

LABORATORY REPORT

PATIENT INFORMATION	REFERRED BY	SPECIMEN INFORMATION	
MR. SANTOSH KUMAR K	DR. SEERAPANI GOPALUNI	SAMPLE TYPE	: WB-EDTA
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 12:41
OP / IP / DG # : OP-HYD-23-940571	-----HYDERABAD	REPORT STATUS	: Final Report
		APPROVED ON	: 12/Feb/2024 13:37



Test Name (Methodology)	Result	Flag	Units	Biological Reference Interval
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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 <sup>6</sup> /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 <sup>3</sup> /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)

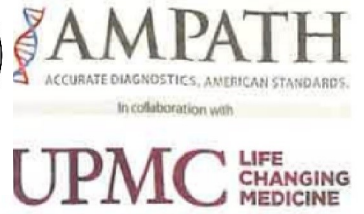
Absolute Neutrophil Count (VCSn/Calculated)	6.54		10 <sup>3</sup> /μl	2.0-7.0
Absolute Lymphocyte Count (VCSn/Calculated)	0.68	L	10 <sup>3</sup> /μl	1.0-3.0
Absolute Monocyte Count	0.30		10 <sup>3</sup> /μl	0.2 - 1.0
Absolute Eosinophil Count (AEC) (VCSn/Calculated)	0.08		10 <sup>3</sup> /μl	0.02-0.5
Absolute Basophil Count	0.10		10 <sup>3</sup> /μl	0.02 - 0.1
Platelet Count (coulter principle)	173		10 <sup>3</sup> /μl	150 - 410
MPV	8.0		fL	7.5 - 11.5

RBC:

Normocytic normochromic

WBC:

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### 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

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Within normal limits

### Platelets:

Adequate

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<b>MR. SANTOSH KUMAR K</b>	<b>DR. SEERAPANI GOPALUNI</b>	<b>SAMPLE TYPE</b>	: Urine
AGE : 23Y 10M 6D	LAB MR# : AAMP00196411	<b>LAB ORDER NO</b>	: VAMP24059554
GENDER : Male	HMIS MR# : 637211	<b>COLLECTED ON</b>	: 12/Feb/2024 13:32
PRIORITY : Routine	Ward / Room/ Bed No.	<b>RECEIVED ON</b>	: 12/Feb/2024 13:47
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**CLINICAL PATHOLOGY**

**Urine Examination - Routine & Microscopy (CUE)**

**PHYSICAL EXAMINATION:**

Volume	15.00	mL	
Colour	Pale yellow		Pale
Appearance	Clear		Clear

**CHEMICAL EXAMINATION:**

pH	5.00		4.8 - 7.4
(Dip stick)			
Specific Gravity	1.015		1.010 - 1.022
(Dip Stick (Bromothymol blue))			
Protein	Absent		Negative
(Dip Stick/ Sulfosalicylic acid)			
Glucose	Negative		Negative
(Dip Stick /Benedicts test )			
Ketones	Absent		Negative
(Dip stick/Sodium nitroprusside reaction)			
Urobilinogen	Normal		Normal
(Dip Stick / Ehrlich reaction)			
Leucocyte Esterase	Negative		Negative
(Dip Stick)			
Nitrite	Negative		Negative
(Dip Stick / (Griess test ))			
Bilirubin	Negative		Negative
(Dipstick/diazo)			
Blood	Not Detected		Negative
(Dip Stick ( Peroxidase))			

**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	1.73	H	mg/dL	<1.1
(Diazo method)				
Bilirubin Conjugated	0.49	H	mg/dL	<=0.2

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PATIENT INFORMATION	REFERRED BY	SPECIMEN INFORMATION	
<b>MR. SANTOSH KUMAR K</b>	<b>DR. SEERAPANI GOPALUNI</b>	<b>SAMPLE TYPE</b> : Urine	
AGE : 23Y 10M 6D	LAB MR# : AAMP00196411	<b>LAB ORDER NO</b> : VAMP24059554	
GENDER : Male	<b>HMIS MR#</b> : 637211	<b>COLLECTED ON</b> : 12/Feb/2024 13:32	
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(Diazo method)				
Bilirubin Unconjugated, Indirect (Calculation)	<b>1.24</b>	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)	<b>1.9</b>	L	g/dL	2.3-3.5
A/G (Albumin/Globulin) Ratio (Calculation)	<b>2.5</b>	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)	<b>0.08</b>	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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MR. SANTOSH KUMAR K

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PRIORITY : Routine

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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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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

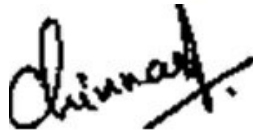
Calcium - Serum

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)

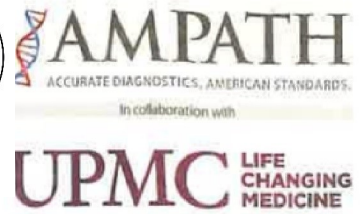


Dr. Praveena P  
Consultant Pathologist  
MBBS, MD (Pathology)


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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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.

- 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.
- Tests are performed as per the schedule given in the test listing and in any unforeseen circumstances, report delivery may be affected.
- Test results may show inter-laboratory as well as intra-laboratory variations as per the acceptable norms.
- 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.
- 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.
- 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.