Name	: **Mr. PRIYANSH**	**Age**	: **20 Years**
Lab No.	: **169106637**	**Gender**	: **Male**
Ref By	: **SELF**	**Reported**	: **2/11/2022 9:57:46PM**
Collected	: **2/11/2022 7:00:00PM**	**Report Status**	: **Final**
A/c Status	: **P**		
Collected at	: **FPSC ADHCHINI H. NO-92, SHOP NO-6, GROUND FLOOR, ADHCH New Delhi**	**Processed at**	: **LPL-VASANT KUNJ LAB NELSON MANDELA MARG, BUILDING No.1, L.S.C., SECTOR-B, POCKET-7, VASANT KUNJ, NEW DELHI-110070**

MC-2011

Test Report

Test Name	Results	Units	Bio. Ref. Interval
COMPLETE BLOOD COUNT;CBC (Photometry,Electrical Impedence,VCS Technology,Calculated)			
Hemoglobin	**12.10**	g/dL	13.00 - 17.00
Packed Cell Volume (PCV)	**38.70**	%	40.00 - 50.00
RBC Count	**6.20**	mill/mm3	4.50 - 5.50
MCV	**62.40**	fL	83.00 - 101.00
MCH	**19.60**	pg	27.00 - 32.00
MCHC	**31.40**	g/dL	31.50 - 34.50
Red Cell Distribution Width (RDW)	**15.50**	%	11.60 - 14.00
Total Leukocyte Count (TLC)	**13.90**	thou/mm3	4.00 - 10.00
Differential Leucocyte Count (DLC)			
Segmented Neutrophils	70.20	%	40.00 - 80.00
Lymphocytes	**19.30**	%	20.00 - 40.00
Monocytes	7.90	%	2.00 - 10.00
Eosinophils	2.00	%	1.00 - 6.00
Basophils	0.60	%	<2.00
Absolute Leucocyte Count			
Neutrophils	**9.76**	thou/mm3	2.00 - 7.00
Lymphocytes	2.68	thou/mm3	1.00 - 3.00
Monocytes	**1.10**	thou/mm3	0.20 - 1.00
Eosinophils	0.28	thou/mm3	0.02 - 0.50
Basophils	0.08	thou/mm3	0.02 - 0.10
Platelet Count	360	thou/mm3	150.00 - 410.00
Mean Platelet Volume	8.7	fL	6.5 - 12.0
There is erythrocytosis Predominantly microcytic hypochromic RBCs. There is mild leucocytosis with neutrophilia			

If Test results are alarming or unexpected, client is advised to contact the Customer Care immediately for possible remedial action.
Tel: +91-11-3988-5050, ***E-mail:*** lalpathlabs@lalpathlabs.com

Name	: Mr. PRIYANSH		Age	: 20 Years	
Lab No.	: 169106637		Gender	: Male	
Ref By	: SELF		Reported	: 2/11/2022 9:57:46PM	
Collected	: 2/11/2022 7:00:00PM		Report Status	: Final	
A/c Status	: P		Processed at	: LPL-VASANT KUNJ LAB NELSON MANDELA MARG, BUILDING No.1, L.S.C., SECTOR-B, POCKET-7, VASANT KUNJ, NEW DELHI-110070	
Collected at	: FPSC ADHCHINI H. NO-92, SHOP NO-6, GROUND FLOOR, ADHCH New Delhi				

MC-2011

Test Report

Test Name	Results	Units	Bio. Ref. Interval
Advised: Followup and clinical correlation			

Advised: Hb HPLC to rule out Thalassemia Minor

Note

1. As per the recommendation of International council for Standardization in Hematology, the differential leucocyte counts are additionally being reported as absolute numbers of each cell in per unit volume of blood

2. Test conducted on EDTA whole blood

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Name	: Mr. PRIYANSH		
Lab No.	: 169106637	**Age**	: 20 Years
Ref By	: SELF	**Gender**	: Male
Collected	: 2/11/2022 7:00:00PM	**Reported**	: 2/11/2022 9:57:46PM
A/c Status	: P	**Report Status**	: Final
Collected at	: FPSC ADHCHINI H. NO-92, SHOP NO-6, GROUND FLOOR, ADHCH New Delhi	**Processed at**	: LPL-VASANT KUNJ LAB NELSON MANDELA MARG, BUILDING No.1, L.S.C., SECTOR-B, POCKET-7, VASANT KUNJ, NEW DELHI-110070

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Test Report

Test Name	Results	Units	Bio. Ref. Interval
LIVER PANEL 1; LFT,SERUM			
AST (SGOT) (IFCC)	30.0	U/L	15.00 - 40.00
ALT (SGPT) (IFCC)	38.0	U/L	10.00 - 49.00
AST:ALT Ratio (Calculated)	0.79		<1.00
GGTP (IFCC)	15.0	U/L	0 - 73
Alkaline Phosphatase (ALP) (IFCC-AMP)	72.00	U/L	30.00 - 120.00
Bilirubin Total (Oxidation)	**6.24**	mg/dL	0.30 - 1.20
Bilirubin Direct (Oxidation)	**0.55**	mg/dL	<0.3
Bilirubin Indirect (Calculated)	**5.69**	mg/dL	<1.10
Total Protein (Biuret)	7.60	g/dL	5.70 - 8.20
Albumin (BCG)	4.70	g/dL	3.20 - 4.80
A : G Ratio (Calculated)	1.62		0.90 - 2.00
Result Rechecked, Please Correlate Clinically.			

Note

1. In an asymptomatic patient, Non alcoholic fatty liver disease (NAFLD) is the most common cause of increased AST, ALT levels. NAFLD is considered as hepatic manifestation of metabolic syndrome.
2. In most type of liver disease, ALT activity is higher than that of AST; exception may be seen in Alcoholic Hepatitis, Hepatic Cirrhosis, and Liver neoplasia. In a patient with Chronic liver disease, AST:ALT ratio>1 is highly suggestive of advanced liver fibrosis.
3. In known cases of Chronic Liver disease due to Viral Hepatitis B & C, Alcoholic liver disease or NAFLD, Enhanced liver fibrosis (ELF) test may be used to evaluate liver fibrosis.
4. In a patient with Chronic Liver disease, AFP and Des-gamma carboxyprothrombin (DCP)/PIVKA II can be used to assess risk for development of Hepatocellular Carcinoma.

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Name	: Mr. PRIYANSH		Age	: 20 Years	
Lab No.	: 169106637		Gender	: Male	
Ref By	: SELF		Reported	: 2/11/2022 9:57:46PM	
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Collected at	: FPSC ADHCHINI H. NO-92, SHOP NO-6, GROUND FLOOR, ADHCH New Delhi		Processed at	: LPL-VASANT KUNJ LAB NELSON MANDELA MARG, BUILDING No.1, L.S.C., SECTOR-B, POCKET-7, VASANT KUNJ, NEW DELHI-110070	

MC-2011

Test Report

Test Name	Results	Units	Bio. Ref. Interval

Dr Preeti Sharma
MD, Pathology
Consultant Pathologist
Dr Lal PathLabs Ltd

Dr Rachna Malik
MD, Pathology
Consultant Pathologist
Dr Lal PathLabs Ltd

----------End of report ----------

IMPORTANT INSTRUCTIONS

•Test results released pertain to the specimen submitted.•All test results are dependent on the quality of the sample received by the Laboratory.•Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician .•Report delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted.•Certain tests may require further testing at additional cost for derivation of exact value. Kindly submit request within 72 hours post reporting.•Test results may show interlaboratory variations.•The Courts/Forum at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of test(s).•Test results are not valid for medico legal purposes.•This is computer generated medical diagnostic report that has been validated by Authorized Medical Practitioner/Doctor.•The report does not need physical signature.

(#) Sample drawn from outside source.

If Test results are alarming or unexpected, client is advised to contact the Customer Care immediately for possible remedial action.

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