



Vijaya Diagnostic Centre

3-6-16 & 17, Street No. 19, Himayatnagar, Hyderabad - 500 029

Email : info@vijayadiagnostic.com

www.vijayadiagnostic.com

LABORATORY TEST REPORT

Regn Date : 06/07/2021 12:03 Sample Collection : 11/03/2024 11:49
Name : MR. C BHANU PRAKASH Print Date : 11/03/2024 10:09
Regn No : 672121435 Age / Sex : 20 Years Male
Ref By : Dr. HEALTHFYN BUSINESS ENTITY Regn Centre : Nallakunta - 67
Sample Type : Serum Ref no. :



URIC ACID

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVAL
Uric Acid	: 5.2	3.5 - 7.2 mg/dL
Method : Uricase Peroxidase		

Comments / Interpretation :

- Useful for monitoring therapeutic management of gout and chemotherapeutic treatment of neoplasms.

TSH (THYROID STIMULATING HORMONE)

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVAL
TSH	: 6.014	Adult : 0.55-4.78 µIU/mL
Method : Chemiluminescence Immuno Assay (CLIA)		

Comments / Interpretation :

- Patient preparation is particularly important for hormone studies, results of which may be markedly affected by many factors such as stress, position, fasting state, time of the day, preceding diet and drug therapy.
- TSH levels are increased in primary hypothyroidism, insufficient thyroid hormone replacement therapy, Hashimotos thyroiditis, use of amphetamines, dopamine antagonists, iodine containing agents, lithium and iodine induced or deficiency goiter.
- Decreased levels of TSH may be seen in Graves Disease, Toxic multinodular Goitre, Thyroiditis, Excessive treatment with thyroid hormone replacement and central Hypothyroidism.

UREA

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVAL
Urea	: 15	Adult : 17 - 43 mg/dL Newborn : 8.4 - 25.8 mg/dL Children : 10.8 - 38.4 mg/dL Infant : 10.8 - 38.4 mg/dL

Comments / Interpretation :

- In conjunction with serum creatinine, urea level aids in differential diagnosis of Pre-Renal, Renal and Post-Renal hyperuremia.

CREATININE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVAL
Creatinine	: 0.6	Adult Male : 0.7 - 1.2 mg/dL mg/dL Neonate : 0.3 - 1.0 mg/dL Infant : 0.2 - 0.4 mg/dL Children : 0.3 - 0.8 mg/dL
Method : Jaffe Kinetic IDMS traceable		

Comments / Interpretation :



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- Useful in the diagnosis of renal insufficiency and is more specific and sensitive indicator of renal disease than of BUN.
- Use of simultaneous BUN and creatinine levels provide more information in the diagnosis of renal insufficiency.



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ELECTROLYTES

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Sodium <i>Method : Indirect ISE</i>	: 139	136 - 146 mmol/L
Potassium <i>Method : Indirect ISE</i>	: 3.99	3.5 - 5.1 mmol/L
Chlorides <i>Method : Indirect ISE</i>	: 102	101 - 109 mmol/L

Comments / Interpretation :

Sodium :-

- Levels of sodium when evaluated with electrolytes aid in assessing acid base balance, water balance and water

intoxication. Potassium :-

- Useful in evaluation of electrolyte balance, cardiac arrhythmia, muscular weakness, hepatic encephalopathy and renal failure.

Chloride :-

- Useful, when assayed along with Sodium, Potassium and Bicarbonate in assessment of electrolyte, acid base and water balance.



MC-2657

Handwritten signature

DR S G ALI HATIM
CONSULTANT BIOCHEMIST



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Regn Date : 06/07/2021 12:03 Sample Collection : 11/03/2024 12:14
Name : MR. C BHANU PRAKASH Print Date : 11/03/2024 / 10:09
Regn No : 672121435 Age / Sex : 20 Years Male
Ref By : Dr. HEALTHFYN BUSINESS ENTITY Regn Centre : Nallakunta - 67
Sample Type : Fluoride Plasma Ref no. :



RANDOM PLASMA GLUCOSE (RPG)

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Plasma Glucose (Random) <i>Method : Hexokinase</i>	: 79	70 - 140 mg/dL

Comments / Interpretation :

- ADA Guidelines (2019) are adopted for the evaluation of Diabetic Status.



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Sample Type : Serum Ref no. :



CEA

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Carcino Embryonic Antigen (CEA)	: 4154	Non-Smokers <3.8 ng/mL Smokers < 5.5 ng/mL
Method : Electro Chemiluminescence Immuno Assay (ECLIA)		

Comments / Interpretation :

-
- High CEA concentration are frequently found in cases of colorectal adenocarcinoma.
 - Slight to moderate elevations occur in benign diseases of intestine, pancreas, liver and lungs. Smokers also have elevated CEA values.



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Regn Date : 06/07/2021 12:03 Sample Collection : 06/07/2021 11:49
Name : MR. K SHESHUBU Print Date : 07/07/2021 10:09
Regn No : 672121435 Age / Sex : 59 Years Male
Ref By : Dr. HEALTHFYN BUSINESS ENTITY Regn Centre : Nallakunta - 67
Sample Type : Whole Blood - EDTA Ref no. :



COMPLETE BLOOD PICTURE (CBP)

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVAL
Haemoglobin <i>Photometric measurement</i>	: 10.9	13.0 - 17.0 g/dL
Total RBC Count <i>Coulter Principle</i>	: 3.69	4.5 - 5.5 millions/cumm
Packed Cell Volume / Hematocrit <i>Calculated</i>	: 33.40	40.0 - 50.0 Vol%
MCV <i>Derived from RBC Histogram</i>	: 90.50	83.0 - 101.0 fl
MCH <i>Calculated</i>	: 29.40	27 - 32 pg
MCHC <i>Calculated</i>	: 32.50	31.5 - 34.5 gm/dL
RDW <i>Derived from RBC Histogram</i>	: 19.3	11.6 - 14.0 %
Total WBC Count <i>Coulter Principle</i>	: 8500	4000 - 10000 Cells/cumm
Differential count		
Neutrophils <i>VCSn Technology / Microscopy</i>	: 78	40 - 80 %
Lymphocytes <i>VCSn Technology / Microscopy</i>	: 9	20 - 40 %
Eosinophils <i>VCSn Technology / Microscopy</i>	: 3	1 - 6 %
Monocytes <i>VCSn Technology / Microscopy</i>	: 10	2 - 10 %
Basophils <i>VCSn Technology / Microscopy</i>	: 0	0 - 2 %
Absolute Leucocyte Count		
Absolute Neutrophil Count <i>Method : Calculation</i>	: 6630	2000 - 7000 Cells/cumm
Absolute Lymphocyte Count <i>Method : Calculation</i>	: 765	1000 - 3000 Cells/cumm
Absolute Eosinophil Count <i>Method : Calculation</i>	: 255	20 - 500 Cells/cumm
Absolute Monocyte Count <i>Method : Calculation</i>	: 850	200 - 1000 Cells/cumm
Platelet Count <i>Coulter Principle</i>	: 230000	150000 - 410000 /cumm
Peripheral Smear		
Released Date : 06/07/2021 20:31		



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COMPLETE BLOOD PICTURE (CBP)

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
RBC <i>Microscopy : Leishman stain/Modified Giemsa Stain</i>	: Normocytic Normochromic	
WBC <i>Microscopy : Leishman stain/Modified Giemsa Stain</i>	: Normal in morphology, maturity and distribution	
Platelets <i>Microscopy : Leishman stain/Modified Giemsa Stain</i>	: Adequate	



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DR.TAPOSHI DAS
CONSULTANT PATHOLOGIST



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 Sample Type : Serum Ref no. :



LIVER FUNCTION TEST - A (LFT-A)

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVAL
Total Bilirubin Method : Dichlorophenyl Diazonium Tetrafluoroborate	: 0.3	0.3 - 1.2
Conjugated Bilirubin Method : Dichlorophenyl Diazonium Tetrafluoroborate	: 0.1	Less than 0.2 mg/dL
Unconjugated Bilirubin Method : Calculation	: 0.2	0.3 - 1.00 mg/dL
ALT/SGPT Method : IFCC without P-5-P	: 11	Male (Adult) : 0 - 50 U/L Newborn/Infant : 13 - 45 U/L
AST/SGOT Method : IFCC without P-5-P	: 23	Male (Adult) : 0 - 50 U/L Newborn : 25 - 75 U/L Infant : 15 - 60 U/L
Alkaline Phosphatase Method : Kinetic PNPP- AMP	: 113	30 - 120 U/L
Total Protein (TP) Method : Biuret	: 5.2	6.6 - 8.3 g/dL
Albumin Method : Bromocresol Green (BCG)	: 3.2	Adult : 3.5 - 5.2 g/dL New Born (0-4 days) : 2.8 - 4.4 g/dL
Globulin Method : Biuret + Bromocresol Green + Calculation	: 2.0	1.8 - 3.6 g/dL
Albumin / Globulin (A/G) Ratio Method : Calculation	: 1.6	0.8 - 2.0
Gamma-Glutamyl Transferase (GGT) Method : UV Kinetic	: 40	0 - 55 U/L

Comments / Interpretation :

- Liver function test aid in the diagnosis of various pre hepatic, hepatic & post hepatic causes of dysfunction like hemolytic anemias, viral & alcoholic hepatitis and cholestasis of obstructive causes.
- The test encompasses hepatic excretory, synthetic function and also hepatic parenchymal cell damage.
- LFT helps in evaluating severity, monitoring therapy and assessing prognosis of liver disease and dysfunction.



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