Visit ID	**: MITD106367**	Registration	: 04/Jun/2025 01:44PM
UHID/MR No	: AITD.0000106270	Collected	: 04/Jun/2025 01:57PM
Patient Name	**: Mr.SANJAY VERMA**	Received	: 04/Jun/2025 01:59PM
Age/Gender	: 50 Y 0 M 0 D /M	Reported	: 04/Jun/2025 03:10PM
Ref Doctor	: Dr.BIOCITY HEALTH CARE	Status	: Final Report
Client Name	: BIOCITY	Client Code	: 154
Client Add	:	Barcode No	: 10343039

DEPARTMENT OF HAEMATOLOGY

BIOCITY BASIC 1.0

Test Name	Result	Unit	Bio. Ref. Range	Method
CBC+ ESR				
Sample Type : WHOLE BLOOD EDTA				
HAEMOGLOBIN (HB)	13.4	gm/dl	13.00-17.00	Non-Cyanmethemoglobin
TOTAL LEUCOCYTE COUNT (TLC)	**11,150**	cell/cmm	4000-10000	Flow cytometry
DLC (by Flow cytometry/Microscopy)				
NEUTROPHIL	49.6	%	40-75	
LYMPHOCYTE	36.0	%	20-40	
EOSINOPHIL	5.4	%	01-07	
MONOCYTE	8.6	%	2-10	
BASOPHIL	0.4	%	00-02	
ABSOLUTE NEUTROPHIL COUNT	5.53	x10^3 Cells/uL	1.5-7.8	Automated Calculated
ABSOLUTE LYMPHOCYTE COUNT	**4.01**	x10^3 Cells/uL	2.0-3.9	Automated Calculated
ABSOLUTE EOSINOPHIL COUNT	**0.6**	x10^3 Cells/uL	0.2-0.5	Automated Calculated
ABSOLUTE MONOCYTE COUNT	**0.96**	x10^3 Cells/uL	0.2-0.95	Automated Calculated
ABSOLUTE BASOPHIL COUNT	0.04	x10^3 Cells/uL	0.02-0.2	Automated Calculated
RBC COUNT(RED BLOOD CELL COUNT)	4.92	million/cmm	4.50-5.50	Optical Flowcytometry
PCV/HAEMATOCRIT	41.8	%	40-50	RBC pulse height detection
MCV	85.0	fL	80-100	Automated/Calculated
MCH	27.1	pg	27-32	Automated/Calculated
MCHC	**31.9**	g/dl	32-36	Automated/Calculated
PLATELET COUNT	1.55	Lacs/cumm	1.5 - 4.1	Electrical Impedance
ERYTHROCYTE SEDIMENTATION RATE	07	mm/1st hr	1-12	Westergren

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Test Name	Result	Unit	Bio. Ref. Range	Method
RDW-CV	**14.7**	%	11.5-14.5	Automated/Calculated
RDW-SD	42.1	fL	39-46	Calculated
PDW	17.2	fL	8.30-25.00	Calculated
MPV	13.6	fL	8.60-15.50	Calculated
PCT	0.175	%	0.15-0.62	

Interpretation:

A complete blood count (CBC) provides vital insights into the types and quantities of cells circulating in the bloodstream, particularly red blood cells, white blood cells, and platelets. It aids in assessing symptoms such as weakness, fatigue, or bruising, and is instrumental in diagnosing various conditions such as anemia, infection, and numerous other disorders.

Hemoglobin (Hb)

Hemoglobin, found within red blood cells, functions to transport oxygen and lends the characteristic red color to blood cells. The hemoglobin test quantifies the level of hemoglobin in the blood, serving as an effective gauge of the blood's oxygen-carrying capacity throughout the body.

Conditions associated with elevated ESR include acute inflammatory processes, acute and chronic infections, tissue damage (necrosis), rheumatoid arthritis, collagen diseases, malignancies, stress, pregnancy, and more.

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DEPARTMENT OF BIOCHEMISTRY

BIOCITY BASIC 1.0

Test Name	Result	Unit	Bio. Ref. Range	Method
DIABETIC PROFILE - BASIC				
Sample Type : PLASMA				
Blood Sugar	**197.7**	mg/dl	70 - 100	Glucose Oxidase/Peroxidase

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Age/Gender	: 50 Y 0 M 0 D /M	Reported	: 04/Jun/2025 06:28PM
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DEPARTMENT OF BIOCHEMISTRY

BIOCITY BASIC 1.0

LIVER FUNCTION TEST

Sample Type : SERUM

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL BILIRUBIN	0.65	mg/dl	0.1-1.2	DSA Method
CONJUGATED (D. Bilirubin)	0.21	mg/dl	0.08 - 0.54	DSA Method
UNCONJUGATED (I.D. Bilirubin)	0.44	mg/dl	0.1-1.0	Calculated
SGOT	32	U/L	0.0-35	IFCC, without pyridoxal Phosphate
S.G.P.T	36	U/L	0 - 45	IFCC, without pyridoxal phosphate
ALKALINE PHOSPHATASE	80	U/L	30-120	Modified IFCC
TOTAL PROTEINS	7.2	gm/dl	6.6 - 8.3	Biuret
ALBUMIN	4.23	gm/dl	3.50-5.30	Bromocresol Green method
GLOBULIN	2.97	gm/dl	2.5-3.8	Calculated
A/G RATIO	1.42		1.0-2.0	Calculated

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BIOCITY BASIC 1.0

Test Name	Result	Unit	Bio. Ref. Range	Method
GGT	31	U/L	8.0-55	SZASZ IFCC

Comments and Interpretation:
The liver filters and processes blood as it circulates through the body. It metabolizes nutrients, detoxifies harmful substances, makes blood clotting proteins, and performs many other vital functions. The cells in the liver contain proteins called enzymes that drive these chemical reactions. When liver cells are damaged or destroyed, the enzymes in the cells leak out into the blood, where they can be measured by blood tests Liver tests check the blood for two main liver enzymes.

- **Aspartate aminotransferase (AST),SGOT:** The AST enzyme is also found in muscles and many other tissues besides the liver.
- **Alanine aminotransferase (ALT), SGPT:** ALT is almost exclusively found in the liver. If ALT and AST are found together in elevated amounts in the blood, liver damage is most likely present.
- **Alkaline Phosphatase and GGT:** Another of the liver's key functions is the production of bile, which helps digest fat. Bile flows through the liver in a system of small tubes (ducts), and is eventually stored in the gallbladder, under the liver. When bile flow is slow or blocked, blood levels of certain liver enzymes rise: Alkaline phosphatase Gamma-utamyl transpeptidase (GGT) Liver tests may check for any or all of these enzymes in the blood. Alkaline phosphatase is by far the most commonly tested of the three. If alkaline phosphatase and GGT are elevated, a problem with bile flow is most likely present. Bile flow problems can be due to a problem in the liver, the gallbladder, or the tubes connecting them.
  Proteins are important building blocks of all cells and tissues. Proteins are necessary for your body's growth, development, and health. Blood contains two classes of protein, albumin and globulin. Albumin proteins keep fluid from leaking out of blood vessels. Globulin proteins play an important role in your immune system.
- **Low total protein may indicate:** 1.bleeding 2.liver disorder 3.malnutrition 4.agammaglobulinemia
- **High Protein levels 'Hyperproteinemia:** May be seen in dehydration due to inadequate water intake or to excessive water loss (eg, severe vomiting, diarrhea, Addison's disease and diabetic acidosis) or as a result of increased production of proteins
- **Low albumin levels may be caused by:** 1.A poor diet (malnutrition). 2.Kidney disease. 3.Liver disease.
- **High albumin levels may be caused by:** Severe dehydration.

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BIOCITY BASIC 1.0

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE				
Sample Type : SERUM				
TOTAL CHOLESTEROL	172.3		Desirable 0 - 200~Borderline High Risk 201 - 250~High Risk > 251	CHOD - POD
TRIGLYCERIDES	150.0	mg/dl	0 - 203.5~BorderLine : 150-199~High : 200-499~Very High : >=500	GPO - POD

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BIOCITY BASIC 1.0

Test Name	Result	Unit	Bio. Ref. Range	Method
H D L CHOLESTEROL	48.2	mg/dl	38.1 - 62.4	Endpoint, Increasing reaction. Immunoinhibition
VLDL	30	mg/dl	15-30	Calculated
L D L CHOLESTEROL	94.1	mg/dl	70-106~Above Optimal : 100-129~Borderline High : 130-159~High : 160-189~Very High : >=190	Calculated
NON HDL CHOLESTEROL	124.1	mg/dl	Desirable: <130~BorderLine : 150-199~High : 200-499~Very High : >=500	Calculated
LDL / HDL RATIO	1.95			Calculated
T. CHOLESTEROL/ HDL RATIO	3.57			Calculated

Comment and interpretation:
A Lipid test can help determine your risk of the buildup of fatty deposits (plaques) in your arteries that can lead to narrowed or blocked arteries throughout your body (atherosclerosis).High cholesterol usually causes no signs or symptoms. A complete cholesterol test is done to determine whether your cholesterol is high and to estimate your risk of heart attacks and other forms of heart disease and diseases of the blood vessels.
A complete Lipid test includes the calculation of four types of fats in your blood:

- **Total cholesterol.** This is a sum of your blood's cholesterol content.
- **Low-density lipoprotein (LDL) cholesterol.** This is called the "bad" cholesterol. Too much of it in your blood causes the buildup of fatty deposits (plaques) in your arteries (atherosclerosis), which reduces blood flow. These plaques sometimes rupture and can lead to a heart attack or stroke.
- **High-density lipoprotein (HDL) cholesterol.** This is called the "good" cholesterol because it helps carry away LDL cholesterol, thus keeping arteries open and your blood flowing more freely.
- **Triglycerides**. Triglycerides are a type of fat in the blood. When you eat, your body converts calories it doesn't need into triglycerides, which are stored in fat cells. High triglyceride levels are associated with several factors, including being overweight, eating too many sweets or drinking too much alcohol, smoking, being sedentary, or having diabetes with elevated blood sugar levels.

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BIOCITY BASIC 1.0

Test Name	Result	Unit	Bio. Ref. Range	Method
KFT WITH ELECTROLYTE				
Sample Type : SERUM				
SERUM UREA	33.55		Adults~>19 Years - 16.8 - 43.3~~Children~1 - 3 Years - 11 - 36~4 - 13 Years - 15 - 36~16.8 - 43.3	Urease GLDH, UV Method
SERUM CREATININE	0.81		0.8 - 1.3	
SERUM URIC ACID	4.84		3.6 - 8.2	Uricase - Peroxidase

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BIOCITY BASIC 1.0

Test Name	Result	Unit	Bio. Ref. Range	Method
Blood Urea Nitrogen (BUN)	15.68	mg/dl	5-25	
BUN/CREATININE RATIO	19.36		10-20	
Estimated Glomerular Filtration Rate (eGFR)	108.00	mL/min/1.73m2	REFER INTERPRETAION	
Electrolyte Profile				
SERUM CHLORIDE	103.2	mmol/L	98.0-107	ISE
SERUM SODIUM	140.5	mmol/L	135.0-145.0	ISE
SERUM POTASSIUM	4.32	mmol/L	3.50-5.10	ISE

Comment and Interpretation:

Healthy kidneys remove wastes and excess fluid from the blood. Blood and urine tests show how well the kidneys are doing their job and how quickly body wastes are being removed. Urine tests can also detect whether the kidneys are leaking abnormal amounts of protein, a sign of kidney damage.

- **Blood Urea / Urea nitrogen** comes from the breakdown of protein in the foods you eat. As kidney function decreases, the BUN level rises
- **Serum Creatinine** is a waste product that comes from the normal wear and tear on muscles of the body. Creatinine levels in the blood can vary depending on age and body size. A creatinine level of greater than 1.2 for women and greater than 1.4 for men may be an early sign that the kidneys are not working properly. As kidney disease progresses, the level of creatinine in the blood rises
- **Uric Acid** is produced by the breakdown of purines, chemicals that enter the bloodstream during digestion of foods or from normal breakdown of some of the body's cells. The kidneys filter out most of the uric acid in the blood and eliminate it from the body in the urine. Some uric acid also leaves the body in the feces. Uric acid can accumulate when the body produces too much or fails to excrete enough of it. Excess uric acid can also form crystals or kidney stoneth at can damage the kidneys. Rarely, excess uric acid in kids can cause gout, a very painful inflammation caused by uric acid crystals in joint fluid (also called synovial fluid). Gout most often affects the joints of the ankles, feet, and toes
- **Electrolytes** including sodium and potassium, are lost in sweat during exercise. A rapid loss of fluids, such as after a bout of diarrhea or vomiting, can also affect the concentration of electrolytes. In these types of situations, the balance of electrolytes in the body needs to be restored. The kidneys and several hormones regulate the concentration of each electrolyte. If the level of one is too high, the kidneys filter it from the body, and different hormones act to restore a balance. An imbalance causes a health issue when the concentration of a certain electrolyte becomes higher than the body can regulate. Low levels of electrolytes can also affect overall health.

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BIOCITY BASIC 1.0

Test Name	Result	Unit	Bio. Ref. Range	Method
BONE PROFILE				
Sample Type : SERUM				
ALKALINE PHOSPHATASE	80	U/L	30-120	Modified IFCC

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BIOCITY BASIC 1.0

Test Name	Result	Unit	Bio. Ref. Range	Method
CALCIUM	8.74	mg/dl	8.1-10.4	

INTERPRETATION:

-Calcium level is increased in patients with hyperparathyroidism, Vitamin D intoxication, metastatic bone tumor, milk-alkali syndrome, multiple myeloma, Paget's disease.
-Calcium level is decreased in patients with hemodialysis, hypoparathyroidism (primary, secondary), vitamin D deficiency, acute pancreatitis, diabetic Keto-acidosis, sepsis, acute myocardial infarction (AMI), malabsorption, osteomalacia, renal failure, rickets.

Phosphorus	2.95	mg/dl	2.5-4.5 Adult~Children 4.0-7.0	

INTERPRETATION:

-Approximately 80% of the phosphorus in the human body is found in the calcium phosphate salts which make up the inorganic substance of bone. The remainder is involved in the esterification of carbohydrate metabolism intermediaries and is also found as component of phospholipids. Phosphoproteins, nucleic acids and nucleotides.
-Hypophosphatemia can be caused by shift of phosphate from extracellular to intracellular spaces, increased renal loss (renal tubular defects, hyperparathyroidism) or gastrointestinal loss (diarrhea, vomiting) and decreased intestinal absorption.

LIMITATIONS:

-Interferences: bilirubin (up to 20 mg/dL) hemolysis (haemoglobin up to 1000 mg/dL) and lipemia (triglycerides up to 1000 mg/dL) do not interface. Other drugs and substances may interface.
-Clinical diagnosis should no be made on the findings of a single test result, but should integrate both clinical laboratory data.

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Test Name	Result	Unit	Bio. Ref. Range	Method
IRON PROFILE				
Sample Type : SERUM				
SERUM IRON	103.70	ugm/dl	65-175	Ferrozine
TOTAL IRON BINDING CAPACITY	346.25	ugm/dl	250-450	Calculations
UIBC	242.55	ugm/dL	130 - 336	Ferrozine
TRANSFERRIN SATURATION	0.3	%		

INTERPRETATION:
SERUM IRON INCREASED IN:

- Hemosiderosis of excessive iron intake (e.g. repeated blood transfusion, iron therapy, iron containing vitamins)
- Decreased formation of RBCs (thalassemia, pyridoxal deficiency anaemia).
- Increased destruction of RBCs (hemolytic anaemia).
- Acute liver damage
- Acute iron toxicity

SERUM IRON DECREASED IN:

- Iron deficiency anaemia
- Normochromic anaemia of infections & chronic diseases
- Nephrosis
- Menorrhagia
- Diurnal variation: Normal in mid morning, low values in mid afternoon, and very low values near midnight.

TIBC/UIBC INCREASED IN:

- Iron deficiency anemia
- Acute & Chronic blood loss
- Acute liver damage
- Progesterone birth control pills

TIBC/UIBC DECREASED IN:

- Hemochromatosis
- Cirrhosis of the liver

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BIOCITY BASIC 1.0

Test Name	Result	Unit	Bio. Ref. Range	Method

- Thalassemia
- Anemia of infective & chronic disease
- Nephrosis

TRANSFERRIN SATURATION INCREASED IN:

- High Values in iron overload
- Raised transferrin saturation is an early indicator of Iron accumulation in hemochromatosis.

TRANSFERRIN SATURATION DECREASED IN:

- Low Values in iron deficiency

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DEPARTMENT OF CLINICAL PATHOLOGY

BIOCITY BASIC 1.0

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE EXAMINATION COMPLETE				
Sample Type : URINE				
PHYSICAL EXAMINATION				
QUANTITY	20	ml	0-50	
COLOUR	PALE YELLOW			
TRANSPARENCY	SLIGHTLY TURBID		Clear	
SPECIFIC GRAVITY	1.020		1.001 - 1.030	
CHEMICAL EXAMINATION				
pH	5.5		5-7	Double Indicator
PROTEIN	Nill		Nil	Protein - error of Indicators
REDUCING SUGAR	DETECTED (+)		Nil	GOD-POD
UROBILINOGEN	Nill		Nil	Ehrlichs Reaction
KETONE BODIES	Nill			
BILIRUBIN	Nill		Nil	Azo-coupling Reaction
BLOOD	Nill		Nil	Pseudo-peroxidase
MICROSCOPIC EXAMINATION				
PUS CELLS	4-5	cells/HPF	nill	
RBCs	Nill	Cells/HPF	Nil	
EPITHELIAL CELLS	5-6	Cells/HPF	nill	
CRYSTALS	Nill	Nil	Nil	
CASTS	Nill	/HPF	Nil	
OTHER	Nill		Nill	

DR.RK SAXENA
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(CONSULTANT PATHOLOGIST)

VERIFIED BY
MR. ATUL KUMAR

MC - 6991

DR. VIVEK KAPOOR
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Visit ID	**: MITD106367**	Registration	: 04/Jun/2025 01:44PM
UHID/MR No	: AITD.0000106270	Collected	: 04/Jun/2025 01:57PM
Patient Name	**: Mr.SANJAY VERMA**	Received	: 04/Jun/2025 01:59PM
Age/Gender	: 50 Y 0 M 0 D /M	Reported	: 04/Jun/2025 03:41PM
Ref Doctor	: Dr.BIOCITY HEALTH CARE	Status	: Final Report
Client Name	: BIOCITY	Client Code	: 154
Client Add	:	Barcode No	: 10343039

DEPARTMENT OF CLINICAL PATHOLOGY

BIOCITY BASIC 1.0

Test Name	Result	Unit	Bio. Ref. Range	Method
LEUCOCYTE	Nill		Nil	by an azo-coupling reaction
NITRITE	Nill		Nil	Diazotization Reaction

***** End Of Report *****

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