



GIRISH PRABHAKAR MALWADKAR
Flat No 1, Western Court
Navi Peth,
Pune-411030
Tel No: 919921827182
PID: 1108457

Ref.:Dr.KULKARNI SANDEEP MBBS MD(MED) DNB

SID: 124145332

Collection Date:

28-11-2024 08:44 AM

Registration Date:

28-11-2024 08:44 am

Report Date:

28-11-2024 03:36 PM

REPORT

Age:58.10 Years Sex:MALE

Complete Blood Count (EDTA Whole Blood)	Result	Biological Reference Interval
Hemoglobin (Hb), EDTA whole blood Method: Photometry	<u>11.30</u>	13.2 - 16.6 g/dL
Total Leucocytes (WBC) count Method : Coulter Principle / Microscopy	<u>4,900</u>	4000-10000/ μ L
Platelet count Method : Coulter Principle / Microscopy	<u>46,000</u>	150000 to 410000 / μ L
Red blood cell (RBC) count Method: Coulter Principle	<u>3.58</u>	4.35 - 5.65 x 10 ⁶ / μ L
PCV (Packed Cell Volume) Method: Calculated	<u>32.50</u>	38.30 - 48.60 %
MCV (Mean Corpuscular Volume) Method: Derived from RBC histogram	<u>91.00</u>	78.2 - 97.9 fL
MCH (Mean Corpuscular Hb) Method: Calculated	<u>31.60</u>	27.0 - 32.0 pgms
MCHC (Mean Corpuscular Hb Conc.) Method: Calculated	<u>34.70</u>	31.5 - 34.5 g/dL
RDW (RBC distribution width) Method: Derived from RBC Histogram	<u>15.90</u>	11.8 - 14.5 %
MPV (Mean Platelet Volume) Method: Derived from Platelet Histogram	<u>8.90</u>	7.4 - 11.4 fL
WBC Differential Count (Method: VCSn / Microscopy / Calculated)		
Neutrophils	<u>72</u>	40 - 80 %
Absolute Neutrophils	<u>3,528</u>	2000 - 7000 / μ L
Eosinophils	<u>2</u>	1 - 6 %
Absolute Eosinophils	<u>98</u>	20 - 500 / μ L
Basophils	<u>0</u>	0 - 2 %
Absolute Basophils	<u>0</u>	0 - 100 / μ L
Lymphocytes	<u>15</u>	20 - 40 %
Absolute Lymphocytes	<u>735</u>	1000 - 3000 / μ L
Monocytes	<u>11</u>	2 - 10 %
Absolute Monocytes	<u>539</u>	200 - 1000 / μ L
-	<u>**</u>	



Awanti Golwilkar Mehendale
Dr.(Mrs.) Awanti Golwilkar Mehendale
MBBS,MD(Path) Regn.No:2000/02/1052
A.G Diagnostics Pvt. Ltd.



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Complete Blood Count Findings

R.B.C. : Mild anisocytosis.

W.B.C. : No abnormality detected

Platelets : Moderate reduction.

Remark : ON FOLLOW UP.

.SUGGESTED CLINICAL CORRELATION, B12, FOLIC ACID SUPPLEMENT & FOLLOW UP.

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Carrying forward
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Four Decades

DIAGNOSTICS

BE SURE
BE WELL

ए.जी डायग्नोस्टिक्स प्रा. लि. A.G Diagnostics Pvt. Ltd.
a Neuberger associate

Dr. Awanti Golwilkar
MBBS, MD (Pathology)

Dr. Vinanti Golwilkar
MBBS, MD (Pathology)



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Test Description

Observed

Biological Reference Interval

Liver Function Test :

Bilirubin-Total, serum by Diazo method	<u>7.20</u>	0.10 - 1.20 mg/dL Neonates : Upto 15.0 mg/dL
Bilirubin-Conjugated, serum by Diazo method	<u>3.50</u>	Upto 0.5 mg/dL
Bilirubin-Unconjugated, serum by calculation	<u>3.70</u>	0.1 to 1.0 mg/dL
SGOT (AST), serum by Enzymatic method	37	>or= 14 years : 8 - 48 U/Lt
SGPT (ALT), serum by Enzymatic Method	42	7 to 55 U/Lt
Alkaline Phosphatase,serum by pNPP-kinetic	151	Adult Male : (Unit : U/Lt.) 15 - < 17 years : 82 - 331 17 - < 19 years : 55 - 149 > or = 19 years : 40 - 129
Protein (total), serum by Biuret method	6.80	6.4 to 8.3 g/dL
Albumin, serum by Bromocresol green method	<u>3.30</u>	3.5 to 5.0 g/dL
Globulin, serum by calculation	3.50	2.3 - 3.5 g/dL

On follow up. Suggested to correlate , clinically followed by further evaluation.

--XX--



Mehendale
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Test Description	Observed Value	Biological Reference Interval
<u>Gamma Glutamyl Transferase (GGT)</u>		
Gamma GT(GGT),Serum by Carboxy substrate-kinetic	<u>118.00</u>	Male : (Unit : U/Lt.) 13 - 17 years : < 43 >or= 18 years : 8 - 61

Interpretation

- * GGT is used to diagnose and monitor hepatobiliary diseases.
- * Increased GGT and Alkaline Phosphatase indicate hepatobiliary diseases.
- * Normal GGT activity and increased Alkaline Phosphatase is consistent with skeletal disease.
- * May be used a screening test for occult alcoholism.
- * Elevated GGT is seen in :
 - 1) Intra or post hepatic biliary obstruction (5 to 30 times normal)
 - 2) *Infectious hepatitis (2 to 5 times normal)*
 - 3) *Alcoholism*
 - 4) *Sclerosing cholangitis*
 - 5) *Primary or secondary neoplasm*
 - 6) Medications such as phenytoin and phenobarbitone

Reference : Mayo Medical Laboratories, 2018 Interpretive Handbook.

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Observed Value

Biological Reference Interval

Plasma Glucose :

Plasma glucose fasting, by Hexokinase method

160

< 100 mg/dL
100 to 125 mg/dL : Impaired fasting
glucose tolerance / Prediabetes
>= 126 mg/dL : Suggestive of
diabetes mellitus
(On more than one occasion)
American Diabetes Association
Guidelines 2023

Plasma glucose post prandial, by Hexokinase method

186

< 140 mg/dL
140 to 199 mg/dL : Impaired
glucose tolerance / Prediabetes
>= 200 mg/dL : Suggestive of
diabetes mellitus
(On more than one occasion)
American Diabetes Association
Guidelines 2023

Clinical Chemistry

Creatinine, serum by Jaffe w/o deproteinization

0.64

0.6 to 1.2 mg/dL

Sodium, serum by ISE Indirect

134.00

136 to 145 mmol/Lt

Potassium, serum by ISE Indirect

3.80

3.50 to 5.10 mmol/Lt

Chloride, serum by ISE Indirect

99.00

98 to 107 mmol/Lt

Coagulation

Prothrombin Time, Citrated Plasma - Patient value

13.80

10.00 - 12.70 Secs



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Test Description

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Coagulation :

Prothrombin time - Control value

11.30

Secs

INR Value

1.23

0.85 - 1.15 (ISI : 1.05)

TEST DONE ON : AUTOMATED BLOOD COAGULATION ANALYZER,
CA- 600 SERIES, SYSMEX CORP., JAPAN.
PHOTO OPTICAL CLOT DETECTION METHOD.

End of Report



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