Name	: **Mr. RADHA MOHAN**		**Age**	: **73 Years**	
Lab No.	: **460549252**		**Gender**	: **Male**	
Ref By	: **Dr. AJAY AGARWAL**		**Reported**	: **29/5/2024 5:08:00PM**	
Collected	: **28/5/2024 6:50:00PM**		**Report Status**	: **Final**	
A/c Status	: **P**				
Collected at	: **MR. RAJESH KUMAR TYAGI - (MADHU NAGAR CC) 37 /A – 10, B/A , MADHU NAGAR , AGRA, U.P.- 282010, Police Line S.O 8868976188**	**Processed at**	: **Dr. Lal Path Labs Ltd Dayal Bagh Road , Agra– 282005**		

Test Report

Test Name	Results	Units	Bio. Ref. Interval
COMPLETE BLOOD COUNT;CBC (Photometry, Electrical Impedance, Optical/Impedance & Calculated)			
Hemoglobin	**8.70**	g/dL	13.00 - 17.00
Packed Cell Volume (PCV)	**27.20**	%	40.00 - 50.00
RBC Count	**2.68**	mill/mm3	4.50 - 5.50
MCV	**101.50**	fL	83.00 - 101.00
MCH	**32.50**	pg	27.00 - 32.00
MCHC	32.00	g/dL	31.50 - 34.50
Red Cell Distribution Width (RDW)	**17.20**	%	11.60 - 14.00
Total Leukocyte Count (TLC)	4.92	thou/mm3	4.00 - 10.00
Differential Leucocyte Count (DLC)			
Segmented Neutrophils	71.62	%	40.00 - 80.00
Lymphocytes	**13.72**	%	20.00 - 40.00
Monocytes	8.97	%	2.00 - 10.00
Eosinophils	5.38	%	1.00 - 6.00
Basophils	0.31	%	<2.00
Absolute Leucocyte Count			
Neutrophils	3.52	thou/mm3	2.00 - 7.00
Lymphocytes	**0.68**	thou/mm3	1.00 - 3.00
Monocytes	0.44	thou/mm3	0.20 - 1.00
Eosinophils	0.26	thou/mm3	0.02 - 0.50
Basophils	0.02	thou/mm3	0.02 - 0.10
Platelet Count	**87**	thou/mm3	150.00 - 410.00
Platelets are reduced. Giant platelets seen Followup and clinical correlation			
Mean Platelet Volume	12.0	fL	6.5 - 12.0

Name	:	**Mr. RADHA MOHAN**	**Age**	:	**73 Years**
Lab No.	:	**460549252**	**Gender**	:	**Male**
Ref By	:	**Dr. AJAY AGARWAL**	**Reported**	:	**29/5/2024 5:08:00PM**
Collected	:	**28/5/2024 6:50:00PM**	**Report Status**	:	**Final**
A/c Status	:	**P**			
Collected at	:	**MR. RAJESH KUMAR TYAGI - (MADHU NAGAR CC) 37 /A – 10, B/A , MADHU NAGAR , AGRA, U.P.- 282010, Police Line S.O 8868976188**	**Processed at**	:	**Dr. Lal Path Labs Ltd Dayal Bagh Road , Agra– 282005**

Test Report

Test Name	Results	Units	Bio. Ref. Interval

Note

1. 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
2. Test conducted on EDTA whole blood

Name	:	**Mr. RADHA MOHAN**	**Age**	:	**73 Years**
Lab No.	:	**460549252**	**Gender**	:	**Male**
Ref By	:	**Dr. AJAY AGARWAL**	**Reported**	:	**29/5/2024 5:08:00PM**
Collected	:	**28/5/2024 6:50:00PM**	**Report Status**	:	**Final**
A/c Status	:	**P**			
Collected at	:	**MR. RAJESH KUMAR TYAGI - (MADHU NAGAR CC) 37 /A – 10, B/A , MADHU NAGAR , AGRA, U.P.- 282010, Police Line S.O 8868976188**	**Processed at**	:	**Dr. Lal Path Labs Ltd Dayal Bagh Road , Agra– 282005**

Test Report

Test Name	Results	Units	Bio. Ref. Interval
CREATININE, SERUM (Compensated Jaffe's reaction, IDMS traceable)			
Creatinine	**1.61**	mg/dL	0.67 - 1.17
GFR Estimated	**45**	mL/min/1.73m2	>59
GFR Category	G3a		

Advise

1. CKD Risk Map (Z1014)
2. Cystatin C, serum (B173)

Note

1. GFR, estimated (eGFR) calculated using the 2021 CKD-EPI creatinine equation and GFR Category reported as per KDIGO guideline 2012.
2. eGFR category G1 or G2 does not fulfil the criteria for CKD, in the absence of evidence of kidney damage

Name	:	**Mr. RADHA MOHAN**	**Age**	:	**73 Years**
Lab No.	:	**460549252**	**Gender**	:	**Male**
Ref By	:	**Dr. AJAY AGARWAL**	**Reported**	:	**29/5/2024 5:08:00PM**
Collected	:	**28/5/2024 6:50:00PM**	**Report Status**	:	**Final**
A/c Status	:	**P**			
Collected at	:	**MR. RAJESH KUMAR TYAGI - (MADHU NAGAR CC) 37 /A – 10, B/A , MADHU NAGAR , AGRA, U.P.- 282010, Police Line S.O 8868976188**	**Processed at**	:	**Dr. Lal Path Labs Ltd Dayal Bagh Road , Agra– 282005**

Test Report

Test Name	Results	Units	Bio. Ref. Interval
IRON STUDIES, SERUM (TPTZ)			
Iron	**54.58**	µg/dL	65.00 - 175.00
Total Iron Binding Capacity (TIBC)	283.26	µg/dL	250.00 - 425.00
Transferrin Saturation	**19.27**	%	20.00 - 50.00

Comments

Iron is an essential trace mineral element which forms an important component of hemoglobin, metallocompounds and Vitamin A. Deficiency of iron, leads to microcytic hypochromic anemia. The toxic effects of iron are deposition of iron in various organs of the body and hemochromatosis.

Total Iron Binding capacity (TIBC) is a direct measure of the protein Transferrin which transports iron from the gut to storage sites in the bone marrow. In iron deficiency anemia, serum iron is reduced and TIBC increases.

Transferrin Saturation occurs in Idiopathic hemochromatosis and Transfusional hemosiderosis where no unsaturated iron binding capacity is available for iron mobilization. Similar condition is seen in congenital deficiency of Transferrin.

Dr Aditi Kapoor
DCP, Pathology
Chief of Laboratory
Dr Lal PathLabs Ltd

Name	: **Mr. RADHA MOHAN**	**Age**	: **73 Years**
Lab No.	: **460549252**	**Gender**	: **Male**
Ref By	: **Dr. AJAY AGARWAL**	**Reported**	: **29/5/2024 5:08:00PM**
Collected	: **28/5/2024 6:50:00PM**	**Report Status**	: **Final**
A/c Status	: **P**		
Collected at	: **MR. RAJESH KUMAR TYAGI - (MADHU NAGAR CC) 37 /A – 10, B/A , MADHU NAGAR , AGRA, U.P.- 282010, Police Line S.O 8868976188**	**Processed at**	: **Dr. Lal Path Labs Ltd Delhi Gate ,Agra 282002**

Test Report

Test Name	Results	Units	Bio. Ref. Interval

HIV 1 & 2 ANTIBODIES SCREENING TEST, SERUM

Final Result :Negative	**Negative**

HIV 1 / 2 & P 24 COMBO TEST
(ECLIA)

Index Value	0.228	Index	<0.90
Result	Non Reactive		

Interpretation

RESULT (INDEX)	REMARKS
< 0.90	Non-Reactive
>=0.90 <1.0	Borderline Reactive
>= 1.00	Reactive

Note

1. Positive test result indicates antibody detected against HIV-1/2.
2. Negative test result indicates antibody is not detected against HIV- 1/2.
3. Indeterminate test result indicates antibody to HIV-1/2 have been detected in the sample by two of three methods.
4. Results are reported as per the Strategy 3 of National guidelines of HIV testing by NACO, July 2015.
5. False positive results may be observed in Autoimmune diseases, Alcoholic hepatitis, Primary biliary cirrhosis, Leprosy, Multiple pregnancies, Rheumatoid factor, and due to presence of heterophile antibodies.
6. False negative results may occur during the window period and during the end stage of the disease.

Recommendations

1. Post-test counseling available between 9 am to 5 pm at LPL laboratories.

Name	:	**Mr. RADHA MOHAN**	**Age**	:	**73 Years**
Lab No.	:	**460549252**	**Gender**	:	**Male**
Ref By	:	**Dr. AJAY AGARWAL**	**Reported**	:	**29/5/2024 5:08:00PM**
Collected	:	**28/5/2024 6:50:00PM**	**Report Status**	:	**Final**
A/c Status	:	**P**			
Collected at	:	**MR. RAJESH KUMAR TYAGI - (MADHU NAGAR CC) 37 /A – 10, B/A , MADHU NAGAR , AGRA, U.P.- 282010, Police Line S.O 8868976188**	**Processed at**	:	**Dr. Lal Path Labs Ltd Delhi Gate ,Agra 282002**

Test Report

Test Name	Results	Units	Bio. Ref. Interval
HEPATITIS C ANTIBODY (Anti-HCV), SERUM (ECLIA)	0.08	Index	<0.9

Interpretation

RESULT (INDEX)	REMARKS
<0.9	Non Reactive
0.9-<1.0	Borderline Reactive
>=1.0	Reactive

Note

1. False positive results are seen in Autoimmune diseases, Rheumatoid factor, Hypergammaglobulinemia, Paraproteinemia, passive antibody transfer, Anti- idiotypes & Anti superoxide dismutase
2. False negative results are seen in early Acute infection, Immunosuppression & Immuno-incompetence
3. HCV-RNA PCR recommended in all reactive results to differentiate between past & present infection

Comments

Hepatitis C (HCV) is an RNA virus of Flavivirus group transmitted via blood transfusions, transplantation, injection drug users, accidental needle punctures in healthcare workers, dialysis patients and rarely from mother to infant.10% of new cases show sexual transmission. As compared to HAV & HBV, chronic infection with HCV occurs in 85% of infected individuals. In high risk populations, the predictive value of Anti HCV for HCV infection is > 99% whereas in low risk populations it is only 25%.

Uses

- Indicator of past or present infection, but does not differentiate between Acute / Chronic / Resolved infection
- Routine screening of low and high prevalence populations including blood donors

Name	:	Mr. RADHA MOHAN	Age	:	73 Years
Lab No.	:	460549252	Gender	:	Male
Ref By	:	Dr. AJAY AGARWAL	Reported	:	29/5/2024 5:08:00PM
Collected	:	28/5/2024 6:50:00PM	Report Status	:	Final
A/c Status	:	P	Processed at	:	Dr. Lal Path Labs Ltd Delhi Gate ,Agra 282002
Collected at	:	MR. RAJESH KUMAR TYAGI - (MADHU NAGAR CC) 37 /A – 10, B/A , MADHU NAGAR , AGRA, U.P.-282010, Police Line S.O 8868976188			

Test Report

Test Name	Results	Units	Bio. Ref. Interval

Dr Shalini Gupta
MD, Pathology
Chief of Laboratory
Dr Lal PathLabs Ltd

Name	: **Mr. RADHA MOHAN**		**Age**	: **73 Years**	
Lab No.	: **460549252**		**Gender**	: **Male**	
Ref By	: **Dr. AJAY AGARWAL**		**Reported**	: **29/5/2024 5:08:00PM**	
Collected	: **28/5/2024 6:50:00PM**		**Report Status**	: **Final**	
A/c Status	: **P**				
Collected at	: **MR. RAJESH KUMAR TYAGI - (MADHU NAGAR CC) 37 /A – 10, B/A , MADHU NAGAR , AGRA, U.P.-282010, Police Line S.O 8868976188**		**Processed at**	: **LPL-NATIONAL REFERENCE LAB National Reference laboratory, Block E, Sector 18, Rohini, New Delhi -110085**	

MC-2113

Test Report

Test Name	Results	Units	Bio. Ref. Interval
HEPATITIS B SURFACE ANTIGEN; HBsAg, QUANTITATIVE (CMIA)	<0.02	IU/mL	<0.05

Interpretation

RESULT IN IU/mL	REMARKS	INTERPRETATION
<0.05	Non-Reactive	Indicates absence of Hepatitis B Surface Antigen.
>=0.05	Reactive	Indicates presence of Hepatitis B Surface Antigen.

Note

1. Reactive test result indicates presence of Hepatitis B Surface Antigen. It is used for monitoring HBsAg levels in the course of the disease but it cannot differentiate between the stages of Hepatitis B viral infection.
2. Non-Reactive test result indicates absence of Hepatitis B Surface Antigen.
3. False positive results may be observed in patients receiving mouse monoclonal antibodies, on heparin therapy, on biotin supplements for diagnosis or therapy, presence of heterophilic antibodies in serum or after HBV vaccination for transient period of time.
4. False negative reaction may be due to processing of sample collected early in the course of disease or presence of mutant forms of HBsAg.

CA 19.9 ;PANCREATIC CANCER MARKER, SERUM (CMIA, Abbott)	19.08	U/mL	<37.00

Note

1. This test is not recommended to screen Pancreatic cancer in the general population.
2. False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy
3. This assay, regardless of level, should not be interpreted as absolute evidence for the presence or absence of malignant disease. The assay value should be used in conjunction with findings from clinical evaluation and other diagnostic procedures.
4. Persistently elevated CA 19.9 levels are usually indicative of progressive malignant disease and poor therapeutic response
5. The concentration of CA 19.9 in a given specimen, determined with assays from different

Name	: Mr. RADHA MOHAN		Age	: 73 Years	
Lab No.	: 460549252		Gender	: Male	
Ref By	: Dr. AJAY AGARWAL		Reported	: 29/5/2024 5:08:00PM	
Collected	: 28/5/2024 6:50:00PM		Report Status	: Final	
A/c Status	: P				
Collected at	: MR. RAJESH KUMAR TYAGI - (MADHU NAGAR CC) 37 /A – 10, B/A , MADHU NAGAR , AGRA, U.P.-282010, Police Line S.O 8868976188		Processed at	: LPL-NATIONAL REFERENCE LAB National Reference laboratory, Block E, Sector 18, Rohini, New Delhi -110085	

MC-2113

Test Report

Test Name	Results	Units	Bio. Ref. Interval

manufacturers, may not be comparable due to differences in assay methods, calibration, and reagent specificity.

Clinical Use

- An aid in the management of Pancreatic cancer patients
- Monitor the course of disease and predict recurrence in patients with Pancreatic carcinoma

DISEASE	PERCENTAGE POSITIVITY OF CA 19.9
Pancreatic cancer	80
Hepatobiliary cancer	67
Gastric cancer	40-50
Hepatocellular cancer	30-50
Colorectal cancer	30
Breast cancer	15
Pancreatitis	10-20
Benign Gastrointestinal diseases	10-20

CEA; CARCINO EMBRYONIC ANTIGEN, SERUM (CMIA)	**3.74**	ng/mL	<3.00

Interpretation

REFERENCE GROUP	REFERENCE RANGE IN ng/mL
Non Smokers	< 3.00
Smokers	< 5.00

Note

1. This test is not recommended for cancer screening in the general population.
2. False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy.
3. Patients with confirmed carcinoma may show normal pre-treatment CEA levels. Hence this assay, regardless of level, should not be interpreted as absolute evidence for presence or absence of malignant disease. The assay value should be used in conjunction with findings from clinical evaluation and other diagnostic procedures.

Name	: Mr. RADHA MOHAN		Age	: 73 Years	
Lab No.	: 460549252		Gender	: Male	
Ref By	: Dr. AJAY AGARWAL		Reported	: 29/5/2024 5:08:00PM	
Collected	: 28/5/2024 6:50:00PM		Report Status	: Final	
A/c Status	: P		Processed at	: LPL-NATIONAL REFERENCE LAB National Reference laboratory, Block E, Sector 18, Rohini, New Delhi -110085	
Collected at	: MR. RAJESH KUMAR TYAGI - (MADHU NAGAR CC) 37 /A – 10, B/A , MADHU NAGAR , AGRA, U.P.-282010, Police Line S.O 8868976188				

MC-2113

Test Report

Test Name	Results	Units	Bio. Ref. Interval

4. Persistently elevated CEA levels are usually indicative of progressive malignant disease and poor therapeutic response.
5. The concentration of CEA in a given specimen, determined with assays from different manufacturers, may not be comparable due to differences in assay methods, calibration, and reagent specificity.

Clinical Use

- Monitoring patients with Colorectal, Gastrointestinal, Lung & Breast carcinoma
- Diagnosis of occult metastatic disease and / or residual disease

DISEASE	PERCENTAGE POSITIVITY OF CEA
Colorectal cancer	70
Lung cancer	45
Gastric cancer	50
Breast cancer	40
Pancreatic cancer	55
Ovarian cancer	25
Uterine cancer	40
Cirrhosis	45
Pulmonary emphysema	30
Rectal polyps	5
Benign breast disease	15
Ulcerative colitis	15

Name	:	**Mr. RADHA MOHAN**	**Age**	:	**73 Years**
Lab No.	:	**460549252**	**Gender**	:	**Male**
Ref By	:	**Dr. AJAY AGARWAL**	**Reported**	:	**29/5/2024 5:08:00PM**
Collected	:	**28/5/2024 6:50:00PM**	**Report Status**	:	**Final**
A/c Status	:	**P**			
Collected at	:	**MR. RAJESH KUMAR TYAGI - (MADHU NAGAR CC) 37 /A – 10, B/A , MADHU NAGAR , AGRA, U.P.- 282010, Police Line S.O 8868976188**	**Processed at**	:	**LPL-NATIONAL REFERENCE LAB National Reference laboratory, Block E, Sector 18, Rohini, New Delhi -110085**

MC-2113

Test Report

Test Name	Results	Units	Bio. Ref. Interval
ANTI NUCLEAR ANTIBODY / FACTOR (ANA/ANF), SERUM (EIA)	18.81	Units	<20.00

Interpretation

RESULT IN UNITS	REMARKS
<20	Negative
20-60	Moderate positive
>60	Strong positive

Comments

Antinuclear antibodies are the most sensitive screening test for autoantibodies in patients suspected of connective tissue diseases. They are a heterogenous group of autoantibodies directed against ds-DNA, histones, SSA / Ro, SSB / La, Sm, Sm / RNP, Scl-70, Jo-1 & Centromere. ANA ‘s have also been detected in patients with Autoimmune Hepatitis (80%),Primary biliary cirrhosis (60%), Alcohol related liver disease (50%), Viral hepatitis B (40%). Presence of ANA has also been detected in individuals taking certain drugs like Hydrallazine, Isoniazid, Chlorpromazine; family of SLE patients; healthy and elderly persons

MCI – 24779
Dr Ajay Gupta
MD, Pathology
Technical Director - Hematology & Immunology
NRL - Dr Lal PathLabs Ltd

DMC – 67327
Dr Anjalika Goyal
MD,Biochemistry
Consultant Biochemist
NRL - Dr Lal PathLabs Ltd

DMC - 89819
Dr Himangshu Mazumdar
MD, Biochemistry
Sr. Consultant Biochemist
NRL - Dr Lal PathLabs Ltd

DMC – 9550
Dr Nimmi Kansal
MD, Biochemistry
Technical Director - Clinical Chemistry & Biochemical Genetics
NRL - Dr Lal PathLabs Ltd

DMC - 24201
Dr Sarita Kumari Lal
MD, Pathology
Consultant Pathologist
Dr Lal PathLabs Ltd

DMC – 46663
Dr Sunanda
MD, Pathology
Sr. Consultant Pathologist - Hematology & Immunology
NRL - Dr Lal PathLabs Ltd

Name	:	**Mr. RADHA MOHAN**	**Age**	:	**73 Years**
Lab No.	:	**460549252**	**Gender**	:	**Male**
Ref By	:	**Dr. AJAY AGARWAL**	**Reported**	:	**29/5/2024 5:08:00PM**
Collected	:	**28/5/2024 6:50:00PM**	**Report Status**	:	**Final**
A/c Status	:	**P**			
Collected at	:	**MR. RAJESH KUMAR TYAGI - (MADHU NAGAR CC) 37 /A – 10, B/A , MADHU NAGAR , AGRA, U.P.- 282010, Police Line S.O 8868976188**	**Processed at**	:	**LPL-NATIONAL REFERENCE LAB National Reference laboratory, Block E, Sector 18, Rohini, New Delhi -110085**

MC-2113

Test Report

Test Name	Results	Units	Bio. Ref. Interval

----------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.

Tel: +91-11-49885050,Fax: - +91-11-2788-2134, E-mail: lalpathlabs@lalpathlabs.com

National Reference lab, Delhi, a CAP (7171001) Accredited, ISO 9001:2015 (FS60411) & ISO 27001:2013 (616691) Certified laboratory.