Test Method
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GLUCOSE (RANDOM) (PLASMA, NaF)	103.00	mg/dL	(70.00-160.00)	Hexokinase
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Clinical Laboratory Services
Department of Biochemistry

Name : MR SURESH CHANDRA Age/Sex : 63 Yrs / Male
Registration No. : 3412244 Ward No. :
Lab Request No. : 9924183049 Room No. :
Episode No. : OP13978435 Location Type : Out Patient
Location : GENERAL & LAPAROSCOPIC Collected On : 09 Aug 2024 11:28AM
SURGERY (UNIT 1) * Mon,Thu
Referred By : None Received On : 09 Aug 2024 01:01PM
Ext. Doctor : Reported On : 09 Aug 2024 02:02PM
Specimen : Blood Released by : Dr Reetika Saini
Printed On : 10-Aug-2024 06:43 PM



Investigation	Results	Units	Bio. Ref. Interval	Test Method
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LIPID PROFILE, SERUM

TOTAL CHOLESTEROL	142.00	mg/dL	(<190.00)	CHOD-POD
HDL CHOLESTROL	35.00	mg/dL	(>40.00)	Accelerated Selective Detergent (Direct)
*LDL CHOLESTEROL	93.00	mg/dL	(<100.00)	Liquid Selective Detergent (Direct)
VLDL CHOLESTEROL	14.00	mg/dL	(<45.00)	Calculated
TRIGLYCERIDES	116.00	mg/dL	(<150.00)	Enzymatic End Point
*NON-HDL	107.00	mg/dL	(<130.00)	Calculated

LOOK FOR YOUR ESTIMATED RISK AND LIPID GOALS

*Standard lipid testing panels and targets for various risk groups (all values in mg/dL)

RISK	LOW	MODERATE	HIGH	VERY HIGH
*LDL-Chol	<100	<100	<70	<55
*Non HDL-Chol	<130	<130	<100	<85
HDL-Chol	M>40; F>50	M>40; F>50	M>40; F>50	M>40; F>50
Triglycerides	<150	<150	<150	<150

Calculate Non HDL if Triglycerides >150mg/dL. Non HDL =Total cholesterol-HDL-C

CVD= Cardiovascular disease (disease of arteries of heart, brain and limbs)

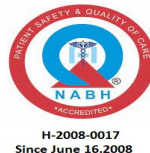
Low Risk	No CVD risk factor(RF)
Moderate Risk	Any one CVD risk factor [e.g. smoking, tobacco, hypertension (HT)], diabetes mellitus (DM), dyslipidemia, central obesity, family history of young heart attacks[M<55 Years; F<65 Years].
High Risk	DM with one or more risk factors, HT with one or more RF, chronic kidney disease, familial hypercholesterolemia without RF.
Very High Risk	Clinical evidence of blocked arteries (angina, stroke, heart attack, limb vessel disease), DM>20 years, DM with complications, familial hypercholesterolemia with blockage of arteries.

Sawhney JPS, Ramakrishnan S, Madan K, Ray S, Jayagopal PB, Prabhakaran D, et al.

CSI Clinical Practice Guidelines for Dyslipidemia Management: Executive Summary.

Indian Heart Journal 2024; 76(1):S6-S19. doi: 10.1016/j.ihj.2023.11.271.

(CSI - Cardiology Society of India)



Clinical Laboratory Services
Department of Biochemistry

Name : MR SURESH CHANDRA Age/Sex : 63 Yrs / Male
Registration No. : 3412244 Ward No. :
Lab Request No. : 9924183049 Room No. :
Episode No. : OP13978435 Location Type : Out Patient
Location : GENERAL & LAPAROSCOPIC Collected On : 09 Aug 2024 11:28AM
SURGERY (UNIT 1) * Mon,Thu
Referred By : None Received On : 09 Aug 2024 01:01PM
Ext. Doctor : Reported On : 09 Aug 2024 02:02PM
Specimen : Blood Released by : Dr Reetika Saini
Printed On : 10-Aug-2024 06:43 PM



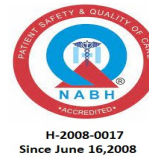
Investigation	Results	Units	Bio. Ref. Interval	Test Method
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RENAL BIOCHEMICAL PROFILE-BASIC, SERUM

BUN	16.52	mg/dL	(8.40-25.70)	Urease UV
CREATININE	0.99	mg/dL	(0.70-1.25)	Jaffe kinetic(IDMS)
CALCIUM	8.84	mg/dL	(8.40-10.20)	Arsenazo-3
PHOSPHOROUS	3.03	mg/dL	(2.30-4.70)	Phosphomolybdate UV
SODIUM	139.00	mmol/L	(136.00-146.00)	ISE(Indirect)
POTASSIUM	4.37	mmol/L	(3.50-5.10)	ISE(Indirect)
CHLORIDE	108.90	mmol/L	(98.00-113.00)	ISE(Indirect)
BICARBONATE	22.00	mmol/L	(20.00-31.00)	PEP Carboxylase,Enzymatic

COMMENTS:

A raised Blood Urea Nitrogen (BUN) can be caused by several different conditions, mostly involving the kidneys. Serum creatinine, in conjunction with the BUN, helps to differet between these conditions. A normal creatinine does not exclude renal disease as loss of renal function is required to increase the creatinine from 1.0 to 2.0 mg/dL. A high serum uric acid is indicative of gout or renal failure, but it can be affected by several other factors, e.g. diet, drug or alcohol intake, or other disease conditions. Calcium and phosphorous are major minerals of the body which are involved in the normal functioning of bones and neuromuscular junctions, Sodium and potassium are the major electrolytes of our body, which maintain reciprocal concentrations in the intracellular and the extracellular. In renal failure, calcium levels may decrease, and potassium and compartments. phosphorus levels may increase. Bicarbonate measurements are used in the diagnosis and treatment of disorders.



Clinical Laboratory Services
Department of Biochemistry

Name	: MR SURESH CHANDRA	Age/Sex	: 63 Yrs / Male
Registration No.	: 3412244	Ward No.	:
Lab Request No.	: 9924183049	Room No.	:
Episode No.	: OP13978435	Location Type	: Out Patient
Location	: GENERAL & LAPAROSCOPIC SURGERY (UNIT 1) * Mon,Thu	Collected On	: 09 Aug 2024 11:28AM
Referred By	: None	Received On	: 09 Aug 2024 01:01PM
Ext. Doctor	:	Reported On	: 09 Aug 2024 01:59PM
Specimen	: Blood	Released by	: Dr Reetika Saini
Printed On	: 10-Aug-2024 06:43 PM		



Investigation	Results	Units	Bio. Ref. Interval	Test Method
URIC ACID, SERUM	9.65	mg/dL	(3.50-7.20)	Uricase



Clinical Laboratory Services
Department of Biochemistry

Name : MR SURESH CHANDRA Age/Sex : 63 Yrs / Male
Registration No. : 3412244 Ward No. :
Lab Request No. : 9924183049 Room No. :
Episode No. : OP13978435 Location Type : Out Patient
Location : GENERAL & LAPAROSCOPIC SURGERY (UNIT 1) * Mon,Thu
Referred By : None Collected On : 09 Aug 2024 11:28AM
Ext. Doctor : Received On : 09 Aug 2024 01:01PM
Specimen : Blood Reported On : 09 Aug 2024 02:59PM
Printed On : 10-Aug-2024 06:43 PM Released by : Dr Reetika Saini



Investigation	Results	Units	Bio. Ref. Interval	Test Method
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GLYCOSYLATED Hb (HbA1c) ,WHOLE BLOOD (EDTA)

GLYCOSYLATED Hb. **5.9** % (<5.7) HPLC (NGSP certified)
(HbA1c)

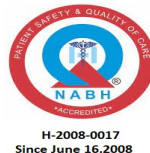
Interpretation as per American Diabetes Association (ADA 2023)

Glycosylated hemoglobin (HbA1c) estimations are primarily required for the diagnosis management of diabetes mellitus.

HbA1c reflects the average blood glucose over the preceding 6-8 weeks and is a better indicator of glycemic control for patients of diabetes mellitus on medication.

HbA1c Criteria	HbA1c in %
Non diabetics adults(>=18 years)	4.0 - 5.6
Prediabetes	5.7 - 6.4
Diabetes	>= 6.5
Goal of therapy	< 7.0

Any condition that shortens erythrocyte survival such as sickle cell disease, pregnancy (second and third trimesters), hemodialysis, recent blood loss or transfusion or erythropoietin will falsely lower HbA1c results regardless of the assay method.



Clinical Laboratory Services
Department of Biochemistry

Name : MR SURESH CHANDRA Age/Sex : 63 Yrs / Male
Registration No. : 3412244 Ward No. :
Lab Request No. : 9924183049 Room No. :
Episode No. : OP13978435 Location Type : Out Patient
Location : GENERAL & LAPAROSCOPIC Collected On : 09 Aug 2024 11:28AM
SURGERY (UNIT 1) * Mon,Thu
Referred By : None Received On : 09 Aug 2024 01:01PM
Ext. Doctor : Reported On : 09 Aug 2024 02:00PM
Specimen : Blood Released by : Dr Reetika Saini
Printed On : 10-Aug-2024 06:43 PM



Investigation	Results	Units	Bio. Ref. Interval	Test Method
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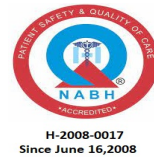
HEPATIC PROFILE, SERUM

BILIRUBIN TOTAL	0.59	mg/dL	(0.20-1.20)	Diazo assay
BILIRUBIN DIRECT	0.26	mg/dL	(0.00-0.50)	Diazo assay
TOTAL PROTEIN	7.17	gm/dL	(6.00-8.30)	Biuret
ALBUMIN	4.59	gm/dL	(3.20-4.60)	BCG
GLOBULIN	2.58	gm/dL	(1.80-3.60)	Calculated
A/G RATIO	1.78	2:1		Calculated
AST/SGOT	32.00	IU/L	(5.00-34.00)	UV kinetic without P5P
ALT/SGPT	40.00	IU/L	(0.00-55.00)	UV kinetic without P5P
ALK PHOSPHATASE	129.00	IU/L	(40.00-150.00)	Enzymatic Kinetic (PNP)
GGT	30.00	IU/L	(12.00-64.00)	G-glutamyl-Carboxy-nitroanilide

COMMENTS:

High serum bilirubin levels (jaundice) can typically be caused by infections or obstructions in the hepatobiliary system. Infections are usually associated with increases in the AST and ALT enzymes whereas obstructive pathology is associated with increased levels of alkaline phosphatase. Raised gamma-GT is associated with induction by specific substances like some drugs, alcohol, etc. In addition, toxicity due to several drugs (antituberculars, statins, anti-epileptics, immunosuppressants, etc.) can also cause raised levels of liver enzymes.

Proteins are not only the building blocks of our body but also carriers of major enzymes, hormones and medicinal substances in the blood stream. A significant decrease in total protein concentration arises from a low albumin which may be due to dietary deficiency, decreased synthesis or decreased immune response. A significant increase in total proteins is due to globulin being in excess as in multiple myeloma.



Clinical Laboratory Services
Department of Biochemistry

Name	: MR SURESH CHANDRA	Age/Sex	: 63 Yrs / Male
Registration No.	: 3412244	Ward No.	:
Lab Request No.	: 9924183049	Room No.	:
Episode No.	: OP13978435	Location Type	: Out Patient
Location	: GENERAL & LAPAROSCOPIC SURGERY (UNIT 1) * Mon,Thu	Collected On	: 09 Aug 2024 11:28AM
Referred By	: None	Received On	: 09 Aug 2024 01:01PM
Ext. Doctor	:	Reported On	: 09 Aug 2024 03:25PM
Specimen	: Blood	Released by	: Dr Reetika Saini
Printed On	: 10-Aug-2024 06:43 PM		



Investigation	Results	Units	Bio. Ref. Interval	Test Method
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MICRONUTRIENT PROFILE, SERUM

IRON	77.00	ug/dL	(65.00-175.00)	Ferene
VITAMIN B12	<100.00	pg/mL	(197.00-771.00)	ECLIA
FOLIC ACID	7.88	ng/mL	(3.89-26.80)	ECLIA
VITAMIN D	22.20	ng/mL	(>30.00)	ECLIA
COPPER	97.70	ug/dL	(70.00-140.00)	Colorimetric End Point
ZINC	71.12	ug/dL	(72.60-127.00)	Colorimetric End Point
MAGNESIUM	1.93	mg/dL	(1.60-2.60)	Rate enzymatic