

A/102, Shivashish Appts., Near Irla Bridge, 66, S.V Road, Andheri (W), Mum-58. | Mon-Sat : 7.30 am to 8.00 pm (Sunday Closed)

**PATHOLOGY | DIGITAL X-RAY | WHOLE BODY COLOR DOPPLER & SONOGRAPHY | COLOR 2D ECHO | ECG | HEALTH CHECKUP PLANS**

**S.ID** : 102511016



**Registered** : 18/Jul/25 10:59AM

**PERM. ID** : 20233952

**Collected** : 18/Jul/25 10:59AM

**Name** : Mr. NAKUL JOSHI - 51 Years / Male

**Reported** : 18/Jul/25 01:16PM

**Ref. By** : Dr.GAURAV DAGA

## HAEMATOLOGY

### Investigation

### Result

### Units

### Bio. Ref. Interval

ESR

02

mm/hr

0 - 15

(EDTA, Automated ESR by Modified Westergren method with temperature correction)

### COMMENTS:

1. ESR is an acute phase reactant which indicates presence and intensity of an inflammatory process.
2. It is not diagnostic of a specific disease but has got a prognostic value to monitor the course or response to treatment of certain diseases.
3. Extremely high levels (>100mm/hr) indicate severe systemic disease such as in cases of malignancy, hematologic diseases, paraproteinemias, collagen disorders, renal diseases and severe infections like bacterial endocarditis, tuberculosis.
4. Causes of increased ESR are Infections (Acute rheumatic fever, osteomyelitis, bacterial endocarditis, TB, PID, pyogenic arthritis), Inflammatory diseases (Rheumatoid arthritis, SLE, Temporal arteritis, Polymyalgia rheumatica), Acute Myocardial Infarction, Anaemia, administration of dextran or OC pills, etc.
5. Reasons for falsely decreased ESR are Abnormally shaped RBCs (sickle cells, spherocytes, acanthocytes), Microcytosis, HbC disease, Hypofibrinogenemia, Extreme leukocytosis, Drugs (quinine, salicylates, high steroid levels).

\*\*\* End of Report \*\*\*

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Dr. Sanjay K. Gupta  
M.D. Path. (Mum.)

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## HAEMATOLOGY

### COMPLETE BLOOD COUNT

Investigation	Result	Units	Bio. Ref. Interval
Haemoglobin	14.9	gm/dl	13.5 - 17.0
RBC Count	<u>6.15</u>	million cells/cumm	4.20 - 6.00
Packed Cells Volume / HCT	43.0	%	39.0 - 52.0
MCV(Mean Cell Volume)	<u>69.9</u>	fL	76.0 - 100.0
MCH	<u>24.2</u>	pg	26.0 - 34.0
MCHC	34.7	g/dL	30 - 37
RDW(Red cell distribution width) CV	<u>19.3</u>	%	11.0 - 16.0
RDW-SD	44.3	fL	30.0 - 45.0
<b>Total WBC Count</b>	4600	cells/cumm	4000 - 11000
<b>Differential Count</b>			
Neutrophils	<u>78.5</u>	%	40 - 75
Lymphocytes	<u>8.5</u>	%	18 - 45
Eosinophils	0.2	%	0 - 6
Monocytes	<u>12.1</u>	%	0 - 12
Basophils	0.7	%	0 - 2
<b>Absolute Counts</b>			
Absolute Neutrophils Count	3611	Cells/cumm	1600 - 7000
Absolute Lymphocyte Count	<u>391</u>	Cells/cumm	800 - 5000
Absolute Eosinophils Count	9	Cells/cumm	0 - 500
Absolute Monocytes Count	557	Cells/cumm	100 - 1200
Absolute Basophils Count	32	Cells/cumm	0 - 200
Neutrophil Lymphocyte Ratio(NLR)	9.24		Mild : < 3.5 Moderate Severe : > 3.5
<b>Platelet Count</b>	<u>146000</u>	lakhs/cumm	150000 - 450000
<b>Blood Smear Examination</b>			
RBC Morphology	Hypochromia Mild, Microcytosis 2+, Anisocytosis 2+.		
Platelet Morphology	Rechecked by manual method also.		

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## HAEMATOLOGY

### COMPLETE BLOOD COUNT

#### Investigation

#### Result

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Method: Impedance, Photometry, Flow-Cytometry

Instrument Name: SYSMEX (Fully Automated 7-Part Cell Counter)

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**Dr. Sanjay K. Gupta**  
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## BIOCHEMISTRY

### RENAL FUNCTION TEST

Investigation	Result	Units	Bio. Ref. Interval
Urea	<u>229.4</u>	mg/dL	5.0 - 40
Blood Urea Nitrogen (BUN)	<u>107.2</u>	mg/dL	3 - 21
Sr. Creatinine	<u>10.9</u>	mg/dL	0.1 - 1.4
BUN / Creatinine ratio	9.8		5 - 20
eGFR (Estimated Glomerular Filtration Rate)	<u>05</u>	ml/min/1.73m2	Adults : Greater than 90
Uric Acid	<u>15.8</u>	mg/dL	3.4 - 7.00
Calcium	<u>8.3</u>	mg/dL	8.5 - 11.0
Phosphorous	<u>7.5</u>	mg/dL	2.1 - 5.6

### ELECTROLYTES

Sodium	<u>122</u>	mEq/L	135 - 145
Potassium	4.9	mEq/L	3.5 - 5.5
Chloride	<u>89</u>	mEq/L	95 - 107
Total Protein	<u>6.0</u>	g/dL	6.3 - 8.7
Albumin	<u>2.5</u>	g/dL	3.5 - 5.2
Globulin	3.5	g/dL	2.3 - 4.1
A/G Ratio	<u>0.71</u>	-	0.9 - 2.5

Instrument Name: COBAS C111 (Fully Automated biochemistry Analyzer)

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