ISO 9001 :2015 | LABORATORY REPORT

Redcliffe labs

Patient Name	: **Mr RAHUL KUMAR SINGH**	Bill Date	: Feb 07, 2023, 01:11 PM
DOB/Age/Gender	: 25 Y/Male	Sample Collected	: Feb 07, 2023, 01:11 PM
Patient ID / UHID	: 2727903/OF2727903	Sample Received	: Feb 07, 2023, 02:44 PM
Referred By	: Dr.	Report Date	: Feb 07, 2023, 04:52 PM
Sample Type	: Whole blood EDTA	Barcode No	: H992046
Client	: SHIV PATHOLOGY GWALIOR	Report Status	: Final Report

Test Description	Value(s)	Unit(s)	Reference Range
HEMATOLOGY REPORT			
Vital Screening Package			
Complete Blood Count (CBC)			
RBC PARAMETERS			
Hemoglobin Method : colorimetric	14.1	g/dL	13.0 - 17.0
RBC Count Method : Electrical impedance	5.1	10^6/µl	4.5 - 5.5
PCV Method : Calculated	44.1	%	40 - 50
MCV Method : Calculated	85.9	fl	83 - 101
MCH Method : Calculated	29	pg	27 - 32
MCHC Method : Calculated	32.4	g/dL	31.5 - 34.5
RDW (CV) Method : Calculated	11.2	%	11.6 - 14.0
RDW-SD Method : Calculated	42.5	fl	35.1 - 43.9
WBC PARAMETERS			
TLC Method : Electrical impedance and microscopy	7.5	10^3/µl	4 - 10
DIFFERENTIAL LEUCOCYTE COUNT			
Neutrophils	43.5	%	40-80
Lymphocytes	30.7	%	20-40
Monocytes	2.3	%	2-10
Eosinophils	4.4	%	1-6
Basophils	0.1	%	<2
Absolute leukocyte counts **Method : Calculated**			
Neutrophils*	2.76	10^3/µl	2 - 7
Lymphocytes*	2.23	10^3/µl	1 - 3
Monocytes*	0.21	10^3/µl	0.2 - 1.0
Eosinophils*	0.29	10^3/µl	0.02 - 0.5
Basophils*	0.03	10^3/µl	0.02 - 0.5
PLATELET PARAMETERS			
Platelet Count Method : Electrical impedance and microscopy	207	10^3/µl	150 - 410
Mean Platelet Volume (MPV)	12	fL	9.3 - 12.1

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Method : Calculated			
PCT	0.2	%	0.17 - 0.32
Method : Calculated			
PDW	16.7	fL	8.3 - 25.0
Method : Calculated			
P-LCR	41	%	18 - 50
Method : Calculated			
P-LCC	85	%	44 - 140
Method : Calculated			
Mentzer Index	16.71	%	
Method : Calculated			
R.B.C. MORPHOLOGY	RBCs ARE MAINLY NORMOCYTIC NORMOCHROMIC. NO NUCLEATED RBCS SEEN.	-	-
Method : Microscopy			
W.B.C. MORPHOLOGY	WBCs ARE NORMAL IN NUMBER AND DISTRIBUTION. NO TOXIC GRANULES/ IMMATURE CELLS SEEN.	-	-
Method : Microscopy			
PLATELET MORPHOLOGY	PLATELETS ARE ADEQUATE IN NUMBER ON SMEAR	-	-
Method : Microscopy			

Interpretation:
CBC provides information about red cells, white cells and platelets. Results are useful in the diagnosis of anemia, infections, leukemias, clotting disorders and many other medical conditions.

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HEMATOLOGY REPORT			
Vital Screening Package			
Erythrocyte Sedimentation Rate (ESR)			
ESR - Erythrocyte Sedimentation Rate	03	mm/hr	0 - 10
Method : MODIFIED WESTERGREN			

Interpretation:
Indicates presence and intensity of an inflammatory process; never diagnostic of a specific disease. ESR is increased in chronic inflammatory diseases, especially collagen and vascular diseases. Decreased ESR is seen in congestive heart failure, cachexia and after high dose of adrenal steroids.

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Patient ID / UHID	: 2727903/OF2727903	Sample Received	: Feb 07, 2023, 02:46 PM
Referred By	: Dr.	Report Date	: Feb 07, 2023, 06:31 PM
Sample Type	: Serum	Barcode No	: BH035543
Client	: SHIV PATHOLOGY GWALIOR	Report Status	: Final Report

Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY REPORT			
Vital Screening Package			
Liver Function Test (LFT)			
BILIRUBIN TOTAL Method : Photometric	0.9	mg/dL	0.2 - 1.2
BILIRUBIN DIRECT Method : Diazo Reaction	0.5	mg/dL	0.0 - 0.5
BILIRUBIN INDIRECT Method : Calculation (T Bil - D Bil)	0.9	mg/dL	0.1 - 1.0
SGOT/AST Method : IFCC without P5P	29	U/L	5 - 34
SGPT/ALT Method : IFCC without P5P	34	U/L	0 to 55
SGOT/SGPT Ratio	1.18	-	-
ALKALINE PHOSPHATASE Method : IFCC	65	U/L	40 - 150
TOTAL PROTEIN Method : Biuret	7.9	g/dL	6.4 - 8.3
ALBUMIN Method : BCG	4.8	gm/dL	3.8 - 5.0
GLOBULIN Method : Calculation (T.P - Albumin)	3.1	g/dL	2.3 - 3.5
ALBUMIN : GLOBULIN RATIO Method : Calculation (Albumin/Globulin)	1.55	-	1.0 - 2.1
GAMMA GLUTAMYL TRANSFERASE (GGT) Method : Photometric	30	U/L	12 - 64

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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Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY REPORT			
Vital Screening Package			
Kidney Function Test (KFT)			
BLOOD UREA Method : Urease	40	mg/dL	19 - 44.1
CREATININE Method : Photometric	1.09	mg/dL	0.72 - 1.25
BUN Method : Urease	18.69	mg/dL	8.9 - 20.6
BUN/CREATININE RATIO	17.15		
UREA / CREATININE RATIO	36.7		
URIC ACID Method : Uricase	5.8	mg/dL	3.5 - 7.2
CALCIUM Serum Method : Arsenazo III	9.8	mg/dL	8.4 - 10.2
PHOSPHORUS Method : Photometric	3.2	mg/dL	2.3 - 4.7
SODIUM Method : Potentiometric	141	mmol/L	136 - 145
POTASSIUM Method : Potentiometric	4.5	mmol/L	3.5 - 5.1
CHLORIDE Method : Photometric	102	mmol/L	98 - 107

Interpretation:

SUMMARY:-

Kidney function tests is a collective term for a variety of individual tests and proceduresthat can be done toevaluate how well the kidneys are functioning.Many conditions can affect the ability of the kidneys to carryout their vital functions. Somelead to a rapid (acute) decline in kidney functionothers lead to a gradual (chronic) declineinfunction. Both result in a buildup of toxic waste subst done on urine samples, as well as on blood samples.A number of symptoms may indicate a problem with your kidneys. These include : high blood pressure,blood in urine frequent urges to urinate,difficulty beginning urination,painful urination,swelling in the hands and feet due to a buildup of fluids in the body. A single symptom may not mean something serious. However, when occurring simultaneously, these symptoms suggest that your kidneys are not working properly. Kidney function tests can help determine the reason. Electrolytes (sodium,potassium,and chloride) are present in the human body and the balancing act of the electrolytes in our bodies is essential for normal function of our cells and organs. There has to be a balance.Ionized calcium this test if you have signs of kidney or parathyroid disease. The test may also be done to monitor progress and treatment of these diseases.

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BIOCHEMISTRY REPORT			
Vital Screening Package			
Lipid Profile			
TOTAL CHOLESTEROL Method : Enzymatic - Cholesterol Oxidase	142	mg/dL	Desirable : <200 Borderline : 200-239 High : >240
TRIGLYCERIDES Method : Colorimetric - Lip/Glycerol Kinase	43	mg/dL	Normal : <150 Borderline : 150-199 High : 200-499 Very high : >500
HDL CHOLESTEROL Method : Accelerator Selective Detergent	45	mg/dL	>40
NON HDL CHOLESTEROL Method : Calculated	113	mg/dL	<130
LDL CHOLESTEROL Method : Calculated	118.5	mg/dL	Optimal <100 Near optimal/above optimal 100-129 Borderline high 130-159 High 160-189 Very high >190
V.L.D.L CHOLESTEROL Method : Calculated	9.2	mg/dL	< 30
CHOL/HDL Ratio Method : Calculated	3.9	-	3.5 - 5.0
HDL/ LDL RATIO Method : Calculated	0.48	-	Desirable : 0.5 - 3.0 Borderline : 3.1 - 6.0 High : > 6.0
LDL/HDL Ratio Method : Calculated	2.09	-	

Interpretation:

Lipid level assessments must be made following 9 to 12 hours of fasting, otherwise assay results might lead to erroneous interpretation. NCEP recommends of 3 different samples to be drawn at intervals of 1 week for harmonizing biological variables that might be encountered in single assays.

NATIONAL LIPID ASSOCIATION RECOMMENDATIONS (NLA-2014)	TOTAL CHOLESTEROL in mg/dL	TRIGLYCERIDE in mg/dL	LDL CHOLESTEROL in mg/dL	NON HDL CHOLESTEROL in mg/dL
Optimal	<200	<150	<100	<130
Above Optimal			100-129	130 - 159
Borderline High	200-239	150-199	130-159	160 - 189
High	>=240	200-499	160-189	190 - 219
Very High	-	>=500	>=190	>=220

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CONDITIONS OF REPORTING

1. It is Presumed that specimen belongs to patient named or identified, such verification being carried out at the point of generation of said specimen

2. A test might not be performed due to following reason:

- Specimen Quantity not sufficient (Inadequate collection/spillage during transit)
- Specimen Quality not acceptable (Hemolysis/clotted/lipemic.)
- Incorrect sample type
- Test cancelled either on request of patient or doctor

In any of the above case a fresh specimen will be required for testing and reporting

3. The results of the tests may vary from lab to lab ; time to time for the same patient

4. The reported results are dependent on individual assay methods, equipment, method sensitivity, specificity and quality of the specimen received

5. Partial representation of report is not allowed

6. The reported tests are for the notification of the referring doctor, only to assist him/her in the diagnosis and management of the patient

7. If Sample collection date is not stated on test requisition form, the current date will be printed by default as the date of collection.

8. Report with status "Preliminary" means one or more test are yet to be reported

9. This report is not valid for Medico Legal Purpose

10. Applicable Jurisdiction will be of "Delhi" for any dispute/claim concerning the test(s) & results of the test (s)