

**Name** : Ms. MEENAKSHI KUSHWAHA  
**Lab No.** : 490405184  
**Ref By** : Self  
**Collected** : 29/7/2025 9:39:00AM  
**A/c Status** : P  
**Collected at** : PSC-VARANASI HOME VISIT  
 SHOP NO. 38 GROUND FLOOR, SHASTRI NAGAR,  
 OPP. SAJAN CINEMA HALL, VARANASI-221001  
 Varanasi 221001

**Age** : 56 Years  
**Gender** : Female  
**Reported** : 29/7/2025 1:02:40PM  
**Report Status** : Final  
**Processed at** : Dr. Lal Path labs Ltd  
 Sudhipur ,Varanasi-221003

### Test Report

Test Name	Results	Units	Bio. Ref. Interval
<b>COMPLETE BLOOD COUNT;CBC</b> (SLS Method, Sheath Flow DC Detection Method, Fluorescent Flow Cytometry & Calculated)			
Hemoglobin	12.70	g/dL	12.00 - 15.00
Packed Cell Volume (PCV)	40.20	%	36.00 - 46.00
RBC Count	4.17	mill/mm3	3.80 - 4.80
MCV	96.40	fL	83.00 - 101.00
Mentzer Index	23.1		
MCH	30.50	pg	27.00 - 32.00
MCHC	31.60	g/dL	31.50 - 34.50
Red Cell Distribution Width (RDW)	13.20	%	11.60 - 14.00
Total Leukocyte Count (TLC)	6.55	thou/mm3	4.00 - 10.00
<b>Differential Leucocyte Count (DLC)</b>			
Segmented Neutrophils	71.90	%	40.00 - 80.00
Lymphocytes	<b>19.50</b>	%	20.00 - 40.00
Monocytes	3.80	%	2.00 - 10.00
Eosinophils	3.70	%	1.00 - 6.00
Basophils	1.10	%	<2.00
<b>Absolute Leucocyte Count</b>			
Neutrophils	4.71	thou/mm3	2.00 - 7.00
Lymphocytes	1.28	thou/mm3	1.00 - 3.00
Monocytes	0.25	thou/mm3	0.20 - 1.00
Eosinophils	0.24	thou/mm3	0.02 - 0.50



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### Test Report

Test Name	Results	Units	Bio. Ref. Interval
Basophils	0.07	thou/mm <sup>3</sup>	0.02 - 0.10
Platelet Count	280	thou/mm <sup>3</sup>	150.00 - 410.00
Mean Platelet Volume	10.8	fL	6.5 - 12.0

#### Comment

In anaemic conditions Mentzer index is used to differentiate Iron Deficiency Anaemia from Beta- Thalassemia trait. If Mentzer Index value is >13, there is probability of Iron Deficiency Anaemia. A value <13 indicates likelihood of Beta- Thalassemia trait and Hb HPLC is advised to rule out the Thalassemia trait.

#### Note

- As per the recommendation of International council for Standardization in Hematology, the differential leucocyte counts are additionally being reported as absolute numbers of each cell in per unit volume of blood
- Test conducted on EDTA whole blood



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### Test Report

Test Name	Results	Units	Bio. Ref. Interval
ALT (SGPT), SERUM (IFCC, without P5P)	10.5	U/L	<33
VITAMIN D, 25 - HYDROXY, SERUM (ECLIA)	43.09	nmol/L	75.00 - 250.00

### Interpretation

LEVEL	REFERENCE RANGE IN nmol/L	COMMENTS
Deficient	< 50	High risk for developing bone disease
Insufficient	50-74	Vitamin D concentration which normalizes Parathyroid hormone concentration
Sufficient	75-250	Optimal concentration for maximal health benefit
Potential intoxication	>250	High risk for toxic effects

### Note

- The assay measures both D2 (Ergocalciferol) and D3 (Cholecalciferol) metabolites of vitamin D.
- 25 (OH)D is influenced by sunlight, latitude, skin pigmentation, sunscreen use and hepatic function.
- Optimal calcium absorption requires vitamin D 25 (OH) levels exceeding 75 nmol/L.
- It shows seasonal variation, with values being 40-50% lower in winter than in summer.
- Levels vary with age and are increased in pregnancy.
- A new test Vitamin D, Ultrasensitive by LC-MS/MS is also available

### Comments

Vitamin D promotes absorption of calcium and phosphorus and mineralization of bones and teeth. Deficiency in children causes Rickets and in adults leads to Osteomalacia. It can also lead to Hypocalcemia and Tetany. Vitamin D status is best determined by measurement of 25 hydroxy vitamin D, as it is the major circulating form and has longer half life (2-3 weeks) than 1,25 Dihydroxy vitamin D (5-8 hrs).

### Decreased Levels



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**Test Report**

Test Name	Results	Units	Bio. Ref. Interval
<ul style="list-style-type: none"><li>Inadequate exposure to sunlight</li><li>Dietary deficiency</li><li>Vitamin D malabsorption</li><li>Severe Hepatocellular disease</li><li>Drugs like Anticonvulsants</li><li>Nephrotic syndrome</li></ul>			

**Increased levels**

Vitamin D intoxication

  
**UPMC 104458**

Dr. Alok Kumar  
MD  
Consultant Pathologist  
Dr Lal PathLabs Ltd

  
**UPMC 64525**

Dr Mridula Shukla  
MBBS, DNB (Path)  
Chief of Laboratory &  
Histopathologist  
Dr Lal PathLabs Ltd

-----End of report-----

**IMPORTANT INSTRUCTIONS**

• Test results released pertain to the specimen submitted. • All test results are dependent on the quality of the sample received by the Laboratory. • Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician. • Report delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted. • Certain tests may require further testing at additional cost for derivation of exact value. Kindly submit request within 72 hours post reporting. • Test results may show interlaboratory variations. • The Courts/Forum at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of test(s). • Test results are not valid for medico legal purposes. • This is computer generated medical diagnostic report that has been validated by Authorized Medical Practitioner /Doctor. • The report does not need physical signature.

(#) Sample drawn from outside source.

If Test results are alarming or unexpected, client is advised to contact the Customer Care immediately for possible remedial action.

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