



# Olivhealth

Path Lab

Your Trusted Partner in Health



Olivhealth,PathLab:Plot No.-02, Awadhपुरi,  
Kanpur Nagar,Kanpur-208017  
Ph.: 0512-2580111, Mob: +91 9005125801

ARYAN WAVE DIAGNOSTIC-KNP

Tel : 9335191031

Email :

Collected AT: UP/Kanpur

Name Of Patient	: Mr. RAJ KUMAR KUSHWAHA	Test Request ID	: 0122504180009
Age/Gender	: 60 Yrs/Male	Specimen Drawn On	: 18-Apr-2025 11:29AM
Referred Lab	: N/A	Specimen Received On	: 18-Apr-2025 11:29AM
Referred By	: NA	Report Date	: 18-Apr-2025 12:05PM
Sample Type	: Whole Blood EDTA - 31512730,Sod.Fluoride - F - 31512730, - 31512730,EDTA Blood - 31512730,Serum - 31512730,Urine - 31512730		

## Swasthyam Immune Care

### CLINICAL PATHOLOGY

Test Description	Observed Value	Biological Reference Range
<b>URINE EXAMINATION ROUTINE &amp; MICROSCOPIC</b>		
<b>Gross Examination</b>		
Colour	PALE YELLOW	Pale Yellow
Appearance	SLIGHTLY TURBID	Clear
Ph	7.0	4.6-8.0
Double Indicators Test		
Specific Gravity	1.010	1.005-1.030
Refractometric		
<b>Chemical Examination</b>		
Urine Sugar	Nil	Nil
Oxidation Reaction		
Urine Bilirubin	Nil	Nil
Ketones	Nil	Nil
Blood	Nil	Nil
Peroxidase Reaction		
Urine Protein	TRACE	Nil
Pyrogallol Red		
Urobilinogen	Nil	Nil
Modified Ehrlich Reaction		
Nitrite	Nil	Nil
Diazotisation Reaction		
<b>Microscopic Examination</b>		
WBC	2-4	/HPF
Epithelial Cells	2-3	0-3 /HPF

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R.B.C.

Nil

NIL

Casts

Nil

NIL

Crystals

Nil

NIL



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Test Description	Observed Value	Biological Reference Range
<b>HAEMATOLOGY</b>		
<b>(CBC) COMPLETE BLOOD COUNT</b>		
RBC Count	4.51	4.50-5.5 Millions/cumm
Cell Counter		
Haemoglobin (HB)	13.50	13-17 g/dl
cell counter		
Haematocrit (PCV)	40.10	36-46 %
Cell Counter		
Mean Corpuscular Volume (MCV)	88.90	83-101 fL
Cell Counter		
Mean Corpuscular Haemoglobin (MCH)	29.90	27-32 pg
Cell Counter		
Mean Corpuscular Hb- Concentration( MCHC)	33.70	32-35 g/dL
Cell Counter		
RDW-CV	13.10	11.5-14.0 %
Cell Counter		
RDW-SD	44.20	
Platelet Count	<b>105</b>	150-410 1000/uL
Total WBC Count	5,600	4000-11000 /cumm
Cell Counter		
<b>Differential Leucocyte Count</b>		
Neutrophil	60	40-75 %
Microscopy		
Lymphocyte	33	24-44 %
Microscopy		
Monocytes	05	2-8 %
Microscopy		
Eosinophils	02	1-6 %

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### Microscopy

Basophils

00

0-1 %

### Microscopy

Absolute Neutrophil Count

3.36

2-7  $10^3/uL$

### Cell Counter

Absolute Lymphocyte Count

1.85

0.8 - 4.0  $10^3/uL$

### cell counter

Absolute Monocyte Count

0.28

0.12-1.20  $10^3/uL$

### cell counter

Absolute Eosinophil Count

0.11

0.02-0.5  $10^3/uL$

### Cell counter

Mean Platelet Volume

**15.80**

6.5 - 12.0 FL

### cell counter

Platelet Distribution Width

16.50

9.0 - 17 (10GSD)

### cell counter

Plateletcrit

**0.17**

0.22-0.36 %

### cell counter

P-LCC

48.00

P-LCR

63.70

**Erythrocyte Sedimentation Rate (ESR) Wintrob S 16**

0 - 14 mm/h

Wintrobe S

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### BLOOD PICTURE - PERIPHERAL SMEAR EXAMINATION (P/S)

**RBCs:** Red Blood Cells are normocytic normochromic

**WBCs:** Total leucocyte count & differential count as mentioned.

**Platelets:** Platelet are reduce in number.

**Hemoparasite :** No atypical cells or hemoparasite are seen.

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Test Description	Observed Value	Biological Reference Range
<b>BIOCHEMISTRY</b>		
<b>Glucose Fasting</b> Hexokinase method	<b>133.63</b>	Adults-74.0-106.0 Children-60.0-100.0 mg/dL
<b>HbA1c (ngsp)</b> HPLC	<b>7.20</b>	<5.7 :Non diabetic 5-7 - 6.4 :Pre diabetic ≥ 6.5 :Diabetic 7.0 : ADA Target > 8.0 : Action Suggested %
<b>Estimated Average Glucose</b>	<b>159.9</b>	< 116 mg/dl
<b>REMARKS</b>		
<i>In vitro</i> quantitative determination of <b>HbA1c</b> in whole blood is utilized in long term monitoring of glycemia.The <b>HbA1c</b> level correlates with the mean glucose concentration prevailing in the course of the patient's recent history (approx - 6-8 weeks) and therefore provides much more reliable information for glycemia monitoring than do determinations of blood glucose or urinary glucose. It is recommended that the determination of <b>HbA1c</b> be performed at intervals of 4-6 weeks during Diabetes Mellitus therapy. Results of <b>HbA1c</b> should be assessed in conjunction with the patient's medical history, clinical examinations and other findings.		
<b>KIDNEY PROFILE</b>		
<b>Urea</b> Urease-GLDH	<b>20.64</b>	Adult(Global)(17.0-43.0) New Born (8.4-25.8) Infant/child (10.8-38.4) mg/dl
<b>Creatinine</b> Jaffe Kinetic method	<b>0.86</b>	Male(0.72-1.18) Neonate(0.26-1.01) infant(2 months -<3 years)(0.15-0.37) Child(3-<15 years)(0.24-0.73) mg/dL
<b>Bun / Creatinine Ratio</b>	<b>11.21</b>	

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Blood Urea Nitrogen (BUN)

Spectro-photometry

9.64

08-21 mg/dl

Urea / Creatinine Ratio

Calculated

24.00

24-48

Glomerular Filtration Rate (GFR)

90.70

>90 NORMAL mL/min/1.73m<sup>2</sup>

Uric Acid

ENZYMATIC

4.24

3.5-7.2 mg/dl

Sodium (NA+)

Ion Selective Electrode (Indirect Method)

138.50

135.0-145.0 mmol/L

Potassium (K+)

Ion Selective Electrode (Indirect Method)

4.10

3.50-5.50 mmol/L

Chloride

Ion Selective Electrode

106.50

98.0-109.0 mmol/L

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Test Description	Observed Value	Biological Reference Range
<b>LIVER PROFILE</b>		
Bilirubin Total Diazonium salt colorimetric jendrassik	0.79	Adults 0.30-1.20 0-1 days 1.4-8.7 1-2 days 3.4-11.5 3-5 days 1.5-12.0 mg/dl
Bilirubin Direct Diazotized Sulfanilic	0.11	0-0.25 mg/dl
Bilirubin Indirect Calculated	0.68	0.25-0.75 mg/dl
Protein, Total Biuret colorimetric	6.82	Adults (6.6-8.3) Children (1-18 years )-5.7-8.0 New born (1-30 days (4.1-6.3) g/dl
Albumin BCG-Colorimetric	4.47	3.5 - 5.2 g/dL
Globulin Calculated	2.35	2.50-3.50 g/dL
A:G (Albumin:Globulin) Ratio Calculated	1.90	1.50-2.5
Gamma Glutamyl Transferase (GGT) L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrat	45.62	8-60 U/L
SGOT (AST) UV Kinetik without PLP (P-5-P)	33.77	MALE ADULTS <50.0 U/L NEW BORN 25.0-75.0 U/L INFANT- 15.0-60.0 U/L U/L
SGPT (ALT) UV Kinetik without PLP (P-5-P)	43.39	Male adults <50 U/L NEW BORN/INFANT 13.0-45.0 U/L
LDH Serum P-L (UV KINETIC)	180.45	140-280 U/L
Alkaline Phosphatase Para-Nitrophenyl Phosphate	50.73	30-120 U/L

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### Cholesterol Profile

Total Cholesterol  
CHOD-POD

146.20

0-200 :Normal  
200-239 :Borderlinehigh  $\geq 240$   
:High mg/dL

HDL Cholesterol  
Direct METHOD ENZYMATIC COLOUR TEST

45.23

40.0-60.0 mg/dl mg/dL

Triglyceride  
GPO-PAP/Enzymatic colourimetric /End point

227.48

Normal(150 mg/dl)  
Borderline high(150.0-199.0 mg/dl)  
High(200-499)  
Very High(500 mg/dl) mg/dl

LDL Cholesterol  
CALCULATED

55.47

0-130 :Normal  
131-155:Borderline  
 $\geq 160$  :High mg/dl

VLDL Cholesterol  
Total Cholesterol / HDL Cholesterol Ratio  
LDL / HDL Cholesterol Ratio

45.50

3.23

1.23

4.7-21.1 mg/dL  
0-4.97

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Test Description	Observed Value	Biological Reference Range
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### IMMUNOASSAY

### THYROID PROFILE

<b>Triiodothyronine Total (T3)</b> Chemiluminescence Immunoassay (CLIA)	1.02	0.87-1.78 ng/ml
<b>Thyroxine Total (T4)</b> Chemiluminescence Immunoassay (CLIA)	10.36	6.09-12.23 ug/dL
<b>TSH (Thyroid Stimulating Hormone)</b> Chemiluminescence Immunoassay (CLIA)-Ultra Sensitive	1.013	0.34-5.6 uIU/ml

#### INTERPRETATION :


##### Note:


1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm . The variation is of the order of 50% . hence time of the day has influence on the measured serum TSH concentrations.
2. Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
3. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

##### Clinical Use

- Primary Hypothyroidism
- Hyperthyroidism
- Hypothalamic – Pituitary hypothyroidism
- Inappropriate TSH secretion
- Nonthyroidal illness
- Autoimmune thyroid disease
- Pregnancy associated thyroid disorders
- Thyroid dysfunction in infancy and early childhood

**COMMENTS:** Assay results should be interpreted in context to the clinical condition and associated results of other investigations. Previous treatment with corticosteroid therapy may result in lower TSH levels while thyroid hormone levels are normal. Results are invalidated if the client has undergone a radionuclide scan within 7-14 days before the test. Abnormal thyroid test findings often found in critically ill clients should be repeated after the critical nature of the condition is resolved. The production, circulation, and disintegration of thyroid hormones are altered throughout the stages of pregnancy.

  
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Test Description	Observed Value	Biological Reference Range
<b>Vitamin B12 Level</b> Chemiluminescence Immunoassay(CLIA)	<b>178.60</b>	183-822 pg/mL

### Comments

Vitamin B<sub>12</sub> along with folate is essential for DNA synthesis and myelin formation. Vitamin B<sub>12</sub> deficiency can be because of [nutritional](#) deficiency, malabsorption and other gastrointestinal causes. The test is ordered primarily to help diagnose the cause of macrocytic/ megaloblastic anemia.

Decreased levels are seen in:	Increased levels are seen in:
anaemia, normal near term pregnancy, vegetarianism, partial gastrectomy/ ileal damage, celiac disease, with oral contraceptive use, parasitic competition, pancreatic deficiency, treated epilepsy, smoking, hemodialysis and advancing age	renal failure, hepatocellular disorders, myeloproliferative disorders and at times with excess supplementation of vitamins pills

## VITAMIN D

Vitamin D3, 25 Hydroxy Enhanced Chemiluminescence (Ultr Sensitive 4th Generation Chemiflex)	<b>19.54</b>	Deficiency<20 Insufficiency:20-30 Sufficiency : 30 - 100 Intoxication:>100 ng/mL ng/mL
--	--------------	---

**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)

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\*Please correlate with clinical conditions.

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