AASHIESH GUPTA Flat No-M-301, Marvel Diva, Magarpatta Road, Near Seasons Mall, Hadapsar, Pune-28 Tel No: 918879699138 PID: 11531066 Age:38.20 Years Sex:MALE	**Reference:Dr.--**	**SID: 121560732** **121560732** Collection Date: 18-06-2021 01:21 PM Sample Date: 18-06-2021 01:21 pm Report Date: 18-06-2021 06:02 PM

REPORT

Complete Blood Count	**Result**	**Biological Reference Interval**
(EDTA Whole Blood)		
Hemoglobin (Hb), EDTA whole blood	**14.40**	14.0 - 17.50 g/dL
Method: Photometry		
Total Leucocytes (WBC) count	**7,300**	4000-10000/µL
Method : Coulter Principle / Microscopy		
Platelet count	**367,000**	150000 - 450000 /µL
Method : Coulter Principle / Microscopy		
Red blood cell (RBC) count	**5.01**	4.52 - 5.90 x 10^6 /µL
Method: Coulter Principle		
PCV (Packed Cell Volume)	**42.70**	41.5 - 50.4 %
Method: Calculated		
MCV (Mean Corpuscular Volume)	**85.20**	80.0 - 96.0 fL
Method: Derived from RBC histogram		
MCH (Mean Corpuscular Hb)	**28.80**	27.5 - 33.2 pgms
Method: Calculated		
MCHC (Mean Corpuscular Hb Conc.)	**33.80**	33.4 - 35.5 g/dL
Method: Calculated		
RDW (RBC distribution width)	**13.30**	11.6 - 14.6 %
Method: Derived from RBC Histogram		
WBC Differential Count		
Method: VCSn / Microscopy / Calculated		
Neutrophils	**57**	40 - 80 %
Absolute Neutrophils	**4,161**	2000 - 7000 /µL
Eosinophils	**5**	1 - 6 %
Absolute Eosinophils	**365**	20 - 500 /µL
Basophils	**0**	0 - 2 %
Absolute Basophils	**0**	0 - 100 /µL
Lymphocytes	**33**	20 - 40 %
Absolute Lymphocytes	**2,409**	1000 - 3000 /µL
Monocytes	**5**	2 - 10 %
Absolute Monocytes	**365**	200 - 1000 /µL
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MBBS,MD(Path) Regn.No:2000/02/1052
A.G Diagnostics Pvt. Ltd.

Complete Blood Count Findings

R.B.C. : **Normocytic, Normochromic**

W.B.C. : **No abnormality detected**

Platelets : **Adequate**

Remark : --

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Reference:Dr.--

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REPORT

Age:38.20 Years Sex:MALE

Test Description	Observed	Biological Reference Interval
Liver Function Test :		
Bilirubin-Total, serum by Diazo method	**0.61**	0.10 - 1.20 mg/dL Neonates : Upto 15.0 mg/dL
Bilirubin-Conjugated, serum by Diazo method	**0.25**	Upto 0.5 mg/dL
Bilirubin-Unconjugated, serum by calculation	**0.36**	0.1 to 1.0 mg/dL
SGOT (AST), serum by Enzymatic method	**26**	>or= 14 years : 8 - 48 U/Lt
SGPT (ALT), serum by Enzymatic Method	**43**	7 to 55 U/Lt
Alkaline Phosphatase,serum by pNPP-kinetic	**61**	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	**7.01**	6.4 to 8.2 g/dL
Albumin, serum by Bromocresol purple method	**4.16**	3.4 to 5.0 g/dL
Globulin, serum by calculation	**2.85**	2.3 - 3.5 g/dL

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Test Description	Observed Value	Biological Reference Interval
Plasma Glucose :		
Plasma glucose, random by Hexokinase method	**231**	< 200 mg/dL American Diabetes Association Guidelines 2020
Clinical Chemistry		
Urea, serum by GLDH-urease	**20**	17 to 49 mg/dL
BUN-Blood Urea Nitrogen,serum by calculation	**9.35**	8 to 23 mg/dL
Creatinine, serum by Jaffe w/o deproteinization	**1.00**	0.6 to 1.2 mg/dL
Uric Acid, serum by Uricase method	**5.30**	Male : 3.50 to 7.20 mg/dL

** Uric acid is useful for 1. Diagnosis and follow up of renal failure. 2. Monitoring patients receiving cytotoxic drugs and a variety of other disorders, including gout, leukemia, psoriasis, starvation and other wasting conditions . * Increased uric acid is seen in following conditions : 1. Increased purine synthesis 2. Inherited metabolic disorders 3. Excess dietary purine intake 4. Increased nucleic acid turnover 5. Malignancy, cytotoxic drugs 6. Decreased urinary excretion (due to CRF) 7. Increased renal reabsorption . * Uric acid is decreased in : 1. Hepatocellular disease with reduced purine synthesis 2. Defective renal reabsorption 3. Overtreatment of uricemia (allopurinol or cancer therpies like 6-mercaptopurine, etc).*

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Test Description	Observed Value	Biological Reference Interval

Clinical Chemistry :

Infectious Diseases

HIV Combo(p24Ag,HIV1Ab,HIV2Ab),Serum by CMIA	**Non-reactive (0.06)**	Non-reactive : Less than 1.00 S/CO

HIV Combo(p24Ag,HIV1Ab,HIV2Ab) by CMIA is a 4th generation test.
HIV Antibodies & p24 may be negative in window period (seroconversion period). All positive results need confirmation by another EIA / Western Blot on fresh sample.

HBsAg, serum by CMIA	**Non-reactive(< 0.02)**	Non-reactive : < 0.05 IU/mL

Coagulation

Prothrombin Time, Citrated Plasma - Patient value	**10.90**	10.30 - 13.30 Secs
Prothrombin time - Control value	**11.80**	Secs
INR Value	**0.92**	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.

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Test Description	Observed Value	Biological Reference Interval
Coagulation :		

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REPORT

Urine Routine Examination	Result	Biological Reference Interval
(Sample : Urine, Automated / Semiautomated)		
Physical		
Quantity Examined	**5.0**	ml
Method : Visual		
Appearance	**Clear**	-
Method : Visual / Automated		
Colour	**Pale yellow**	-
Method : Visual / Automated		
Chemical (Dipstick)		
pH	**5.5**	4.6 - 8.0
Method : Indicator Principle		
Protein	**Absent**	Absent
Method : Sulphosalycylic Acid/ pH Indicator		
Glucose	**Present 1+**	Absent
Method : GOD-POD / Benedict's		
Acetone	**Absent**	Absent
Method : Sodium Nitroprusside reaction		
Bile Pigments	**Absent**	Absent
Method : Diazo Reaction / Fouchet's test		
Urobilinogen	**Not significant**	Not Significant
Method : Modified Ehrlich / Watson Schwartz		
Microscopy / Flow cytometry		
R.B.Cs	**1-2**	0 - 2 per hpf
Pus cells	**1-2**	0 - 5 per hpf
Epithelial cells	**Occasional**	0 - 5 per hpf
Casts	**Not Detected**	-
Crystals	**Not Detected**	-
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REPORT

Bleeding time & Clotting time

	Result	Biological Reference Interval
Bleeding time	**3 Mins 00 Secs**	2 - 7 min.s
Clotting time	**7 Mins 00 Secs**	4 - 9 min.s

Interpretation :

PT, APTT, platelet count and morphology - together can work as a good preoperative panel to assess surgical bleeding.

Bleeding time :

1. Provides useful information during the evaluation of bleeding disorders.
2. Poor predictive value of actual clinical bleeding and hence play limited role as a marker for preoperative hemostatic screening of asymptomatic patients.
3. Bleeding time may be prolonged in :
   i. Thrombocytopenia (usually Platelet count < 1,00,000 /µL).
   ii. von Willebrand disease.
   iii. Drugs with antiplatelet action (eg: aspirin, clopidogrel, etc.)
   iv. Acquired and congenital disorders of platelet function.

Clotting time :

Prolonged clotting time may be seen in severe coagulation factor deficiencies (Hemophilia A, Hemophilia B, etc.) and marked thrombocytopenia.

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