



**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: 124186174**

Collection Date:

08-02-2025 08:05 AM

Registration Date:

08-02-2025 08:05 am

Report Date:

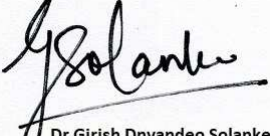
08-02-2025 03:11 PM

## REPORT

Age:59.01 Years Sex:MALE

Complete Blood Count (EDTA Whole Blood)	Result	Biological Reference Interval
Hemoglobin (Hb), EDTA whole blood Method: Photometry	<u>11.80</u>	13.2 - 16.6 g/dL
Total Leucocytes (WBC) count Method : Coulter Principle / Microscopy	<u>5,100</u>	4000-10000/ $\mu$ L
Platelet count Method : Coulter Principle / Microscopy	<u>58,000</u>	150000 to 410000 / $\mu$ L
Red blood cell (RBC) count Method: Coulter Principle	<u>3.82</u>	4.35 - 5.65 x 10 <sup>6</sup> / $\mu$ L
PCV (Packed Cell Volume) Method: Calculated	<u>33.60</u>	38.30 - 48.60 %
MCV (Mean Corpuscular Volume) Method: Derived from RBC histogram	<u>87.90</u>	78.2 - 97.9 fL
MCH (Mean Corpuscular Hb) Method: Calculated	<u>31.00</u>	27.0 - 32.0 pgms
MCHC (Mean Corpuscular Hb Conc.) Method: Calculated	<u>35.20</u>	31.5 - 34.5 g/dL
RDW (RBC distribution width) Method: Derived from RBC Histogram	<u>14.80</u>	11.8 - 14.5 %
MPV (Mean Platelet Volume) Method: Derived from Platelet Histogram	<u>9.30</u>	7.4 - 11.4 fL
<b>WBC Differential Count (Method: VCSn / Microscopy / Calculated)</b>		
Neutrophils	<u>63</u>	40 - 80 %
Absolute Neutrophils	<u>3,213</u>	2000 - 7000 / $\mu$ L
Eosinophils	<u>02</u>	1 - 6 %
Absolute Eosinophils	<u>102</u>	20 - 500 / $\mu$ L
Basophils	<u>00</u>	0 - 2 %
Absolute Basophils	<u>0</u>	0 - 100 / $\mu$ L
Lymphocytes	<u>23</u>	20 - 40 %
Absolute Lymphocytes	<u>1,173</u>	1000 - 3000 / $\mu$ L
Monocytes	<u>12</u>	2 - 10 %
Absolute Monocytes	<u>612</u>	200 - 1000 / $\mu$ L
-	<u>**</u>	



  
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### Complete Blood Count Findings

R.B.C. : Normocytic, Normochromic

W.B.C. : No abnormality detected

Platelets : Mild reduction.

Remark : ON FOLLOW UP.

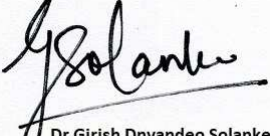
**.SUGGESTED CLINICAL CORRELATION & FOLLOW UP.**

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Carrying forward  
Dr. Ajit Golwilkar's  
legacy of Over  
Four Decades

**DIAGNOSTICS**

BE SURE  
BE WELL

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

**Dr. Awanti Golwilkar**  
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**Dr. Vinanti Golwilkar**  
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### Test Description

### Observed

### Biological Reference Interval

#### Liver Function Test :

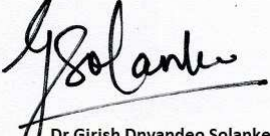
Bilirubin-Total, serum by Diazo method	<b><u>2.40</u></b>	0.10 - 1.20 mg/dL Neonates : Upto 15.0 mg/dL
Bilirubin-Conjugated, serum by Diazo method	<b><u>1.00</u></b>	Upto 0.5 mg/dL
Bilirubin-Unconjugated, serum by calculation	<b><u>1.40</u></b>	0.1 to 1.0 mg/dL
SGOT (AST), serum by Enzymatic method	<b><u>25</u></b>	>or= 14 years : 8 - 48 U/Lt
SGPT (ALT), serum by Enzymatic Method	<b><u>20</u></b>	7 to 55 U/Lt
Alkaline Phosphatase,serum by pNPP-kinetic	<b><u>139</u></b>	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	<b><u>8.00</u></b>	6.4 to 8.3 g/dL
Albumin, serum by Bromocresol green method	<b><u>3.30</u></b>	3.5 to 5.0 g/dL
Globulin, serum by calculation	<b><u>4.70</u></b>	2.3 - 3.5 g/dL

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Test Description	Observed Value	Biological Reference Interval
<b><u>Gamma Glutamyl Transferase (GGT)</u></b>		
Gamma GT(GGT),Serum by Carboxy substrate-kinetic	<b>51.00</b>	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

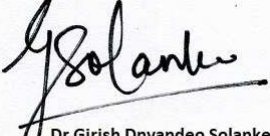
Reference : Mayo Medical Laboratories, 2018 Interpretive Handbook.

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### Test Description

### Observed Value

### Biological Reference Interval

#### Plasma Glucose :

Plasma glucose fasting, by Hexokinase method

**109**

< 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)  
For pregnant Female : < 95 mg/dL  
American Diabetes Association  
Guidelines 2025

Plasma glucose post prandial, by Hexokinase method **252**

< 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 2025

### Clinical Chemistry

Creatinine, serum by Jaffe w/o deproteinization

**0.85**

0.6 to 1.2 mg/dL

Sodium, serum by ISE Indirect

**131.00**

136 to 145 mmol/Lt

Potassium, serum by ISE Indirect

**5.00**

3.50 to 5.10 mmol/Lt

### Coagulation

Prothrombin Time, Citrated Plasma - Patient value **15.30**

10.00 - 12.70 Secs



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### Test Description

### Observed Value

### Biological Reference Interval

#### Coagulation :

Prothrombin time - Control value

**11.30**

Secs

INR Value

**1.37**

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.

On follow up.

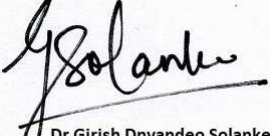
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