PharmEasy Labs

Report for Chandrakanta Kochar(76Y/F)

Tests asked Scre, Liver Function Tests + 2 Others

Test date 27 Nov 2024 **Report status** Complete Report

6 STEP quality control to ensure 100% report accuracy

- Qualified and trained technicians
- Temperature-controlled containers to store samples
- Strict quality checks on samples before processing
- Regular monitoring of lab analyzers by experts
- Assured machine inspection on a daily basis
- Verified reports by qualified pathologists

25+ Years of Trust & Experience | **NABL Accredited Labs** | **100+ Crore Samples Processed**

PharmEasy Labs

Name	: CHANDRAKANTA KOCHAR(76Y/F)	**ADDRESS :**	
Ref. By	: SELF	MADHU JAININFINTY TOWER9TH FLOOR 93-94OPP PLEASANT PALACENARAYAN DHABOLKAR ROADNAPEANSEA ROADMUMBAI 400006 MUMBAI MALABAR HILL MUMBAI	

Report Availability Summary

☑ Full Report Available

Note : This is summary page. Please refer to the table below for the details

Test	Report Status
CREATININE - SERUM	☑ Available
HEMOGRAM - 6 PART (DIFF)	☑ Available
LIVER FUNCTION TESTS	☑ Available
SERUM ELECTROLYTES	☑ Available

Note : Underlined values are Critical Values, Clinician's attention required.

Clinically Tested by : Thyrocare Technologies Ltd.

PharmEasy Labs

NAME : CHANDRAKANTA KOCHAR(76Y/F)
REF. BY : SELF
TEST ASKED : HEMOGRAM,LIVER FUNCTION TESTS,SERUM CREATININE,SERUM ELECTROLYTES

HOME COLLECTION :
MADHU JAININFINTY TOWER9TH FLOOR 93-94OPP PLEASANT PALACENARAYAN DHABOLKAR ROADNAPEANSEA ROADMUMBAI 400006 MUMBAI MALABAR HILL MUMBAI

TEST NAME	METHODOLOGY	VALUE	UNITS	Bio. Ref. Interval.
HEMOGLOBIN	**SLS-Hemoglobin Method**	**9.2**	**g/dL**	**12.0-15.0**
Hematocrit (PCV)	**CPH Detection**	**27.7**	**%**	**36.0-46.0**
Total RBC	**HF & EI**	**3.21**	**X 10^6/µL**	**3.8-4.8**
Mean Corpuscular Volume (MCV)	Calculated	86.3	fL	83.0-101.0
Mean Corpuscular Hemoglobin (MCH)	Calculated	28.7	pq	27.0-32.0
Mean Corp.Hemo. Conc (MCHC)	Calculated	33.2	g/dL	31.5-34.5
Red Cell Distribution Width - SD (RDW-SD)	Calculated	41	fL	39.0-46.0
Red Cell Distribution Width (RDW - CV)	Calculated	13.1	%	11.6-14.0
RED CELL DISTRIBUTION WIDTH INDEX (RDWI)	Calculated	352.2	-	*Refer Note below
MENTZER INDEX	Calculated	26.9	-	*Refer Note below
TOTAL LEUCOCYTE COUNT (WBC)	HF & FC	8.34	X 10^3 / µL	4.0 - 10.0
DIFFERENTIAL LEUCOCYTE COUNT				
Neutrophils Percentage	Flow Cytometry	74.8	%	40-80
Lymphocytes Percentage	**Flow Cytometry**	**11.3**	**%**	**20-40**
Monocytes Percentage	**Flow Cytometry**	**0.7**	**%**	**2-10**
Eosinophils Percentage	**Flow Cytometry**	**12.7**	**%**	**1-6**
Basophils Percentage	Flow Cytometry	0.2	%	0-2
Immature Granulocyte Percentage (IG%)	Flow Cytometry	0.3	%	0.0-0.4
Nucleated Red Blood Cells %	Flow Cytometry	0.01	%	0.0-5.0
ABSOLUTE LEUCOCYTE COUNT				
Neutrophils - Absolute Count	Calculated	6.24	X 10^3 / µL	2.0-7.0
Lymphocytes - Absolute Count	**Calculated**	**0.94**	**X 10^3 / µL**	**1.0-3.0**
Monocytes - Absolute Count	**Calculated**	**0.06**	**X 10^3 / µL**	**0.2 - 1.0**
Basophils - Absolute Count	Calculated	0.02	X 10^3 / µL	0.02 - 0.1
Eosinophils - Absolute Count	**Calculated**	**1.06**	**X 10^3 / µL**	**0.02 - 0.5**
Immature Granulocytes (IG)	Calculated	0.03	X 10^3 / µL	0.0-0.3
Nucleated Red Blood Cells	Calculated	0.01	X 10^3 / µL	0.0-0.5
PLATELET COUNT	**HF & EI**	**55**	**X 10^3 / µL**	**150-410**
Mean Platelet Volume (MPV)	Calculated	11.9	fL	6.5-12
Platelet Distribution Width (PDW)	**Calculated**	**15.7**	**fL**	**9.6-15.2**
Platelet to Large Cell Ratio (PLCR)	Calculated	38.4	%	19.7-42.4
Plateletcrit (PCT)	**Calculated**	**0.06**	**%**	**0.19-0.39**

Remarks : Alert!!!RBCs: Predominantly normocytic normochromic. WBCs: Eosinophilia is present.Platelets: Appear reduced in smear. Macroplatelets are seen.

***Note - Mentzer index (MI), RDW-CV and RDWI are hematological indices to differentiate between Iron Deficiency Anemia (IDA) and Beta Thalassemia Trait (BTT). MI >13, RDWI >220 and RDW-CV >14 more likely to be IDA. MI <13, RDWI <220, and RDW-CV <14 more likely to be BTT. Suggested Clinical correlation. BTT to be confirmed with HB electrophoresis if clinically indicated.**

Method : Fully automated bidirectional analyser (6 Part Differential SYSMEX XN-1000)

(Reference : *FC- flowcytometry, *HF- hydrodynamic focussing, *EI- Electric Impedence, *Hb- hemoglobin, *CPH- Cumulative pulse height**)**

Sample Collected on (SCT) : 27 Nov 2024 07:08
Sample Received on (SRT) : 27 Nov 2024 13:01
Report Released on (RRT) : 27 Nov 2024 17:02
Sample Type : EDTA Whole Blood
Labcode : 2711074248/PE002
Barcode : DA538058

Dr Sumanta Basak, DPB

Note:- Underlined values are Critical Values, Clinician's attention required.

Clinically Tested by :Thyrocare Technologies Ltd - (NABL accredited)

PharmEasy Labs
Registered Address: DOCON TECHNOLOGIES PRIVATE LIMITED, Office No 208, 209 & 210 Second floor, A wing, 'Dattani Plaza', Near East West Industrial Estate, Safed Pool, Saki Naka, Andheri (East), Mumbai - 400072
Lab Address: 103, Kanakia - B. Zillion bld, LBS Marg, Kurla (W), Mumbai - 400070
7022 000 900

PharmEasy Labs

NAME : CHANDRAKANTA KOCHAR(76Y/F)
REF. BY : SELF
TEST ASKED : HEMOGRAM,LIVER FUNCTION TESTS,SERUM CREATININE,SERUM ELECTROLYTES

HOME COLLECTION :
MADHU JAININFINTY TOWER9TH FLOOR 93-94OPP PLEASANT PALACENARAYAN DHABOLKAR ROADNAPEANSEA ROADMUMBAI 400006 MUMBAI MALABAR HILL MUMBAI

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
ALKALINE PHOSPHATASE	PHOTOMETRY	88.9	U/L	45-129
BILIRUBIN - TOTAL	PHOTOMETRY	0.56	mg/dL	0.3-1.2
BILIRUBIN -DIRECT	PHOTOMETRY	0.13	mg/dL	< 0.3
BILIRUBIN (INDIRECT)	CALCULATED	0.43	mg/dL	0-0.9
GAMMA GLUTAMYL TRANSFERASE (GGT)	**PHOTOMETRY**	**57.7**	**U/L**	**< 38**
ASPARTATE AMINOTRANSFERASE (SGOT)	PHOTOMETRY	25.4	U/L	< 31
ALANINE TRANSAMINASE (SGPT)	**PHOTOMETRY**	**48.5**	**U/L**	**< 34**
SGOT / SGPT RATIO	CALCULATED	0.52	Ratio	< 2
PROTEIN - TOTAL	**PHOTOMETRY**	**4.69**	**gm/dL**	**5.7-8.2**
ALBUMIN - SERUM	**PHOTOMETRY**	**2.76**	**gm/dL**	**3.2-4.8**
SERUM GLOBULIN	**CALCULATED**	**1.93**	**gm/dL**	**2.5-3.4**
SERUM ALB/GLOBULIN RATIO	CALCULATED	1.43	Ratio	0.9 - 2

Please correlate with clinical conditions.

Method :

ALKP - Modified IFCC method
BILT - Vanadate Oxidation
BILD - Vanadate Oxidation
BILI - Derived from serum Total and Direct Bilirubin values
GGT - Modified IFCC method
SGOT - IFCC* Without Pyridoxal Phosphate Activation
SGPT - IFCC* Without Pyridoxal Phosphate Activation
OT/PT - Derived from SGOT and SGPT values.
PROT - Biuret Method
SALB - Albumin Bcg¹method (Colorimetric Assay Endpoint)
SEGB - DERIVED FROM SERUM ALBUMIN AND PROTEIN VALUES
A/GR - Derived from serum Albumin and Protein values

Sample Collected on (SCT) : 27 Nov 2024 07:08
Sample Received on (SRT) : 27 Nov 2024 13:03
Report Released on (RRT) : 27 Nov 2024 16:17
Sample Type : SERUM
Labcode : 2711074433/PE002
Barcode : CZ992824

Dr Sumanta Basak, DPB

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7022 000 900

PharmEasy Labs

NAME	:	CHANDRAKANTA KOCHAR(76Y/F)
REF. BY	:	SELF
TEST ASKED	:	HEMOGRAM,LIVER FUNCTION TESTS,SERUM CREATININE,SERUM ELECTROLYTES

HOME COLLECTION :
MADHU JAININFINTY TOWER9TH FLOOR
93-94OPP PLEASANT PALACENARAYAN
DHABOLKAR ROADNAPEANSEA ROADMUMBAI
400006 MUMBAI MALABAR HILL MUMBAI

TEST NAME	TECHNOLOGY	VALUE	UNITS
SODIUM	**I.S.E - INDIRECT**	**129.9**	**mmol/L**

Bio. Ref. Interval. :

Adults: 136-145 mmol/l

Method : ION SELECTIVE ELECTRODE - INDIRECT

POTASSIUM	I.S.E - INDIRECT	4.44	mmol/L

Bio. Ref. Interval. :

ADULTS: 3.5-5.1 MMOL/L

Clinical Significance :
An abnormal increase in potassium (hyperkalemia)can profoundly affect the nervous system and increase the chance of irregular heartbeats (arrhythmias), which ,when extreme ,can be fatal. The assay could be affected mildly and may result in anomalous values if serum samples have heterophilic antibodies, hemolyzed , icteric or lipemic. The concentration of Potassium in a given specimen may vary due to differences in assay methods, calibration and reagent specificity.

Method : ION SELECTIVE ELECTRODE - INDIRECT

CHLORIDE	**I.S.E - INDIRECT**	**97.1**	**mmol/L**

Bio. Ref. Interval. :

ADULTS: 98-107 MMOL/L

Clinical Significance :
An increased level of blood chloride (called hyperchloremia) usually indicates dehydration, but can also occur with other problems that cause high blood sodium, such as Cushing syndrome or kidney disease. Hyperchloremia also occurs when too much base is lost from the body (producing metabolic acidosis) or when a person hyperventilates (causing respiratory alkalosis). A decreased level of blood chloride (called hypochloremia) occurs with any disorder that causes low blood sodium. Hypochloremia also occurs with congestive heart failure, prolonged vomiting or gastric suction, Addison disease, emphysema or other chronic lung diseases (causing respiratory acidosis), and with loss of acid from the body (called metabolic alkalosis).

Method : ION SELECTIVE ELECTRODE - INDIRECT

Please correlate with clinical conditions.

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Sample Type	:	SERUM
Labcode	:	2711074433/PE002
Barcode	:	CZ992824

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NAME	: CHANDRAKANTA KOCHAR(76Y/F)	**HOME COLLECTION :**	
REF. BY	: SELF	MADHU JAININFINTY TOWER9TH FLOOR 93-94OPP PLEASANT PALACENARAYAN DHABOLKAR ROADNAPEANSEA ROADMUMBAI 400006 MUMBAI MALABAR HILL MUMBAI	
TEST ASKED	: HEMOGRAM,LIVER FUNCTION TESTS,SERUM CREATININE,SERUM ELECTROLYTES		

TEST NAME	TECHNOLOGY	VALUE	UNITS
CREATININE - SERUM	PHOTOMETRY	0.6	mg/dL

Bio. Ref. Interval. :-

Male : 0.72 -1.18 mg/dL
Female: 0.55 - 1.02 mg/dL

Clinical Significance :
The significance of a single creatinine value must be interpreted in light of the patients muscle mass. A patient with a greater muscle mass will have a higher creatinine concentration. The trend of serum creatinine concentrations over time is more important than absolute creatinine concentration. Serum creatinine concentrations may increase when an ACE inhibitor (ACEI) is taken. The assay could be affected mildly and may result in anomalous values if serum samples have heterophilic antibodies, hemolyzed , icteric or lipemic.

Please correlate with clinical conditions.

Method:- Creatinine Enzymatic Method

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TEST ASKED	: HEMOGRAM,LIVER FUNCTION TESTS,SERUM CREATININE,SERUM ELECTROLYTES		

TEST NAME	TECHNOLOGY	VALUE	UNITS
EST. GLOMERULAR FILTRATION RATE (eGFR)	**CALCULATED**	**88**	**mL/min/1.73 m2**

Bio. Ref. Interval. :-

> = 90 : Normal
60 - 89 : Mild Decrease
45 - 59 : Mild to Moderate Decrease
30 - 44 : Moderate to Severe Decrease
15 - 29 : Severe Decrease

Clinical Significance

The normal serum creatinine reference interval does not necessarily reflect a normal GFR for a patient. Because mild and moderate kidney injury is poorly inferred from serum creatinine alone. Thus, it is recommended for clinical laboratories to routinely estimate glomerular filtration rate (eGFR), a "gold standard" measurement for assessment of renal function, and report the value when serum creatinine is measured for patients 18 and older, when appropriate and feasible. It cannot be measured easily in clinical practice, instead, GFR is estimated from equations using serum creatinine, age, race and sex. This provides easy to interpret information for the doctor and patient on the degree of renal impairment since it approximately equates to the percentage of kidney function remaining. Application of CKD-EPI equation together with the other diagnostic tools in renal medicine will further improve the detection and management of patients with CKD.

Reference

Levey AS, Stevens LA, Schmid CH, Zhang YL, Castro AF, 3rd, Feldman HI, et al. A new equation to estimate glomerular filtration rate. Ann Intern Med. 2009;150(9):604-12.

Please correlate with clinical conditions.

Method:- CKD-EPI Creatinine Equation

~~ End of report ~~

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CONDITIONS OF REPORTING

- The reported results are for information and interpretation of the referring doctor only.
- It is presumed that the tests performed on the specimen belong to the patient; named or identified.
- Results of tests may vary from laboratory to laboratory and also in some parameters from time to time for the same patient.
- Should the results indicate an unexpected abnormality, the same should be reconfirmed.
- Only such medical professionals who understand reporting units, reference ranges and limitations of technologies should interpret results.
- This report is not valid for medico-legal purpose.
- Docon Technologies Private Limited,Thyrocare Technologies Limited and its employees/representatives do not assume any liability,responsibility for any loss or damage that may be incurred by any person as a result of presuming the meaning or contents of the report.

EXPLANATIONS

- **Name -** The name is as declared by the client and recorded by the personnel who collected the specimen.
- **Ref.By -** The name of the doctor who has recommended testing as declared by the client.
- **Labcode -** This is the accession number in our laboratory and it helps us in archiving and retrieving the data.
- **Barcode -** This is the specimen identity number and it states that the results are for the specimen bearing the barcode (irrespective of the name).
- **SCT -** Specimen Collection Time - The time when specimen was collected as declared by the client.
- **SRT -** Specimen Receiving Time - This time when the specimen reached our laboratory.
- **RRT -** Report Releasing Time - The time when our pathologist has released the values for Reporting.
- **Reference Range -** Means the range of values in which 95% of the normal population would fall.

SUGGESTIONS

- Values out of reference range requires reconfirmation before starting any medical treatment.
- Retesting is needed if you suspect any quality shortcomings.
- For suggestions, complaints or feedback, write to us at grievance-office@docon.co.in or call us on 7022000900.