DIAGNOSTICS REPORT

SRL Diagnostics

CLIENT CODE : C000101891

CLIENT'S NAME AND ADDRESS :
OPD SANGEETA HEALTHCARE PRIVATE LIMITED
YASHOBAN PLAZA, FIRST FLOOR, SHOP NO. 114, PARK MARKET,
HIRAPUR,
DHANBAD 826001
JHARKHAND INDIA
7605088504

SRL LIMITED
Shop No-11 Yashoban Plaza, Fir
DHANBAD, 826001
JHARKHAND, INDIA
Tel : 9111591115

PATIENT NAME : R K KARAN PATIENT ID : **RKKAM300358307**

ACCESSION NO : **0307UC001441** AGE : 63 Years SEX : Male DATE OF BIRTH :

DRAWN : 01-01-0001 00:00 RECEIVED : 30-03-2021 19:55 REPORTED : 31-03-2021 08:51

REFERRING DOCTOR : DR. K.S.NARAYAN CLIENT PATIENT ID :

Test Report Status **Final**	Results	Biological Reference Interval	Units

HAEMATOLOGY

COMPLETE BLOOD COUNT, EDTA WHOLE BLOOD/SMEAR

BLOOD COUNTS				
HEMOGLOBIN	**10.6**	**Low**	13.0 - 17.0	g/dL
RED BLOOD CELL COUNT	**3.84**	**Low**	4.5 - 5.5	mil/µL
WHITE BLOOD CELL COUNT	**15.7**	**High**	4.0 - 10.0	thou/µL
PLATELET COUNT	180		150 - 410	thou/µL
RBC AND PLATELET INDICES				
HEMATOCRIT	**33.0**	**Low**	40 - 50	%
MEAN CORPUSCULAR VOL	86		83 - 101	fL
MEAN CORPUSCULAR HGB.	27.2		27.0 - 32.0	pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION	32.2		31.5 - 34.5	g/dL
RED CELL DISTRIBUTION WIDTH	**16.0**	**High**	11.6 - 14.0	%
MEAN PLATELET VOLUME	8.5		6.8 - 10.9	fL
WBC DIFFERENTIAL COUNT				
SEGMENTED NEUTROPHILS	72		40 - 80	%
ABSOLUTE NEUTROPHIL COUNT	**11.30**	**High**	2.0 - 7.0	thou/µL
EOSINOPHILS	06		1 - 6	%
ABSOLUTE EOSINOPHIL COUNT	**0.94**	**High**	0.02 - 0.50	thou/µL
LYMPHOCYTES	20		20 - 40	%
ABSOLUTE LYMPHOCYTE COUNT	**3.14**	**High**	1.0 - 3.0	thou/µL
MONOCYTES	02		2 - 10	%
ABSOLUTE MONOCYTE COUNT	0.31		0.2 - 1.0	thou/µL
BASOPHILS	00		< 1 - 2	%
DIFFERENTIAL COUNT PERFORMED ON:	EDTA SMEAR			

Interpretation(s)
BLOOD COUNTS-
The cell morphology is well preserved for 24hrs. However after 24-48 hrs a progressive increase in MCV and HCT is observed leading to a decrease in MCHC. A direct smear is recommended for an accurate differential count and for examination of RBC morphology.
RBC AND PLATELET INDICES-
The cell morphology is well preserved for 24hrs. However after 24-48 hrs a progressive increase in MCV and HCT is observed leading to a decrease in MCHC. A direct smear is recommended for an accurate differential count and for examination of RBC morphology.

BIO CHEMISTRY

LIVER FUNCTION PROFILE, SERUM

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Test Report Status **Final**	Results		Biological Reference Interval	Units
BILIRUBIN, TOTAL	**2.63**	**High**	0.1 - 1.2	mg/dL
BILIRUBIN, DIRECT	**1.14**	**High**	0.0 - 0.3	mg/dL
BILIRUBIN, INDIRECT	**1.49**	**High**	0.1 - 1.0	mg/dL
TOTAL PROTEIN	**4.5**	**Low**	6.0 - 8.3	g/dL
ALBUMIN	**2.6**	**Low**	3.2 - 5.0	g/dL
GLOBULIN	**1.9**	**Low**	2.0 - 4.1	g/dL
ALBUMIN/GLOBULIN RATIO	1.4		1.0 - 2.1	RATIO
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	41		0 - 45	U/L
ALANINE AMINOTRANSFERASE (ALT/SGPT)	21		0 - 45	U/L
ALKALINE PHOSPHATASE	**346**	**High**	41 - 137	U/L
GAMMA GLUTAMYL TRANSFERASE (GGT)	**368**	**High**	0 - 50	U/L
LACTATE DEHYDROGENASE	**2247**	**High**	200 - 450	U/L

Interpretation(s)
LIVER FUNCTION PROFILE, SERUM-
LIVER FUNCTION PROFILE
Bilirubin is a yellowish pigment found in bile and is a breakdown product of normal heme catabolism. Bilirubin is excreted in bile and urine, and elevated levels may give yellow discoloration in jaundice.Elevated levels results from increased bilirubin production (eg, hemolysis and ineffective erythropoiesis), decreased bilirubin excretion (eg, obstruction and hepatitis), and abnormal bilirubin metabolism (eg, hereditary and neonatal jaundice). Conjugated (direct) bilirubin is elevated more than unconjugated (indirect) bilirubin in Viral hepatitis, Drug reactions, Alcoholic liver disease Conjugated (direct) bilirubin is also elevated more than unconjugated (indirect) bilirubin when there is some kind of blockage of the bile ducts like in Gallstones getting into the bile ducts, tumors &Scarring of the bile ducts. Increased unconjugated (indirect) bilirubin may be a result of Hemolytic or pernicious anemia, Transfusion reaction & a common metabolic condition termed Gilbert syndrome, due to low levels of the enzyme that attaches sugar molecules to bilirubin.
AST is an enzyme found in various parts of the body. AST is found in the liver, heart, skeletal muscle, kidneys, brain, and red blood cells, and it is commonly measured clinically as a marker for liver health. AST levels increase during chronic viral hepatitis, blockage of the bile duct, cirrhosis of the liver,liver cancer,kidney failure,hemolytic anemia,pancreatitis,hemochromatosis. AST levels may also increase after a heart attack or strenuous activity.ALT test measures the amount of this enzyme in the blood.ALT is found mainly in the liver, but also in smaller amounts in the kidneys,heart,muscles, and pancreas.It is commonly measured as a part of a diagnostic evaluation of hepatocellular injury, to determine liver health.AST levels increase during acute hepatitis,sometimes due to a viral infection,ischemia to the liver,chronic hepatitis,obstruction of bile ducts,cirrhosis.
ALP is a protein found in almost all body tissues.Tissues with higher amounts of ALP include the liver,bile ducts and bone.Elevated ALP levels are seen in Biliary obstruction, Osteoblastic bone tumors, osteomalacia, hepatitis, Hyperparathyroidism, Leukemia, Lymphoma, Paget's disease,Rickets,Sarcoidosis etc. Lower-than-normal ALP levels seen in Hypophosphatasia,Malnutrition,Protein deficiency,Wilson's disease.GGT is an enzyme found in cell membranes of many tissues mainly in the liver,kidney and pancreas.It is also found in other tissues including intestine,spleen,heart, brain and seminal vesicles.The highest concentration is in the kidney,but the liver is considered the source of normal enzyme activity.Serum GGT has been widely used as an index of liver dysfunction.Elevated serum GGT activity can be found in diseases of the liver,biliary system and pancreas.Conditions that increase serum GGT are obstructive liver disease,high alcohol consumption and use of enzyme-inducing drugs etc.Serum total protein,also known as total protein,is a biochemical test for measuring the total amount of protein in serum.Protein in the plasma is made up of albumin and globulin.Higher-than-normal levels may be due to:Chronic inflammation or infection,including HIV and hepatitis B or C,Multiple myeloma,Waldenstrom's disease.Lower-than-normal levels may be due to: Agammaglobulinemia,Bleeding (hemorrhage),Burns,Glomerulonephritis,Liver disease, Malabsorption,Malnutrition,Nephrotic syndrome,Protein-losing enteropathy etc.Human serum albumin is the most abundant protein in human blood plasma.It is produced in the liver.Albumin constitutes about half of the blood serum protein.Low blood albumin levels (hypoalbuminemia) can be caused by:Liver disease like cirrhosis of the liver, nephrotic syndrome,protein-losing enteropathy,Burns,hemodilution,increased vascular permeability or decreased lymphatic clearance,malnutrition and wasting etc

****End Of Report****

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Alok Kumar

Dr. Alok Kumar
Consultant Pathologist