AMPATH
Central Reference Laboratory,
Door No. 1-100/1/CCH Nallagandla
Serilingampally
Hyderabad – 500019
040 6719 9977,www.ampath.com

MC-2751

AMPATH
ACCURATE DIAGNOSTICS, AMERICAN STANDARDS.
In collaboration with
UPMC LIFE CHANGING MEDICINE

LABORATORY REPORT

PATIENT INFORMATION
MR. SANTOSH KUMAR K
AGE : 23Y 10M 6D
GENDER : Male
PRIORITY : Routine
OP / IP / DG # : OP-HYD-23-940571

REFERRED BY
DR.SEERAPANI GOPALUNI
LAB MR# : AAMP00196411
HMIS MR# : 637211
Ward / Room/ Bed No.
- - - - - HYDERABAD

SPECIMEN INFORMATION
SAMPLE TYPE : WB-EDTA
LAB ORDER NO : VAMP24059554
COLLECTED ON : 12/Feb/2024 11:59
RECEIVED ON : 12/Feb/2024 12:41
REPORT STATUS : Final Report
APPROVED ON : 12/Feb/2024 13:37

Test Name (Methodology)	Result	Flag	Units	Biological Reference Interval
HAEMATOLOGY				
Complete Blood Count with Peripheral Smear Review				
Hemoglobin (photometric method)	**11.9**	L	g/dL	13.0 - 17.0
RBC Count (coulter principle)	**3.8**	L	10^6/µL	4.5 - 5.5
Hematocrit	**34.9**	L	%	40 - 50
MCV(Mean Corpuscular Volume) (Derived from RBC Histogram)	93.0		fL	83 - 101
MCH(Mean Corpuscular Hemoglobin) (Calculated)	31.6		pg	27 - 32
MCHC(Mean Corpuscular Hemoglobin Concentration) (Calculated)	34.0		g/dL	31.5 - 34.5
RDW (Derived from RBC Histogram)	12.6		%	11.6 - 14
Total Leukocyte Count (coulter principle)	7.6		10^3/µl	4.0 - 10.0
Differential count %(VCSM Technology&Light microscopy)				
Neutrophils	**86.0**	H	%	40-80
Lymphocytes	**9.0**	L	%	20-40
Monocytes	4.0		%	2-10
Eosinophils	1.0		%	1-6
Basophils	0.0		%	0-1
Differential Counts, Absolute(calculated)				
Absolute Neutrophil Count (VCSn/Calculated)	6.54		10^3/µl	2.0-7.0
Absolute Lymphocyte Count (VCSn/Calculated)	**0.68**	L	10^3/µl	1.0-3.0
Absolute Monocyte Count	0.30		10^3/µl	0.2 - 1.0
Absolute Eosinophil Count (AEC) (VCSn/Calculated)	0.08		10^3/µl	0.02-0.5
Absolute Basophil Count	0.10		10^3/µl	0.02 - 0.1
Platelet Count (coulter principle)	173		10^3/µl	150 - 410
MPV	8.0		fL	7.5 - 11.5

RBC:
Normocytic normochromic

WBC:

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Within normal limits

Platelets:

Adequate

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SPECIMEN INFORMATION
SAMPLE TYPE : Urine
LAB ORDER NO : VAMP24059554
COLLECTED ON : 12/Feb/2024 13:32
RECEIVED ON : 12/Feb/2024 13:47
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APPROVED ON : 12/Feb/2024 14:13

Test Name (Methodology)	Result	Flag	Units	Biological Reference Interval
CLINICAL PATHOLOGY				
Urine Examination - Routine & Microscopy (CUE)				
PHYSICAL EXAMINATION:				
Volume	15.00		mL	
Colour	Pale yellow			Pale
Appearance	Clear			Clear
CHEMICAL EXAMINATION:				
pH (Dip stick)	5.00			4.8 - 7.4
Specific Gravity (Dip Stick(Bromothymol blue))	1.015			1.010 - 1.022
Protein (Dip Stick/ Sulfosalicylic acid)	Absent			Negative
Glucose (Dip Stick /Benedicts test)	Negative			Negative
Ketones (Dip stick/Sodium nitroprusside reaction)	Absent			Negative
Urobilinogen (Dip Stick / Ehrlich reaction)	Normal			Normal
Leucocyte Esterase (Dip Stick)	Negative			Negative
Nitrite (Dip Stick / (Griess test))	Negative			Negative
Bilirubin (Dipstick/diazo)	Negative			Negative
Blood (Dip Stick (Peroxidase))	Not Detected			Negative
Microscopic Examination				
Pus Cells	2 - 3		/HPF	0 - 5
Epithelial Cells	1 - 2		/HPF	< 5
RBCs	Absent		/HPF	0 - 5
Casts	Absent		/LPF	Absent
Crystals	Absent		/HPF	Absent
BIOCHEMISTRY				
Liver Function Tests (LFT)				
Bilirubin Total (Diazo method)	**1.73**	H	mg/dL	<1.1
Bilirubin Conjugated	**0.49**	H	mg/dL	<=0.2

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(Diazo method)				
Bilirubin Unconjugated, Indirect (Calculation)	**1.24**	H	mg/dL	<1.0
Alanine aminotransferase - (ALT / SGPT) (Kinetic IFCC)	15		U/L	<41
Aspartate Aminotransferase (AST/SGOT) (IFCC kinetic)	16		U/L	<37
Alkaline Phosphatase - ALP (IFCC kinetic)	73.0		U/L	<129
Gamma Glutamyl Transferase (GGT) (Enzymatic colorimetric assay)	16.0		U/L	< 71
Protein Total, Serum (Biuret Method)	6.6		g/dL	6.4-8.3
Albumin - Serum (Bromocresol green)	4.7		g/dL	3.5 - 5.2
Globulin (Calculation)	**1.9**	L	g/dL	2.3-3.5
A/G (Albumin/Globulin) Ratio (Calculation)	**2.5**	H		0.8-2.0

Interpretation:

1. In an asymptomatic patient, Non alcoholic fatty liver disease (NAFLD) is the most common cause of increased AST, ALT levels. NAFLD is considered as hepatic manifestation of metabolic syndrome.
2. In most type of liver disease, ALT activity is higher than that of AST; exception may be seen in Alcoholic Hepatitis, Hepatic Cirrhosis, and Liver neoplasia. In a patient with Chronic liver disease, AST:ALT ratio>1 is highly suggestive of advanced liver fibrosis.
3. In known cases of Chronic Liver disease due to Viral Hepatitis B & C, Alcoholic liver disease or NAFLD, Enhanced liver fibrosis (ELF) test may be used to evaluate liver fibrosis.
4. In a patient with Chronic Liver disease, AFP and Des-gamma carboxyprothrombin (DCP)/PIVKA II can be used to assess risk for development of Hepatocellular Carcinoma.

Protein/Creatinine Ratio - Urine Spot

Protein Total, Quantitative (Turbidimetric)	10.00		mg/dL	<15
Creatinine - urine (Modified Jaffe Kinetic)	131.30		mg/dl	39- 259
Protein/Creatinine Ratio (Turbidometric, Modified Jaff Kinetic & calculation)	**0.08**	L		Normal: <0.2 gms protein per gm creatinine Nephrotic Ratio: >3.5

Interpretation:
Urinary total proteins are nearly negligible in healthy adults. The Protein Creatinine ratio is a simple and convenient method to quantitate and monitor proteinuria in adults with chronic kidney disease. Patients with 2 or more positive results

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within a period of 1-2 weeks should be labeled as having persistent proteinuria and investigated further.

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MR. SANTOSH KUMAR K		**DR.SEERAPANI GOPALUNI**		**SAMPLE TYPE**	: Serum
AGE	: 23Y 10M 6D	LAB MR#	: AAMP00196411	**LAB ORDER NO**	: VAMP24059554
GENDER	: Male	**HMIS MR#**	**: 637211**	**COLLECTED ON**	: 12/Feb/2024 11:59
PRIORITY	: Routine	**Ward / Room/ Bed No.**		**RECEIVED ON**	: 12/Feb/2024 12:36
OP / IP / DG #	: OP-HYD-23-940571	**- - - - - HYDERABAD**		**REPORT STATUS**	: Final Report
				APPROVED ON	: 12/Feb/2024 13:38

Test Name (Methodology)	Result	Flag	Units	Biological Reference Interval
Renal Function Tests (Rft)				
Blood Urea Nitrogen, BUN - Serum				
Blood Urea Nitrogen (BUN) (Calculation)	17.71		mg/dL	8.8-20.5
Uric acid				
Uric acid (Uricase)	**7.4**	H	mg/dL	3.4-7
Creatinine (Modified Jaffe Kinetic)	**1.73**	H	mg/dL	< 1.20
Electrolytes (Na, K, Cl) - Serum				
Sodium - Serum (ISE Indirect)	143.0		mmol/L	136 - 145
Potassium (ISE Indirect)	5.00		mmol/L	3.5-5.1
Chloride - Serum (ISE Indirect)	**108.0**	H	mmol/L	98-107
Calcium - Serum				
Calcium - Serum (NM-BAPTA)	9.70		mg/dL	8.6 - 10.0

----- End Of Report -----

Dr.Sanjeeta
Consultant- Biochemist

Dr.Chinnari Kondaveeti
Consultant Pathologist
MBBS, MD (Pathology)

Dr.Praveena P
Consultant Pathologist
MBBS, MD (Pathology)

Disclaimer:
1. All results released pertain to the specimen as received by the lab for testing and under the assumption that the patient indicated or identified on the bill/test requisition form is the owner of the specimen.
2. Clinical details and consent forms, especially in Genetic testing, histopathology, as well as wherever applicable, are

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Test Name (Methodology)	Result	Flag	Units	Biological Reference Interval

Renal Function Tests (Rft)

mandatory to be accompanied with the test requisition form. The non-availability of such information may lead to delay in reporting as well as misinterpretation of test results. The lab will not be responsible for any such delays or misinterpretations thereof.
3. Test results are dependent on the quality of the sample received by the lab. In case the samples are preprocessed elsewhere (e.g., paraffin blocks), results may be compromised.
4. Tests are performed as per the schedule given in the test listing and in any unforeseen circumstances, report delivery may be affected.
5. Test results may show inter-laboratory as well as intra-laboratory variations as per the acceptable norms.
6. Genetic reports as well as reports of other tests should be correlated with clinical details and other available test reports by a qualified medical practitioner. Genetic counselling is advised in genetic test reports by a qualified genetic counsellor, medical practitioner or both.
7. Samples will be discarded post processing after a specified period as per the laboratory's retention policy. Kindly get in touch with the lab for more information.
8. If accidental damage, loss, or destruction of the specimen is not attributable to any direct or negligent act or omission on the part of Ampath Labs or its employees, Ampath shall in no event be liable. Ampath lab's liability for a lack of services, or other mistakes and omissions, shall be restricted to the amount of the patient's payment for the pertinent laboratory services.