



Lab Facility : Unipath House, Besides Sahjanand College, Opp. Kamdhenu Complex, Panjarapole, Ambawadi, Ahmedabad-380015 Gujarat  
Phone: +91-79-49006800 | WhatsApp: 6356005900 | Email: info@unipath.in | Website: www.unipath.in  
Regd. Of ce : 5th Floor, Doctor House, Nr. Parimal Garden, Ahmedabad-380006 Gujarat  
CIN: U85195GJ2009PLC057059



## TEST REPORT

**Reg. No.** : 30900110112 **Reg. Date** : 12-Sep-2023 11:10 **Ref.No** : **Approved On** :  
**Name** : MANUBHAI J. PRAJAPATI **Collected On** : 12-Sep-2023 10:42  
**Age** : 68 Years **Gender**: Male **Pass. No.** : **Dispatch At** : DR. BHUPENDRA D. SHUKLA CLINIC  
**Ref. By** : Dr. BHUPENDRA D. SHUKLA MD, FICA (USA) **Tele No.** : 7927483132  
**Location** :

### Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
<b>CBC (HO)</b>			
Hemoglobin (Colorimetric)	10.1	g/dL	13.0 - 17.0
RBC Count (Impedance)	3.58	X 10 <sup>12</sup> /L	4.5 - 5.5
Hematocrit (Calculated)	29.9	%	40 - 50
RDW (Derived)	16.0	%	11.5 - 14.5
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CREATININE	1.53	mg/dL	0.70 - 1.20
Potassium (K+)	3.4	mmol/L	3.5 - 5.1
PRO CALCITONIN(PCT)	0.17	ng/mL	0.0 - 0.05

Abnormal Result(s) Summary End

Test done from collected sample.

This is an electronically authenticated report.

Approved by:

Approved On:

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## TEST REPORT

**Reg. No.** : 30900110112 **Reg. Date** : 12-Sep-2023 11:10 **Ref.No** : **Approved On** : 12-Sep-2023 11:52  
**Name** : MANUBHAI J. PRAJAPATI **Collected On** : 12-Sep-2023 10:42  
**Age** : 68 Years **Gender**: Male **Pass. No.** : **Dispatch At** : DR. BHUPENDRA D. SHUKLA CLINIC  
**Ref. By** : Dr. BHUPENDRA D. SHUKLA MD, FICA (USA) **Tele No.** : 7927483132  
**Location** :

Test	Results	Unit	Bio. Ref. Interval
<b>Complete Blood Count (Hemogram)</b>			
Hemoglobin (Colorimetric)	L <b>10.1</b>	g/dL	13.0 - 17.0
RBC Count (Impedance)	L <b>3.58</b>	X 10 <sup>12</sup> /L	4.5 - 5.5
Hematocrit (Calculated)	L <b>29.9</b>	%	40 - 50
MCV (Derived)	83.6	fL	83 - 101
MCH (calculated)	28.1	pg	27 - 32
MCHC (calculated)	33.6	g/dL	31.5 - 34.5
RDW (Derived)	H <b>16.0</b>	%	11.5 - 14.5
NRBC(Flowcytometry)	0.0	/WBCs	0-0
WBC Count (Impedance & flow)	8330	/cmm	4000 - 10000
<b>DIFFERENTIAL WBC COUNT</b>	<b>[ % ]</b>	<b>EXPECTED VALUES</b>	<b>[ Abs ]</b> <b>EXPECTED VALUES</b>
Neutrophils	61.2 %	38 - 70	5090 /cmm 1800 - 7700
Lymphocytes	32.0 %	21 - 49	2670 /cmm 1000 - 3900
Monocytes	5.9 %	3 - 11	490 /cmm 200 - 800
Eosinophils	0.6 %	0 - 7	50 /cmm 20 - 500
Basophils	0.3 %	0 - 2	30 /cmm 0 - 100
Immature Granulocytes	0.2 %	0 - 0.5	
Platelet Count (ele. impedance)	303000	/cmm	150000 - 410000
MPV (Derived)	10.8	fL	7.2 - 11.7

**Sample Type:** EDTA Whole Blood

Note: All abnormal hemograms are reviewed and confirmed microscopically. Peripheral blood smear and malarial parasite examination are not part of CBC report.

Test done from collected sample.

This is an electronically authenticated report.

**Approved by:** Dr. Avinash B Panchal

MBBS,DCP  
G-44623

**Approved On:** 12-Sep-2023 11:52

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## TEST REPORT

**Reg. No.** : 30900110112 **Reg. Date** : 12-Sep-2023 11:10 **Ref.No** : **Approved On** : 12-Sep-2023 12:13  
**Name** : MANUBHAI J. PRAJAPATI **Collected On** : 12-Sep-2023 10:42  
**Age** : 68 Years **Gender**: Male **Pass. No.** : **Dispatch At** : DR. BHUPENDRA D. SHUKLA CLINIC  
**Ref. By** : Dr. BHUPENDRA D. SHUKLA MD, FICA (USA) **Tele No.** : 7927483132  
**Location** :

### Clinical Biochemistry

Parameter	Result	Units	Biological Reference Interval
CREATININE	1.53	mg/dL	0.70 - 1.20

#### Enzymatic

Creatinine is the most common test to assess kidney function. Creatinine levels are converted to reflect kidney function by factoring in age and gender to produce the eGFR (estimated Glomerular Filtration Rate). As the kidney function diminishes, the creatinine level increases; the eGFR will decrease. Creatinine is formed from the metabolism of creatine and phosphocreatine, both of which are principally found in muscle. Thus the amount of creatinine produced is, in large part, dependent upon the individual's muscle mass and tends not to fluctuate much from day-to-day. Creatinine is not protein bound and is freely filtered by glomeruli. All of the filtered creatinine is excreted in the urine.

Sodium (Na+)	141.00	mmol/L	136 - 145
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#### Note:

- Sodium is the primary extracellular cation. Sodium is responsible for almost one half the osmolality of the plasma and therefore plays a central role in maintaining the normal distribution of water and the osmotic pressure in the extracellular fluid compartment.
- Sodium assays are important in assessing acid-base balance, water balance, water intoxication, and dehydration.

Potassium (K+)	3.4	mmol/L	3.5 - 5.1
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#### Ion Selective Electrode

**Sample Type:** Serum

#### Note:

- Potassium is the major cation of the intracellular fluid.
- Used in evaluation of electrolyte balance, cardiac arrhythmia, muscular weakness, hepatic encephalopathy, and renal failure
- Potassium should be monitored during treatment of many conditions but especially in diabetic ketoacidosis and any intravenous therapy for fluid replacement.

Test done from collected sample.

This is an electronically authenticated report.

Approved by: Dr. Avani Patel

M.D. Biochemistry

Reg No.- G-34103

Approved On: 12-Sep-2023 12:13

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## TEST REPORT

**Reg. No.** : 30900110112 **Reg. Date** : 12-Sep-2023 11:10 **Ref.No** : **Approved On** : 12-Sep-2023 13:09  
**Name** : MANUBHAI J. PRAJAPATI **Collected On** : 12-Sep-2023 10:42  
**Age** : 68 Years **Gender**: Male **Pass. No.** : **Dispatch At** : DR. BHUPENDRA D. SHUKLA CLINIC  
**Ref. By** : Dr. BHUPENDRA D. SHUKLA MD, FICA (USA) **Tele No.** : 7927483132  
**Location** :

### Immunoassay

Parameter	Result	Units	Biological Reference Interval
PRO CALCITONIN(PCT)	0.17	ng/mL	0.0 - 0.05

CLIA

**Sample Type:** Serum

#### INTERPRETATION

1) <0.05 ng/mL

Normal value present in healthy individual. No systemic inflammatory response.

2) PCT 0.05 - < 0.5 ng/mL

Measurable but clinically insignificant pct value. Suggestive of minor or no significant systemic inflammatory

3) PCT = 0.5-< 2.0 ng/mL

Significant, but moderate systemic inflammatory response. Infection is possible, but various conditions are known to increase PCT as well (severe trauma, major surgery, cardiogenic shock). In case of proven infection: Diagnosis of sepsis is positive. Follow up of PCT levels recommended at every 6-24 hours.

4) PCT = 2.0-<10 ng/mL

Severe Systemic inflammatory response, most likely due to infection (sepsis), unless other causes (severe trauma, major surgery, cardiogenic shock) has been ruled out. High risk for developing organ dysfunction. In case of persistently elevated values > 4 days: reconsider sepsis therapy. Suggestive of poor outcome. Daily measurement of PCT levels are recommended.

5) PCT = 10 ng/mL

Important systemic inflammatory response almost exclusively due to severe bacterial sepsis or septic shock. Frequently associated with organ dysfunction. High risk of lethal outcome. Daily measurement of PCT levels recommended.

----- End Of Report -----

Test done from collected sample.

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Approved by:  Dr. Avani Patel

M.D. Biochemistry

Reg No.- G-34103

Approved On: 12-Sep-2023 13:09

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