

Patient Name : MR. SATISH PATNAIK

Age / Gender : 54 years / Male

Patient ID :62501

Referral : Dr. SELF

Sample Type : Edta Wb

Source : DoctorC

Collection Time : Jan 17, 2026, 10:57 a.m.

Receiving Time : Jan 17, 2026, 12:36 p.m.

Reporting Time : Jan 17, 2026, 12:54 p.m.

Sample ID :



4098830

HAEMATOLOGY

Test Description	Value(s)	Biological Reference Intervals	Unit(s)	Methodology
Complete Blood Picture (CBP/CBC)				
Haemoglobin	14.7	13.5 - 17.0	gm/dL	Non-Cyanide Photometric Method
Total RBC Count	5.32	4.5 - 5.5	mil/cu.mm	Electrical Impedance
Total WBC Count	5520	4000-10000	cell/cu.mm	Electrical Impedance
Platelet Count	313	150 - 410	10 ³ /ul	Electrical Impedance
Red Cell Distribution Width	13.1	11.6 - 14.0	%	Calculated
Hematocrit	45.8	40.0 - 50.0	%	Calculated
Mean Cell Volume (MCV)	86.0	83 - 101	fL	Calculated
Mean Cell Haemoglobin (MCH)	27.6	27 - 32	pg	Calculated
Mean Corpuscular Hb Conc. (MCHC)	32.0	31.5 - 34.5	gm/dL	Calculated
Neutrophils	64.8	40 - 80	%	VCSn / Microscopy
Lymphocytes	29.1	20 - 40	%	VCSn / Microscopy
Monocytes	4.2	2 - 10	%	VCSn / Microscopy
Eosinophils	1.6	1 - 6	%	VCSn / Microscopy
Basophils	0.3	0-2	%	VCSn / Microscopy
DC Sum	100	100		
Absolute Neutrophil Count	3.58	2.0 - 7.0	* 10 ⁹ /L	Calculated
Absolute Lymphocyte Count	1.61	1-3	* 10 ⁹ /L	Calculated
Absolute Monocyte Count	0.23	0.1-1.0	* 10 ⁹ /L	Calculated
Absolute Eosinophil Count	0.09	0.0-0.5	* 10 ⁹ /L	Calculated
Absolute Basophils Count	0.01	0-2	* 10 ⁹ /L	Calculated
RBC	Normocytic Normochromic			
WBC	Normal in Total Count and Differential			
Platelets	Adequate			

Reference

Fully automated haematology analyzer (Mindray BC-5380) (Colorimetry, Electrical Impedance, VCS Technology, Leishman's Stain and Microscopy). **Reference** : Dacie and Lewis Practical Hematology, 12th Edition

END OF REPORT



Dr. Vishnavi Danda
Consultant Pathologist
Regd No: APMC/FMR/78761

Processing Location: DoctorC

Patient Name : MR. SATISH PATNAIK**Age / Gender** : 54 years / Male**Patient ID** :62501**Referral** : Dr. SELF**Sample Type** : Fluoride - F**Source** : DoctorC**Collection Time** : Jan 17, 2026, 10:57 a.m.**Receiving Time** : Jan 17, 2026, 12:41 p.m.**Reporting Time** : Jan 17, 2026, 03:08 p.m.**Sample ID** :

4098777

BIOCHEMISTRY

Test Description	Value(s)	Biological Reference Intervals	Unit(s)	Methodology
<u>Glucose - Fasting</u>				
Glucose fasting	146	Normal: 70 - 100 Impaired Tolerance: 101-125 Diabetes mellitus: ≥ 126	mg/dL	Glucose Oxidase/Peroxidase

Interpretation

A fasting blood glucose test is clinically significant because it is the most common method to screen for prediabetes and diabetes, as it measures blood sugar levels after a period of fasting, providing a reliable indicator of how well your body regulates glucose when not actively consuming food; high fasting blood glucose levels can indicate an increased risk of developing diabetes or related complications, even if symptoms aren't present.

Reference:

Tietz textbook of Clinical Chemistry, Third Edition. Carl A. Burtis and Edward R. Ashwood, eds. Philadelphia, PA: WB Saunders, 1998.

Mindray BS Series Kit insert

****END OF REPORT****

Processing Location: DoctorC

Dr. Vishnavi Danda
Consultant Pathologist
Regd No: APMC/FMR/78761

Patient Name : MR. SATISH PATNAIK

Age / Gender : 54 years / Male

Patient ID : 62501

Referral : Dr. SELF

Sample Type : Serum

Source : DoctorC

Collection Time : Jan 17, 2026, 10:57 a.m.

Receiving Time : Jan 17, 2026, 12:27 p.m.

Reporting Time : Jan 17, 2026, 03:53 p.m.

Sample ID :



BIOCHEMISTRY

Test Description	Value(s)	Biological Reference Intervals	Unit(s)	Methodology
Liver Function Test / LFT / Hepatic Panel				
Bilirubin - Total	0.5	< 1.2	mg/dL	DSA Method
Bilirubin - Direct	0.1	< 0.3	mg/dL	DSA Method
Bilirubin - Indirect	0.40	0.2 - 0.8	mg/dL	Calculated
Aspartate Aminotransferase (AST/SGOT)	28	< 35	U/L	UV without P5P (IFCC)
Alanine Transaminase (ALT/SGPT)	32	< 45	U/L	UV without P5P (IFCC)
SGOT/SGPT	0.88	0.8 - 1.0	ratio	calculated
GGT-Gamma-glutamyl transpeptidase	87.1	< 55.0	U/L	Szasz Method/IFCC stand
Alkaline Phosphatase-ALP	62	30 - 120	U/L	AMP Buffer IFCC Modified
Total Protein	7.8	6.6-8.3	g/dL	Biuret
Albumin	4.8	Adult 3.5-5.3 > 60 years 3.4-4.8	g/dL	Bromocresol Green
Globulin	3	3.1 - 3.5	g/dL	Calculated
A/G Ratio	1.60	1.2 - 1.5	ratio	Calculated

Interpretation

- LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin).

1. Hepatocellular injury:

- AST-Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT -Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. • Disproportionate increase in AST, ALT compared with ALP. • Bilirubin may be elevated. • AST: ALT (ratio) - In case of hepatocellular injury AST : ALT >1 In Alcoholic Liver Disease AST : ALT usually >2 This ratio is also seen to be increased in NAFLD, Wilson's disease, Cirrhosis, but the increase is usually not >2.
- Cholestatic pattern:** • ALP - Disproportionate increase in ALP compared with AST, ALT. • Bilirubin may be elevated. • ALP elevation also seen in pregnancy, impacted by age and sex. • To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthesis function impairment:

- Albumin** - Liver disease reduces albumin levels. Correlation with PT (Prothrombin Time)

Reference



Dr. Vishnavi Danda
Consultant Pathologist
Regd No: APMC/FMR/78761

Processing Location: DoctorC

Patient Name : MR. SATISH PATNAIK**Age / Gender** : 54 years / Male**Patient ID** :62501**Referral** : Dr. SELF**Sample Type** : Serum**Source** : DoctorC**Collection Time** : Jan 17, 2026, 10:57 a.m.**Receiving Time** : Jan 17, 2026, 12:27 p.m.**Reporting Time** : Jan 17, 2026, 03:53 p.m.**Sample ID** :

4098752

BIOCHEMISTRY

Test Description	Value(s)	Biological Reference Intervals	Unit(s)	Methodology
Tietz textbook of Clinical Chemistry, Third Edition. Carl A. Burtis and Edward R.Ashwood, eds. Philadelphia, PA: WB saunders.				
Mindray BS Series Kit insert				

****END OF REPORT****

Processing Location: DoctorC

Dr. Vishnavi Danda
Consultant Pathologist
Regd No: APMC/FMR/78761

Patient Name : MR. SATISH PATNAIK**Age / Gender** : 54 years / Male**Patient ID** : 62501**Referral** : Dr. SELF**Sample Type** : Serum**Source** : DoctorC**Collection Time** : Jan 17, 2026, 10:57 a.m.**Receiving Time** : Jan 17, 2026, 12:27 p.m.**Reporting Time** : Jan 17, 2026, 03:48 p.m.**Sample ID** :

4098752

BIOCHEMISTRY

Test Description	Value(s)	Biological Reference Intervals	Unit(s)	Methodology
Blood Urea Nitrogen (BUN)				
BUN*	8.41	Cord : 21-40 Premature(1 wk) : 3-25 New Born : 4-12 Infant/Child : 5-18 Adult : 6-20 >60.0 Years : 7-23	mg/dL	Calculated
UREA*	18	16.8 - 43.2	mg/dL	Urease-GLDH, UV Method

Interpretation

A blood urea nitrogen (BUN) test measures the amount of urea nitrogen in your blood. Urea nitrogen is a waste product created when your liver breaks down protein

- Liver problems can cause higher-than-normal BUN levels
- Dehydration can cause higher-than-normal BUN levels
- High protein intake can cause higher-than-normal BUN levels
- Kidney problems can cause higher-than-normal BUN levels

Reference:

Tietz textbook of Clinical Chemistry, Third Edition. Carl A. Burtis and Edward R. Ashwood, eds. Philadelphia, PA: WB Saunders

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END OF REPORT



Processing Location: DoctorC

Dr. Vishnavi Danda
Consultant Pathologist
Regd No: APMC/FMR/78761

Patient Name : MR. SATISH PATNAIK**Age / Gender** : 54 years / Male**Patient ID** :62501**Referral** : Dr. SELF**Sample Type** : Serum**Source** : DoctorC**Collection Time** : Jan 17, 2026, 10:57 a.m.**Receiving Time** : Jan 17, 2026, 12:27 p.m.**Reporting Time** : Jan 17, 2026, 03:14 p.m.**Sample ID** :

4098752

BIOCHEMISTRY

Test Description	Value(s)	Biological Reference Intervals	Unit(s)	Methodology
Calcium - Serum				
Calcium*	9.3	8.6 - 10.6	mg/dL	Arsenazo III

Interpretation

A calcium blood test measures the amount of calcium in your blood. Too much or too little calcium in your blood may be a sign of a wide range of medical conditions, such as bone disease, thyroid disease, parathyroid disorders, kidney disease, and other conditions.

Reference:

Tietz textbook of Clinical Chemistry, Third Edition. Carl A. Burtis and Edward R. Ashwood, eds. Philadelphia, PA: WB Saunders.

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****END OF REPORT****

Processing Location: DoctorC

Dr. Vishnavi Danda
Consultant Pathologist
Regd No: APMC/FMR/78761

Patient Name : MR. SATISH PATNAIK**Age / Gender** : 54 years / Male**Patient ID** : 62501**Referral** : Dr. SELF**Sample Type** : Serum**Source** : DoctorC**Collection Time** : Jan 17, 2026, 10:57 a.m.**Receiving Time** : Jan 17, 2026, 12:27 p.m.**Reporting Time** : Jan 17, 2026, 04:09 p.m.**Sample ID** :

4098752

BIOCHEMISTRY

Test Description	Value(s)	Biological Reference Intervals	Unit(s)	Methodology
<u>BUN/Creatinine Ratio</u>				
BUN	8.41	Cord: 21-40 Premature(1 wk) : 3-25 New Born : 4-12 Infant/Child : 5-18 Adult : 6-20 >60.0 Years : 8-23	mg/dL	Calculated
UREA	18	16.8 - 43.2	mg/dL	Urease-GLDH, UV Method
Creatinine	1.01	Adults: 0.5 - 1.4 Children: 0.30 - 0.70	mg/dL	Picrate Method
BUN/Creatinine Ratio	8.33	12.0 - 16.4	mg/dL	calculation

Interpretation

- Creatinine: Muscles produce creatinine, a waste product, from creatine phosphate, a substance that stores a lot of energy. Unlike urea, the amount of creatinine generated is constant and mostly depends on muscle mass. Age, gender, race, muscularity, exercise, pregnancy, and several other physiological characteristics can all have an impact on serum creatinine levels.
- Decreased serum Creatinine is associated with increasing Age and poor muscle mass, such as muscular atrophy. Both acute and chronic renal disease and blockage are associated with elevated blood creatinine levels.
- Creatinine is not an appropriate indicator for identifying kidney disease in its early stages since an increase in blood creatinine is only seen when there is significant nephron damage. High Urea, Uric Acid, and Blood Urea Nitrogen (BUN) could indicate poor renal function, in addition to other etiologies

Reference:

Tietz textbook of Clinical Chemistry, Third Edition. Carl A. Burtis and Edward R. Ashwood, eds. Philadelphia, PA: WB Saunders.

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****END OF REPORT******Dr. Vishnavi Danda**
Consultant Pathologist
Regd No: APMC/FMR/78761

Processing Location: DoctorC

Patient Name : MR. SATISH PATNAIK

Age / Gender : 54 years / Male

Patient ID :62501

Referral : Dr. SELF

Sample Type : Urine

Source : DoctorC

Collection Time : Jan 17, 2026, 10:57 a.m.

Receiving Time : Jan 17, 2026, 01:38 p.m.

Reporting Time : Jan 17, 2026, 04:25 p.m.

Sample ID :



2610469

CLINICAL PATHOLOGY

Test Description	Value(s)	Biological Reference Intervals	Unit(s)	Methodology
Complete Urine Examination (CUE) - Urine				
Volume	10		ml	
Colour*	Pale Yellow	Pale Yellow		Visual
Transparency (Appearance)*	Clear	Clear		Visual
Reaction (pH)*	6.0	4.5 - 8		Double Indicator
Specific Gravity*	1.015	1.003 - 1.030		Ion concentration
Chemical Examination (Automated Dipstick Method) Urine				
Urine Protein (Albumin)*	Negative	Negative		Tetrabromophenol blue/ Sulphosalicylic acid
Urine Glucose (sugar)*	Negative	Negative		GOD-POD-Strip / Benedicts reagent
Blood*	Negative	Negative		Peroxidase
Urine Ketones (Acetone)*	Negative	Negative		Nitroprusside/ Rothera's test
Bilirubin*	Negative	Negative		Strip method
Nitrites	Negative	Negative		Diazonium / Strip Method
Leukocytes	Negative	Negative		Strip Method
Urobilinogen*	Normal	Normal		Modified Ehrlich's / Strip method
Microscopic Examination Urine				
Pus Cells (WBCs)*	2-3	0 - 5	/hpf	Microscopy
Epithelial Cells*	1-2	0 - 4	/hpf	Microscopy
Red blood Cells*	Absent	Absent	/hpf	Microscopy
Crystals*	Absent	Absent		Microscopy
Cast*	Absent	Absent		Microscopy
Bacteria/ Yeast Cells*	Absent	Absent		Microscopy
Others	Absent	Absent		Microscopy

Method

Semi Automated Dirui H-500 Urine Analysis Dipstick Method, Microscopy, Macroscopy

END OF REPORT



Processing Location: DoctorC

Dr. Vishnavi Danda
Consultant Pathologist
Regd No: APMC/FMR/78761

Patient Name : MR. SATISH PATNAIK**Age / Gender** : 54 years / Male**Patient ID** :62501**Referral** : Dr. SELF**Sample Type** : Serum**Source** : DoctorC**Collection Time** : Jan 17, 2026, 10:57 a.m.**Receiving Time** : Jan 17, 2026, 12:27 p.m.**Reporting Time** : Jan 17, 2026, 04:02 p.m.**Sample ID** :

4098752

BIOCHEMISTRY

Test Description	Value(s)	Biological Reference Intervals	Unit(s)	Methodology
Renal Function Test				
Blood Urea Nitrogen	8.41	4 - 18 : New Born/Child 6 - 20 : Adult 7 - 23 : > 60 years	mg/dL	Calculated
Urea - Serum	18	16.8 - 43.2	mg/dl	Urease-GLDH, UV Method
Creatinine -serum	1.01	Adults: 0.5 - 1.4 Children: 0.30 - 0.70	mg/dL	Picrate Method
Urea Creatinine Ratio	17.82	Elevated ratio : >100.1 Reduced ratio : <40.1	mg/mg	Calculated
Uric Acid	7.6	3.6 - 8.2	mg/dL	Uricase-Peroxidase

Interpretation

- Creatinine: Muscles produce creatinine, a waste product, from creatine phosphate, a substance that stores a lot of energy. Unlike urea, the amount of creatinine generated is constant and mostly depends on muscle mass. Age, gender, race, muscularity, exercise, pregnancy, and several other physiological characteristics can all have an impact on serum creatinine levels.
- Decreased serum Creatinine is associated with increasing Age and poor muscle mass, such as muscular atrophy. Both acute and chronic renal disease and blockage are associated with elevated blood creatinine levels.
- Creatinine is not an appropriate indicator for identifying kidney disease in its early stages since an increase in blood creatinine is only seen when there is significant nephron damage. High Urea, Uric Acid, and Blood Urea Nitrogen (BUN) could indicate poor renal function, in addition to other etiologies

Reference :

Mindray BS Series Kit Insert

****END OF REPORT****

Processing Location: DoctorC

Dr. Vishnavi Danda
Consultant Pathologist
Regd No: APMC/FMR/78761

Patient Name : MR. SATISH PATNAIK**Age / Gender** : 54 years / Male**Patient ID** :62501**Referral** : Dr. SELF**Sample Type** : Serum**Source** : DoctorC**Collection Time** : Jan 17, 2026, 10:57 a.m.**Receiving Time** : Jan 17, 2026, 12:27 p.m.**Reporting Time** : Jan 17, 2026, 03:50 p.m.**Sample ID** :

4098752

BIOCHEMISTRY

Test Description	Value(s)	Biological Reference Intervals	Unit(s)	Methodology
<u>Lipid Profile</u>				
Cholesterol-Total	263	Desirable: ≤ 200 Borderline High: 201-239 High: > 239	mg/dL	CHOD-POD
Cholesterol-HDL Direct	42	High Risk: < 40 Optimal: 40 - 60 Low Risk: > 60	mg/dL	Direct
LDL Cholesterol	162.40	Optimal: < 100 Near / Above optimal: 100 - 129 Borderline high: 130 - 159 High: 160 - 189 Very High: ≥ 190	mg/dL	Calculated
Triglycerides	293	Normal: < 150 Borderline High: 150 - 199 High: 200 - 499 Very High: ≥ 500	mg/dL	GPO-POD
Non - HDL Cholesterol	221	Desirable: < 130 Borderline High: 130 - 159 High: 160 - 189 Very High: ≥ 190	mg/dL	calculated
VLDL Cholesterol	58.60	10 - 30	mg/dL	calculated
CHOL/HDL RATIO	6.26	0.0 - 5.0	ratio	calculated
LDL/HDL RATIO	3.87	0.0 - 3.5	ratio	calculated
HDL/LDL RATIO	0.26	0.0 - 3.5	ratio	calculated

Interpretation

Interpretation:

- For non-fasting samples, the biological reference interval remains the same for all parameters, except for triglyceride as cholesterol (HDL, LDL, total), which changes only by a small amount in the non-fasting state; the recommended desired value for triglycerides is 200 mg/dl, are recommended to perform a follow-up fasting lipid panel in 2 to 4 weeks.
- As per the consensus of the Lipid Association of India, Non-HDL cholesterol and LDL cholesterol can be used as targets to monitor the effectiveness of lipid-lowering therapy.

**Dr. Vishnavi Danda**
Consultant Pathologist
Regd No: APMC/FMR/78761

Processing Location: DoctorC

Patient Name : MR. SATISH PATNAIK**Age / Gender** : 54 years / Male**Patient ID** :62501**Referral** : Dr. SELF**Sample Type** : Serum**Source** : DoctorC**Collection Time** : Jan 17, 2026, 10:57 a.m.**Receiving Time** : Jan 17, 2026, 12:27 p.m.**Reporting Time** : Jan 17, 2026, 03:50 p.m.**Sample ID** :

4098752

BIOCHEMISTRY

Test Description	Value(s)	Biological Reference Intervals	Unit(s)	Methodology
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Associated tests: Apolipoproteins A1, Apolipoproteins B, Apolipoprotein B/A1 Ratio, Lipoprotein(a)

Reference :

Tietz textbook of Clinical Chemistry, Third Edition. Carl A. Burtis and Edward R.Ashwood, eds. Philadelphia, PA: WB saunders.

Mindray BS Series Kit insert

****END OF REPORT****

Processing Location: DoctorC

Dr. Vishnavi Danda
Consultant Pathologist
Regd No: APMC/FMR/78761

Patient Name : MR. SATISH PATNAIK**Age / Gender :** 54 years / Male**Patient ID :** 62501**Referral :** Dr. SELF**Sample Type :** Serum**Source :** DoctorC**Collection Time :** Jan 17, 2026, 10:57 a.m.**Receiving Time :** Jan 17, 2026, 12:27 p.m.**Reporting Time :** Jan 17, 2026, 03:41 p.m.**Sample ID :**

4098752

BIOCHEMISTRY

Test Description	Value(s)	Biological Reference Intervals	Unit(s)	Methodology
Thyroid Stimulating Hormone (TSH)				
TSH(THYROID STIMULATING HORMONE)	7.415	Adult Male : 0.45 to 5.33	µIU/mL	CLIA

Interpretation:

- 1.T3 &T4 values may be altered due to changes in serum proteins, pregnancy, drugs, nephrosis etc. In such cases Free T3 and Free T4 may give more appropriate thyroid status. T3 levels fluctuate rapidly to stress and non thyroid illness.
- 2.TSH values may be transiently altered in fever, severe infections, liver disease, renal and heart failure, severe burns, trauma and surgery.
- 3.Drugs that decrease TSH values include L-DOPA, Glucocorticoids, Heparin. Drugs that increase TSH include Iodine, Lithium, Amiodarone.

Reference: Beckman Coulter DXI800 Kit Insert

END OF REPORT



Processing Location: DoctorC

Dr. Vishnavi Danda
Consultant Pathologist
Regd No: APMC/FMR/78761

Patient Name : **MR. SATISH PATNAIK**

Age : 54 years (Male)

Referral : SELF

Reg. ID : - 62501

Report Date : Jan 17, 2026, 05:29 p.m.

Sample Date : Jan 17, 2026, 10:57 a.m.

Sample ID : 4098830

Print Date : Jan 17, 2026, 05:46 p.m.

Source : DoctorC

HPE No. : DCJ/462131/26

Glycosylated Hemoglobin (GHb/HbA1c)

Test Description	Value(s)	Reference Range
Glyco Hb (HbA1C)	8.2 %	Non-Diabetic: ≤ 5.6 Pre Diabetic: 5.7-6.4 Diabetic: ≥ 6.5
Estimated Average Glucose :	188.64 mg/dL	60 - 110

Interpretations:

- HbA1C has been endorsed by clinical groups and American Diabetes Association guidelines 2017 for diagnosing diabetes using a cut off point of 6.5%
- Low glycated haemoglobin in a non diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency and haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
- In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control.

Excellent control-6-7 %

Fair to Good control – 7-8 %

Unsatisfactory control – 8 to 10 %

Poor Control – More than 10 %

Reference : Biorad Variant Turbo II Kit Insert****END OF REPORT****

Dr. Vishnavi Danda
Consultant Pathologist
Regd No: APMC/FMR/78761