

Name : Mr. PRIYANSH Lab No. : 169106637

Lab No. : 169106 Ref By : SELF

Collected : 2/11/2022 7:00:00PM

A/c Status : P

Test Name

Collected at : FPSC ADHCHINI

H. NO-92, SHOP NO-6, GROUND FLOOR, ADHCH

New Delhi

Age : 20 Years Gender : Male

Reported : 2/11/2022 9:57:46PM

Report Status : Final

Processed at : LPL-VASANT KUNJ LAB

NELSON MANDELA MARG, BUILDING No.1, L.S.C., SECTOR-B, POCKET-7, VASANT KUNJ,

Bio. Ref. Interval

NEW DELHI-110070

Units

Test Report Results

rest name	Results	Units	DIO. Rei. Iliterva
COMPLETE BLOOD COUNT;CBC (Photometry,Electrical Impedence,VCS Technology,Calc	culated)		
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
мснс	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			
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Test Report

Results Units Bio. Ref. Interval

Test Name 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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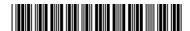
KUNJ, NEW DELHI-110070

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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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.

Tel: +91-11-49885050,Fax: - +91-11-2788-2134, E-mail: lalpathlabs@lalpathlabs.com



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