



Patient Name : Mrs.SREE VALLI
Age/Gender : 45 Y 5 M 30 D /F
UHID/MR No : UD2425/012251
Visit ID : DRULOPV7870
Ref Doctor : VENKATESH RATHOD
IP/OP NO :

Collected : 04/Jul/2025 08:06AM
Received : 04/Jul/2025 09:55AM
Reported : 04/Jul/2025 10:32AM
Status : Final Report
Client Name : PUP ULTRA ITTUMADU
Center location : Kathriguppe,Bangalore

DEPARTMENT OF HAEMATOLOGY
ULTRA DIAGNOSTICS EXPRESS

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE BLOOD COUNT (CBC) , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.7	g/dL	12.5-15	Spectrophotometer
PCV	38.50	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.58	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	84.1	fL	83-101	Calculated
MCH	27.8	pg	27-32	Calculated
MCHC	33.1	g/dL	31.5-34.5	Calculated
R.D.W	15.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,320	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	67	%	40-80	Flow cytometry
LYMPHOCYTES	26	%	20-40	Flow cytometry
EOSINOPHILS	4	%	1-6	Flow cytometry
MONOCYTES	3	%	2-10	Flow cytometry
BASOPHILS	0	%	0-2	Flow cytometry
CORRECTED TLC	8,320	Cells/cu.mm		Calculated
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5574.4	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2163.2	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	332.8	Cells/cu.mm	20-500	Calculated
MONOCYTES	249.6	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.58		0.78- 3.53	Calculated
PLATELET COUNT	295000	cells/cu.mm	150000-410000	Electrical impedance
MPV	10.1	fL	8.1-13.9	Calculated

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ULTRA DIAGNOSTICS SERVICES

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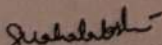
DEPARTMENT OF HAEMATOLOGY
ULTRA DIAGNOSTICS EXPRESS

Test Name	Result	Unit	Bio. Ref. Interval	Method
ESR , WHOLE BLOOD EDTA	30	mm at 1 hour	0-15	Modified Westergren

Comment:

1. ESR is an acute phase reactant which indicates presence and severity of an inflammatory process. ESR is not diagnostic of any specific disease. ESR is a screening test with low sensitivity. CRP has better sensitivity than ESR.
2. ESR Test is used to monitor the course or response to treatment of certain diseases.
3. ESR is an indirect measure of the extent of inflammation (infections, autoimmune disorders, certain anemias & malignancies).
4. There are many diseases such as typhoid in which ESR is not increased.

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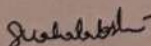
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DEPARTMENT OF BIOCHEMISTRY
ULTRA DIAGNOSTICS EXPRESS

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.57	mg/dL	0.5-0.9	Jaffe
eGFR - ESTIMATED GLOMERULAR FILTRATION RATE	111.54	mL/min/1.73m ²	>60	CKD-EPI FORMULA
UREA	19.50	mg/dL	13-43	Urease
BLOOD UREA NITROGEN	9.1	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.20	mg/dL	2.6-6.0	Uricase
CALCIUM	9.10	mg/dL	8.6-10	NM-Bapta
PHOSPHORUS, INORGANIC	4.20	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140	mmol/L	136-145	ISE (Indirect)
POTASSIUM	4.3	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	104.9	mmol/L	98-107	ISE (Indirect)
PROTEIN, TOTAL	7.50	g/dL	6.4-8.3	Biuret
ALBUMIN	4.50	g/dL	3.5-5.2	Bromo Cresol Green
GLOBULIN	3.00	g/dL	2.0-3.5	Calculated
A/G RATIO	1.5		0.9-2.0	Calculated

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Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	172	mg/dL	< 200	CHOD-PAD
TRIGLYCERIDES	85	mg/dL	< 150	GPO-PAP
HDL CHOLESTEROL	63	mg/dL	>=40 Desirable	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	109	mg/dL	<130	Calculated
LDL CHOLESTEROL	92	mg/dL	<100	Calculated
VLDL CHOLESTEROL	17	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.73		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	Calculated

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	> 200	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 40	Low < 35; Borderline Low 35-40		
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130- 159	160-189	190-219	>220

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Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.81	mg/dL	0-1.2	Diazo
BILIRUBIN CONJUGATED (DIRECT)	0.26	mg/dL	0-0.2	Diazo
BILIRUBIN (INDIRECT)	0.55	mg/dL	0.0-1.1	Calculated
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13	U/L	10-35	IFCC with Pyridoxal Phosphate
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	14.0	U/L	10-50	IFCC with Pyridoxal Phosphate
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.1		<1.15	Calculated
ALKALINE PHOSPHATASE	58.00	U/L	35-104	IFCC
PROTEIN, TOTAL	7.50	g/dL	6.4-8.3	Biuret
ALBUMIN	4.50	g/dL	3.5-5.2	Bromo Cresol Green
GLOBULIN	3.00	g/dL	2.0-3.5	Calculated
A/G RATIO	1.5		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin) Common patterns seen:

1. Hepatocellular Injury: *AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.*ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. Disproportionate increase in AST, ALT compared with ALP. AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2. Note- If both SGPT and SGOT are within reference range then AST:ALT (De Ritis ratio) does not have any clinical significance.
2. Cholestatic Pattern: *ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex.*Bilirubin (Direct) and GGT elevated- helps to establish hepatic origin.
3. Synthetic function impairment: *Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.
4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.

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