

**Laboratory Investigation Report**

Patient Name	: Mr. Jatin Jain	Centre	: 1590 - Max@Home
Age/Gender	: 39 Y 4 M 30 D /M	OP/IP No	: OP/
Max ID/Mobile	: SHBG.347795/9811088277	Collection Date/Time	: 18/May/2021 07:18AM
Lab ID	: 1322052103601	Receiving Date	: 18/May/2021
Ref Doctor	: Dr.Vikas Mittal	Reporting Date	: 18/May/2021

**Clinical Biochemistry****CRP- C-REACTIVE PROTEIN\*, Serum**

Date	18/May/2021 01/May/21	Unit	Bio Ref Interval
	07:18AM 08:30AM		
CRP	0.90 0.11	mg/dL	0.0 - 0.5
Latex Particle Immunoturbidimetric			

**Interpretation** This helps in detecting neonatal septicemia, meningitis and useful to assess the activity of inflammatory diseases like rheumatoid arthritis. It is increased after myocardial infarction, stress, trauma, infection, inflammation, surgery, or neoplastic proliferation. The increase with inflammation occurs within 6 -12 hours and peaks at about 48 hours.

Kindly correlate with clinical findings

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



**Dr. Pooja Bhasin M.D.**  
Associate Director  
Lab Service Pathology



**Dr. Vijay Laxmi Sharma M.D.**  
Sr. Consultant - Lab Medicine



SIN No:SB1304927

Booking Centre :1590 - MAX@Home, 21, 0000000000

Test Performed at :1060 - Max Hospital Shalimar Bagh, Max Lab

Max Lab - A Division of Max Healthcare Institute Ltd.  
Max Lab, Max Hospital, Gurgaon  
Opposite HUDA City Centre Metro Station, B - Block, Sushant Lok - I, Gurgaon - 122001, Phone: +91-124-6623 000  
CIN No.: L72200MH2001PLC322854  
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#### Hematology

#### D-Dimer, (Quantitative), Citrate Plasma\*, Sodium Citrate

Date	18/May/2021 07:18AM	01/May/21 08:30AM	Unit	Bio Ref Interval
D-Dimer, (Quantitative)	164	134	ng/mL	0-243
Latex enhanced Immunoassay				
.	0.33	0.27	ug FEU/ml	0.0 - 0.5

**Comment** D Dimer is a fibrin degradation product, a small fragment of protein present in blood after a blood clot is degraded by fibrinolysis.

D-dimer is increased in deep venous thrombosis (DVT), pulmonary embolism (PE) or disseminated intravascular coagulation (DIC).

In cases of high D-dimer result further testings for DVT and pulmonary embolism should be performed – mainly including radiological tests.

Negative D-dimer report virtually rules out thromboembolism.

False positive readings can be due to various causes: liver disease, high rheumatoid factor, inflammation, malignancy, trauma, pregnancy, recent surgery as well as advanced age.

Kindly correlate with clinical findings

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**Clinical Biochemistry****Blood Sugar Fasting, Fluoride Plasma**

Date	18/May/2021	01/May/21	Unit	Bio Ref Interval
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Glucose (Fasting)	67	99	mg/dL	74 - 99



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### Clinical Biochemistry

#### KFT Profile with Calcium,Uric Acid, Serum

Date	18/May/2021 07:18AM	01/May/21 08:30AM	Unit	Bio Ref Interval
Urea Enzymatic Rate (Urease)	30.2	39.0	mg/dL	17.12 - 55.64
Creatinine Alkaline picrate kinetic	0.73	0.68	mg/dL	0.9 - 1.3
eGFR MDRD	119.36	129.57	ml/min/1.73 m <sup>2</sup>	
Uric Acid Uricase, Colorimetric	6.74	4.88	mg/dl	3.5 - 7.2
Calcium (Total) Arsenazo III	9.46	9.01	mg/dl	8.9 - 10.3
Sodium ISE Indirect	145.0	137.2	mmol/L	136 - 144
Potassium ISE Indirect	3.85	4.20	mmol/L	3.6 - 5.1
Chloride ISE Indirect	106.9	103.8	mmol/l	101-111
Bicarbonate Colorimetric, PEP-C	28.7	22.3	mmol/l	22-29

#### Interpretation Ref. Range

eGFR - Estimated Glomerular Filtration Rate is calculated by MDRD equation which is most accurate for GFRs  $\leq 60$  ml / min / 1.73 m<sup>2</sup>. MDRD equation is used for adult population only.

<60ml / min / 1.73 m<sup>2</sup> - Chronic Kidney Disease

<15 ml / min / 1.73 m<sup>2</sup> - Kidney failure

Kindly correlate with clinical findings

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**Clinical Biochemistry**

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### Clinical Pathology

#### Urine Routine And Microscopy

Date	18/May/2021 01/May/21	Unit	Bio Ref Interval
	07:18AM 08:30AM		

#### Macroscopy

Reflectance photometry

Colour	Pale Yellow	Light-Yellow	Pale Yellow
PH	6.5	7.0	..
Specific Gravity	1.010	1.014	5-6
Protein	Negative	Negative	1.015 - 1.025
Glucose	Negative	Negative	Nil
Ketones	Negative	Negative	Nil
Blood	Negative	Negative	Nil
Bilirubin	Negative	Negative	Nil
Urobilinogen	Normal	Normal	Normal

#### Microscopy

Light Microscopy/Image capture microscopy

Red Blood Cells (RBC)	Nil	Nil	/HPF	Nil
White Blood Cells	0-1	1-2	/HPF	0.0-5.0
Squamous Epithelial Cells	Nil	Nil	/HPF	
Cast	Nil	Nil	/LPF	Nil
Crystals	Nil	Nil	..	Nil
Bacteria	Nil		/HPF	Nil

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### Hematology

#### CBC (Complete Blood Count), Whole Blood EDTA

Date	18/May/2021 07:18AM	01/May/21 08:30AM	Unit	Bio Ref Interval
Haemoglobin	14.4	15.4	g/dl	13.0 - 17.0
Packed Cell, Volume Calculated	44.7	50.0	%	40-50
Total Leucocyte Count (TLC) Electrical Impedance	7.2	12.9	10~9/L	4.0-10.0
RBC Count Electrical Impedance	5.04	5.57	10~12/L	4.5-5.5
MCV Electrical Impedance	88.7	89.9	fL	83-101
MCH Calculated	28.6	27.7	pg	27-32
MCHC Calculated	32.2	30.9	g/dl	31.5-34.5
Platelet Count Electrical Impedance	152	200	10~9/L	150-410
RDW Calculated	17.2	15.3	%	11.5-14.5

#### Differential Cell Count

VCS / Light Microscopy

Neutrophils	51	86	%	40-80
Lymphocytes	41	10	%	20-40
Monocytes	06	03	%	2-10
Eosinophils	02	01	%	1-6

#### Absolute Leukocyte Count

Calculated from TLC & DLC

Absolute Neutrophil Count	3.67	11.09	10~9/L	2.0-7.0
Absolute Lymphocyte Count	3.0	1.3	10~9/L	1.0-3.0
Absolute Monocyte Count	0.43	0.39	10~9/L	0.2-1.0
Absolute Eosinophil Count	0.14	0.13	10~9/L	0.02-0.5



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**Hematology**

Kindly correlate with clinical findings

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