



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

Test	Result	Units	Biological Reference Interval
Serum Random blood sugar (RBS) Method : Hexokinase	134	mg/dL	70 - 140 Prediabetes : 140 to 199 Diabetes: >=200
Serum Electrolytes			
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
Renal Function Test			
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

Test	Result	Units	Biological Reference Interval
Complete Blood Count (CBC)- Whole blood with K2 EDTA			
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	12.5	%	2 - 10
Basophils Method : Automated flow cytometry	0.6	%	0 - 1
Erythrocyte sedimentation rate(ESR) - Whole blood with K2 EDTA Method : Automated	15	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	11.5	%	8.2 - 9.8
Mean Platelet Volume (MPV) Method : Derived From Plt Histogram Method	10.4	fL	9.2 - 10.4
Test reports are based on sample received for testing			
Blood Group Method : TUBE	B		
Rh Factor	NEGATIVE (Weak D negative)		
Test reports are based on sample received for testing			
Prothrombin Time (PT) - W.blood in 3.2% sodium citrate Method : Viscosity Based Detection System Sample Type : Plasma	13.7	Sec.	12.06 - 16.06
Prothrombin time - Control (MNPT) Method : Viscosity Based Detection System	14.0	Sec	

* :Test Not in NABL Scope

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HAEMATOLOGY

Test	Result	Units	Biological Reference Interval
PT- INR (International Normalised Ratio) Value Method : Viscosity Based Detection System	0.97		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	0.98		

Test done on fully Automated Viscosity Based Detection System [VBSD] (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,Hormone-replacement therapy (HRT) and Vitamin K (Decrease PT).

aPTT - Test Whole blood in 3.2 % sodium citrate 27.6 SECS 26.80 - 30.80

Method : Viscosity Based Detection System
 Sample Type : Plasma

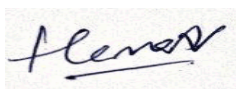
aPTT - Control **28.8** SECS

***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 [VBSD] (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,Hormone-replacement therapy (HRT) and Vitamin K (Decrease PT).


DR HEMA A V KMC NO:105302
Dr. Incharge

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Accreditation Cert.No: M-0622

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SEROLOGY

Test	Result	Units	Biological Reference Interval
HIV I & II ANTIBODIES (Serum)			
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		
<p>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 refering 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</p>			
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
<p>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 matermofetal and horizontal transm</p>			

Reflex Testing for HCV (Serum)

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)		

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SEROLOGY

Test

Result

Units

Biological Reference Interval

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 stage and 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---

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