MAX Lab

Laboratory Investigation Report

Patient Name	: Miss. Shejal Shakya	Centre	: 3565 - Max Lab Paras Season Sector 168 Noida
Age/Gender	: 30 Y 6 M 29 D /F	OP/IP No/UHID	: //
MaxID/Lab ID	: ML02310510/3336042300012	Collection Date/Time	: 19/Apr/2023 09:29AM
Ref Doctor	: SELF	Reporting Date/Time	: 19/Apr/2023 01:14PM

SIN No:B2B3134886

Clinical Biochemistry

Test Name	Result	Unit	Bio Ref Interval
Random Blood Sugar RBS (Glucose) camp*			
Random Glucose UV-Hexokinase	**70.1**	mg/dl	74 - 140

Test Performed at :969 - Max Hospital, Patparganj, 108A, IP Ext, I.P.Extension, Patparganj, Delhi, 11

Booking Centre :3565 - Max Lab Paras Season Sector 168 Noida, Shop No. ATM-2, Tower No. 1, Paras Season, 9818880718

The authenticity of the report can be verified by scanning the Q R Code on top of the page

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Ref Doctor	: SELF	Reporting Date/Time	: 19/Apr/2023 05:12PM

Clinical Biochemistry

SIN No:B2B3134886

Bile Acids Total, Serum*

Enzymatic Colorimetric

Date	19/Apr/2023 09:29AM	29/Mar/23 09:11AM	28/Feb/23 08:44AM	Unit	Bio Ref Interval
Bile Acid Enzymatic Colorimetric	5.3	4.8	5.7	µmol/L	0.5 - 10.0

Note

1. In Obstetric cholestasis, normal values for serum bile acids and transaminases may occasionally be seen. A repeat tet is recommended after 1-2 weeks in patients with persistent pruritis
2. Following meals, serum bile acid levels have beeb show to increase only slightly in normal persons, but markedly in patients with various liver diseases

Comments

Total bile acids are metabolized in the liver and can serve as a marker for normal liver function. Increases in serum bile acids are seen in patients with acute hepatitis, chronic hepatitis, liver sclerosis, liver cancer, and intrahepatic cholestasis of pregnancy. In Obstetric Cholestasis, concentrations greater than 15 µmo/L usually confirms the diagnosis in the absence of other hepatic disease. Bile acid concentrations greater than 40 µmo/L have been associated with increased fetal risk.

Kindly correlate with clinical findings

***** End Of Report *****

Dr. Poonam. S. Das, M.D.
Principal Director-
Max Lab & Blood Bank Services

Dr. Dilip Kumar M.D.
Associate Director &
Manager Quality

Dr. Nitin Dayal, M.D.
Principal Consultant & Head,
Haematopathology

Dr. Preeti Tuli, M.D.
Principal Consultant & Quality Manager
Pathology.

Dr.Mohini Bhargava, MD
Associate Director(Biochemistry)

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MaxID/Lab ID	: ML02310510/3336042300012	Collection Date/Time	: 19/Apr/2023 09:29AM
Ref Doctor	: SELF	Reporting Date/Time	: 19/Apr/2023 03:30PM

SIN No:B2B3134886

Serology

Test Name	Result	Unit	Bio Ref Interval

Rapid Card Test - HCV*, Serum
Immunochromatography

HCV Card Test	Non Reactive		

Comment **Interpretation**
It is only a screening test. All reactive samples should be confirmed by HCV quantitative PCR
A non reactive result does not exclude the possibility of exposure to or infection with HCV.
Patients with auto immune liver disease may show falsely reactive results

Rapid Card Test - HIV I & II*, Serum
Immunochromatography

Rapid Card HIV I & II Immunochromatography	Non Reactive		

Comment This is only a screening test. All samples detected reactive must be confirmed by using HIV RNA PCR / three different methods.
A non- reactive test result does not exclude the possibility of exposure to an infection with HIV (Window Period) or low viral load.

Advice:
1. HIV by 3 different methods
2. Confirmatory HIV RNA Quantitative PCR.

Rapid Card Test - Hepatitis B Surface Antigen, (HBsAg) *, Serum
Immunochromatography

Rapid Card HBsAg Immunochromatography	Non Reactive		

Comment
Interpretation
This is only a screening test.
All reactive samples should be confirmed by ‘HBsAg confirmatory test or HBV DNA PCR’.
A non – reactive does not exclude the possibility of exposure to infection with HBV (window period)
False positive results can be obtained due to the presence of other antigens or elevated levels of RF factor.

Advise: Confirmatory test 'HBsAg Confirmatory Quantitative' test followed by 'HBV DNA quantitative PCR'

Kindly correlate with clinical findings

***** End Of Report *****

Dr. Ranjana Chhabra, M.D.
Senior Consultant Microbiology

Dr. Suchitra Jain, M.D.
Senior Consultant Microbiology

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Ref Doctor	: SELF	Reporting Date/Time	: 19/Apr/2023 02:17PM

Clinical Biochemistry

SIN No:B2B3134886

Liver Function Test (LFT), Serum

Date	19/Apr/2023 09:29AM	06/Apr/23 08:59AM	29/Mar/23 09:11AM	28/Feb/23 08:44AM	12/Dec/22 11:08AM	Unit	Bio Ref Interval
Total Protein Biuret	6.72	6.95	6.71	7.02	7.02	g/dl	6.5 - 8.1
Albumin BCP	**3.4**	3.6	3.6	3.6	3.8	g/dl	3.5 - 5.0
Globulin Calculated	3.3	3.4	3.2	3.4	3.3	g/dl	2.3 - 3.5
A.G. ratio Calculated	**1.0**	**1.0**	**1.1**	**1.0**	1.2		1.2 - 1.5
Bilirubin (Total) Diazo	0.61	0.61	0.62	0.48	0.49	mg/dl	0.3 - 1.2
Bilirubin (Direct) Diazo	0.11	**0.07**	**0.06**	**0.09**	**0.07**	mg/dl	0.1 - 0.5
Bilirubin (Indirect) Calculated	0.50	0.54	0.56	0.39	0.42	mg/dL	0.1 - 1.0
SGOT- Aspartate Transaminase (AST) UV without P5P	24	29	36	27.0	36.0	U/L	< 50
SGPT- Alanine Transaminase (ALT) Kinetic Rate using LDH	17	28	43	30	46	U/L	17 - 63
AST/ALT Ratio Calculated	1.41	1.04	0.84	0.92	0.79	Ratio	
Alkaline Phosphatase PNP AMP Buffer	**200**	**184**	**180**	**134.4**	90.4	U/L	32 - 91
GGTP (Gamma GT), Serum Enzymatic Rate	12.0	15.0	19.0	16.0	29.0	U/L	7 - 50

Interpretation **AST/ALT Ratio : -**

In Case of deranged AST and/or ALT, the AST/ALT ratio is > 2.0 in alcoholic liver damage and < 2.0 in non – alcoholic liver damage

Kindly correlate with clinical findings

***** End Of Report *****

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Clinical Pathology

SIN No:B2B3134886

Urine Routine And Microscopy

Date	19/Apr/2023 09:29AM	28/Feb/23 08:44AM	12/Dec/22 11:08AM	19/Sep/22 09:37AM	Unit	Bio Ref Interval
Macroscopy						
Colour Visual Observation/ Automated	Pale Yellow	Pale Yellow	Pale Yellow	Pale Yellow		Pale Yellow
PH Double Indicator	6.0	6.0	6.0	**6.5**	..	5-6
Specific Gravity pKa change	1.020	1.020	1.025	**1.010**		1.015 - 1.025
Protein Protein-error of indicators	Neg	Neg	Neg	Neg		Nil
Glucose. Enzyme Reaction	Neg	Neg	Neg	Neg		Nil
Ketones Acetoacetic Reaction	Neg	Neg	Neg	Neg		Nil
Blood Benzidine Reaction	Neg	Neg	Neg	Neg		Nil
Bilirubin Diazo Reaction	Neg	Neg	Neg	Neg		Nil
Urobilinogen Ehrlichs Reaction	Normal	Normal	Normal	Normal		Normal
Nitrite Conversion of Nitrate	Neg	Neg	Neg	Neg		
Microscopy						
Red Blood Cells (RBC) Light Microscopy/Image capture microscopy	Nil	Nil	Nil	Nil	/HPF	Nil
White Blood Cells Light Microscopy/Image capture microscopy	1-2	12-15	25-30	0-1	/HPF	0.0-5.0
Squamous Epithelial Cells Light Microscopy/Image capture microscopy	1-2	15-18	15-20	0-1	/HPF	
Cast Light Microscopy/Image capture microscopy	Nil	Nil	Nil	Nil	/LPF	Nil
Crystals Light Microscopy/Image capture microscopy	Nil	Nil	Nil	Nil	..	Nil

Kindly correlate with clinical findings

***** End Of Report *****

Test Performed at :969 - Max Hospital, Patparganj, 108A, IP Ext, I.P.Extension, Patparganj, Delhi, 11

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Clinical Pathology

SIN No:B2B3134886

Dr. Preeti Tuli, M.D.
Principal Consultant & Quality Manager
Pathology.

Dr. Vrinda Garg, M.D.
Attending Consultant, Pathology

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SIN No:B2B3134886

Hematology

Activated Partial Thromboplastin Time (APTT) Test, Sodium Citrate

Photo-Optical-Clot Detection

Date	19/Apr/2023 09:29AM	Unit	Bio Ref Interval
APTT	29.1	Sec	23.7 - 34.0
Control	28.7	Sec	

Interpretation

(Activated Partial Thromboplastin Time; PTT)
APTT is the test which checks the “intrinsic coagulation” pathway and is useful for detecting screening of haemophilia A & B, screening of coagulation inhibitors like lupus anticoagulant.
APTT can also be used to monitor heparin monitoring.
Raised APTT is found in - Liver disease, DIC, heparin treatment, circulating inhibitors (Lupus Anticoagulant), and haemophilia (deficiency of Factor VIII & IX).
Low APTT may be seen in - high concentration Factor VIII and is independent risk factor for increased incidence of thrombus formation.
Advice: - ‘APTT mixing study’, ‘**Lupus Anticoagulant test’**, ‘**specific Factor(s) assay’** may be added on for further evaluation.

Prothrombin Time (PT-INR), Sodium Citrate

Photo-Optical-Clot Detection

Date	19/Apr/2023 09:29AM	Unit	Bio Ref Interval
Prothrombin Time (PT) Photo-Optical-Nephlometry	9.8	Sec	9.7 - 13.7
MNPT Value	11.7	Sec	
INR	0.84		0.8 - 1.1

Interpretation

(Syn: - Prothrombin Time)
PT is the test which checks the “extrinsic coagulation” pathway and is useful for detecting coagulation deficiency, liver disease and disseminated intravascular Coagulation (DIC).
PT can also be expressed as International normalized ratio (INR) used for monitoring warfarin therapy.
Raised PT value seen in - factor deficiency (Fibrinogen (I), Prothrombin (II), factor V, VII, X), oral anticoagulation therapy, liver diseases, Vitamin K deficiency and DIC.

Advice: - ‘**PT mixing study’**, ‘**specific factor(s) assay’**may be added on for further evaluation.

CBC (Complete Blood Count), Whole Blood EDTA

Date	19/Apr/2023 09:29AM	11/Feb/23 10:15AM	12/Dec/22 11:08AM	19/Sep/22 09:37AM	Unit	Bio Ref Interval
Haemoglobin Modified cyanmethemoglobin	12.3	**11.4**	**10.8**	**11.6**	g/dl	12.0 - 15.0
Packed Cell, Volume Calculated	**37.4**	**35.3**	**34.2**	**35.8**	%	40-50
Total Leucocyte Count (TLC) Electrical Impedance	6.7	6.7	9.0	7.1	10~9/L	4.0-10.0
RBC Count	**3.73**	**3.66**	**3.63**	3.97	10~12/L	3.8-4.8

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Hematology

SIN No:B2B3134886

Electrical Impedance						
MCV	100.3	96.5	94.1	90.1	fL	83-101
Electrical Impedance						
MCH	**32.9**	31.1	29.7	29.2	pg	27-32
Calculated						
MCHC	32.8	32.2	31.5	32.5	g/dl	31.5-34.5
Calculated						
Platelet Count	166	163	153	162	10~9/L	150-410
Electrical Impedance						
MPV	**12.9**	**11.9**	**11.8**	**12.9**	fl	7.8-11.2
Calculated						
RDW	**16.4**	**17.2**	**19.4**	**15.8**	%	11.5-14.5
Calculated						

Differential Cell Count
VCS / Light Microscopy

Neutrophils	66.0	65.5	69.4	63.7	%	40-80
Lymphocytes	25.8	25.0	21.6	26.6	%	20-40
Monocytes	6.3	7.2	7.2	7.9	%	2-10
Eosinophils	1.3	2.1	1.4	1.5	%	1-6
Basophils	0.6	0.2	0.4	0.3	%	0-2

Absolute Leukocyte Count
Calculated from TLC & DLC

Absolute Neutrophil Count	4.42	4.39	6.25	4.52	10~9/L	2.0-7.0
Absolute Lymphocyte Count	1.7	1.7	1.9	1.9	10~9/L	1.0-3.0
Absolute Monocyte Count	0.42	0.48	0.65	0.56	10~9/L	0.2-1.0
Absolute Eosinophil Count	0.09	0.14	0.13	0.11	10~9/L	0.02-0.5
Absolute Basophil Count	0.04	**0.01**	0.04	0.02	10~9/L	0.02-0.1

Kindly correlate with clinical findings

***** End Of Report *****

Preeti Tuli
Dr. Preeti Tuli, M.D.
Principal Consultant & Quality Manager Pathology.

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Attending Consultant, Pathology