



**REPORT**

**Collection Date & Time :** 06/11/2025 06:17PM

**Reporting Date & Time :** 07/11/2025 10:12PM

**Name :** JAGADISHAN

**Age & Sex :** 50 Years : Male

**MRD No:** RH01214275

**Ref.Dr :** VASCULAR SURGERY

**Ward :** Surgery General Ward  
(Male) - Basement "C" Block

**Sample ID :** 2715382

**CLINICAL BIOCHEMISTRY**

<b>Test</b>	<b>Result</b>	<b>Units</b>	<b>Biological Reference Interval</b>
Serum Random blood sugar (RBS) Method : Hexokinase	134	mg/dL	70 - 140 Prediabetes : 140 to 199 Diabetes: >=200
<b>Serum Electrolytes</b>			
Serum Sodium Method : ISE	142	mmol/L	136 - 145 Premature:Cord:-116-140; 48hr:-128-148 Newborn:-Cord:-126-166; Full term:-133-146 Infant:- 139-146;Child:- 138-145; Adult:-136-145;>90yr:-132-146
Serum Potassium Method : ISE	3.8	mmol/L	3.50 - 5.30 Premature:Cord:-5.0-10.2; 48hr:-3.0-6.0 Newborn: Cord:-5.6-12.0; Full term:-3.7-5.9 Infant: - 4.1-5.3;Child: - 3.4-4.7;Adult:-3.5-5.1
Serum Chloride Method : ISE	110	mmol/L	98 - 107 Premature: 96-110;Cord: 96-104
<b>Renal Function Test</b>			
Blood Urea Nitrogen (BUN) Method : Enzymatic - Urease & GLDH	7	mg/dL	6 - 20 Premature 1 wk: 3-25 <1 yr: 4-19; Infant/child: 5-18
Serum Creatinine Method : Alkaline picrate-kinetic rate blanked,IFCC IDM	1.04	mg/dL	0.62 - 1.10
Serum Uric Acid Method : Uricase	6.6	mg/dL	3.50 - 7.21 Children: 2.0-5.5;

VANITHA GOWDA M.N KMC:44868

Dr. Incharge

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**HAEMATOLOGY**

<b>Test</b>	<b>Result</b>	<b>Units</b>	<b>Biological Reference Interval</b>
<b>Complete Blood Count (CBC)- Whole blood with K2 EDTA</b>			
Haemoglobin (Hb) - Whole blood with K2 EDTA Method : SLS Hemoglobin method	14.7	g/dL	13 - 17
Total Leucocytes Count(TLC) Method : Automated flow cytometry	10130	cells/cumm	4000 - 11000
Neutrophils Method : Automated flow cytometry	55.2	%	40 - 80
Lymphocytes Method : Automated flow cytometry	30.3	%	20 - 40
Eosinophils Method : Automated flow cytometry	1.4	%	1 - 6
Monocytes Method : Automated flow cytometry	<b>12.5</b>	%	2 - 10
Basophils Method : Automated flow cytometry	0.6	%	0 - 1
Erythrocyte sedimentation rate(ESR) - Whole blood with K2 EDTA : Automated	<b>15</b>	mm/1st hr	0 - 9
Red blood cell count(RBC) Method : Impedance principle method	4.93	million/cumm	4.5 - 5.5
Packed cell volume(PCV) - Whole blood with K2 EDTA Method : Calculated Method	43.9	%	40 - 50
Platelet Count - Whole blood with K2 EDTA Method : Impedance principle method	2.27	lakhs/cumm	1.5 - 4.0
Platelet Distribution Width (PDW) Method : Calculated Method	<b>11.5</b>	%	8.2 - 9.8
Mean Platelet Volume (MPV) Method : Derived From Plt Histogram Method	10.4	fL	9.2 - 10.4
<b>Test reports are based on sample received for testing</b>			
Blood Group Method : TUBE	B		
Rh Factor	NEGATIVE (Weak D negative)		
<b>Test reports are based on sample received for testing</b>			
Prothrombin Time (PT) - W.blood in3.2% sodiumcitrate Method : Viscosity Based Detection System Sample Type : Plasma	13.7	Sec.	12.06 - 16.06
Prothrombin time - Control (MNPT) Method : Viscosity Based Detection System	<b>14.0</b>	Sec	

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HAEMATOLOGY

Test	Result	Units	Biological Reference Interval
PT- INR (International Normalised Ratio) Value Method : Viscosity Based Detection System	<b>0.97</b>		Normal Population : 0.8 - 1.2 Standard Therapy : 2.0 - 3.0 High Dose Therapy : 3.0 - 4.5 Target in Warfarin Use : 2.0 - 3.0 Target in Mechanical valve replacement : 2.5 - 3.5
Prothrombin Ratio	<b>0.98</b>		
aPTT - Test Whole blood in 3.2 % sodium citrate Method : Viscosity Based Detection System Sample Type : Plasma	27.6	SECS	26.80 - 30.80
aPTT - Control	<b>28.8</b>	SECS	

\*Test done on Fully Automated Viscosity Based Detection System [VBDS] (Clotting).

\* The reference range is as per lab Established Values.

aPTT - Ratio 0.96

Test done on fully Automated Viscosity Based Detection System [VBDS] ( Clotting). The ISI (International Sensitive Index) of the PT reagent is close to 1.0 The reference range is as per the Lab Established values. Interference in PT/INR:Alcohol,Antibiotics,Aspirin, Cimetidine,Thrombin Inhibitors ( Increase PT ),Barbiturates,Oral Contraceptives,Harmone-replacement therapy (HRT) and Vitamin K (Decrease PT).



DR HEMA A V KMC NO:105302

Dr. Incharge

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SEROLOGY

Test	Result	Units	Biological Reference Interval
<b>HIV I &amp; II ANTIBODIES (Serum)</b>			
HIV I & II ANTIBODIES- (CLIA) Method : Enhanced Chemiluminescence assay	NON REACTIVE (0.09)		>1.00 is REACTIVE; < 0.9 is NON REACTIVE ; > 0.9 and <1 BORDER LINE
HIV I & II ANTIBODIES- (ELISA) Method : 3rd Gen Enzyme Linked Immuno Sorbent Assay	--		More than cut off is Reactive; Less than cut off is Non-Reactive
HIV I & II ANTIBODIES- (ICT) Method : Immunochromatographic Test	--		
IMPRESSION	ANTIBODIES TO HIV I & II NOT DETECTED		
Note :This is a highly sensitive screening test.The above value does not indicate titres.This test does not discriminate HIV 1 and HIV 2 antibody. A negative test result does not exclude the possibility of exposure to infection with HIV1/2. It is presumed that the patient counselling is done at the referring centre for received samples. The test results obtained relate only to the sample received and tested. Single test result does not always indicate a disease, and should be correlated with clinical findings			
Hepatitis B Surface Antigen (HBsAg) - (Serum) Method : Enhanced Chemiluminescence assay	NON REACTIVE (0.09)		Interpretation >=1.00 is REACTIVE; <= 0.9 is NON REACTIVE ; > 0.9 and <1 BORDER LINE
HBeAg Method : Enhanced chemiluminescence assay	--		Negative < 0.8IU/ml Border line – 0.8 to 1.2 IU/ml Positive >1.2 IU/ml
Impression (HBsAg)	Not Detected		If Viral load is < 20000 IU/ml then monitor ALT Levels quarterly. If Viral load is > 20000 IU/ml then initiate treatment based on ALT
Note :This is a highly sensitive screening test. The above value does not indicate titres. Non Reactive result implies that no HBV surface Antigen has been detected in the received sample by this method. American Association for Study of Liver Diseases (AASLD) has a recommended HBeAg testing for all HBsAg reactive samples. The presence of HBeAg in serum implies HBV viral load >20000IU/ml. And is a strong indication of high infectivity for both maternofetal and horizontal transm			
<b>Reflex Testing for HCV (Serum)</b>			
Anti HCV antibodies (serum) Method : Enhanced Chemiluminescence	NON REACTIVE (0.02)		< 0.9 - NON REACTIVE; 0.9-0.99 -BORDERLINE; >1 - REACTIVE
HCV RNA (plasma) Method : RT-PCR (Closed system)	--	IU/ml	
Impression	No Exposure to Hepatitis C Virus(HCV)		

\* :Test Not in NABL Scope

Authorised Signature :

# : Amended

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SEROLOGY

Test	Result	Units	Biological Reference Interval
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Reflex testing for HCV is recommended by American Association for Study of Liver Diseases (AASLD) and endorsed by Infectious Diseases Society of America (IDSA). No exposure to HCV indicates either non-exposure or post exposure sero conversion stageand not protected against re - infection. Currently infected with HCV requires simplified treatment protocol as per AASLD guidelines.



DR. B R SOUJANYA (KMC NO:98589)

Dr. Incharge

----End of Report----