


Mrs. SWATI JOSHI	Collected : 16-09-2024 12:08	Lab ID : 40908904111
DOB : 	Received : 16-09-2024 14:11	Sample Quality : Adequate
Age : 45 Years	Reported : 16-09-2024 16:36	Location : MUMBAI
Gender : Female	Status : Final	Ref By : DR MAYURESH JOSHI
CRM :		Client : PN001R

Parameter	Result	Unit	Biological Ref. Interval
<u>LIVER FUNCTION TEST</u>			
Bilirubin - Total, Serum <i>DIAZO</i>	0.62	mg/dL	0.1 - 1.3
Bilirubin - Direct, Serum <i>DIAZO</i>	0.25	mg/dL	<0.6
Bilirubin - Indirect, Serum <i>Calculated</i>	0.37	mg/dL	<1.0
SGOT, Serum <i>IFCC</i>	18.10	U/L	<31
SGPT, Serum <i>IFCC</i>	18.50	U/L	<35
Alkaline Phosphatase, Serum <i>DGCK -SCE</i>	73.0	U/L	<4 yrs: 83-469, 4-18 yrs: 54-369, 18-60 yrs: 42-98, >60 yrs: 53-141
GGT (Gamma Glutamyl Transferase), Serum <i>SZASZ</i>	H 49.30	U/L	0 -45
Total Protein, Serum <i>BIURET</i>	L 6.07	gm/dL	6.4-8.8
Albumin, Serum <i>BCG</i>	3.95	gm/dL	3.5 - 5.2
Globulin, Serum <i>Calculated</i>	2.12	gm/dL	1.9-3.9
A:G ratio <i>Calculated</i>	1.86	%	1.1 - 2.5


Remarks: Kindly correlate clinically

Clinical significance:

Liver function tests measure how well the liver is performing its normal functions of producing protein and clearing bilirubin, a blood waste product. Other liver function tests measure enzymes that liver cells release in response to damage or disease. The hepatic function panel may be used to help diagnose liver disease if a person has signs and symptoms that indicate possible liver dysfunction. If a person has a known condition or liver disease, testing may be performed at intervals to monitor the health of the liver and to evaluate the effectiveness of any treatments. Abnormal tests.





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ISE Electrolytes

Sodium (Na+), Serum	H 145.1	mmol/L	136-145
<i>Indirect Potentiometry</i>			

Clinical significance:-

Sodium is the primary extracellular cation. Hypernatremia (high sodium) is often attributable to excessive loss of sodium-poor body fluids. Hypernatremia is often associated with hypercalcemia and hypokalemia and is seen in liver disease, cardiac failure, pregnancy, burns, and osmotic diuresis. Hypernatremia occurs in dehydration, increased renal sodium conservation in hyperaldosteronism, Cushing syndrome, and diabetic acidosis. Severe hypernatremia may be associated with volume contraction, lactic acidosis, and increased hematocrit.

Potassium (K+), Serum	4.09	mmol/L	3.5 - 5.1
<i>Indirect Potentiometry</i>			


Clinical significance:-

Potassium is the major cation of the intracellular fluid. Disturbance of potassium homeostasis has serious consequences. Decreases in extracellular potassium are characterized by muscle weakness, irritability, and eventual paralysis. Hypokalemia (low potassium) is common in vomiting, diarrhea, alcoholism, and folic acid deficiency. Hyperkalemia may be seen in end-stage renal failure, hemolysis, trauma, Addison disease, metabolic acidosis, acute starvation, dehydration, and with rapid potassium infusion.

Chloride, Serum	102.8	mmol/L	96-106
<i>Direct ISE</i>			

Clinical significance:-

Chloride is the major anion in the extracellular water space. Chloride is increased in dehydration, renal tubular acidosis (hyperchloremia metabolic acidosis), acute renal failure, metabolic acidosis associated with prolonged diarrhea and loss of sodium bicarbonate, diabetes insipidus, adrenocortical hyperfunction, salicylate intoxication, and with excessive infusion of isotonic saline or extremely high dietary intake of salt. Hyperchloremia acidosis may be a sign of severe renal tubular pathology. Chloride is decreased in overhydration, chronic respiratory acidosis, salt-losing nephritis, metabolic alkalosis, congestive heart failure.

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COMPLETE BLOOD COUNT (CBC), Whole Blood EDTA.

Erythrocytes

Hemoglobin 13.0 gm/dL 12.0 - 15.0
Colorimetric method

Red Blood Cells 4.62 million/cmm 4.5 - 5.5
Electrical Impedance method

PCV (Hematocrit) 40.40 % 40 - 50
Calculated Value

MCV(Mean Corpuscular Volume) 87.5 fL 83 - 101
Calculated Value

MCH (Mean Corpuscular Hb) 28.1 Pg 27 - 32
Calculated Value

MCHC (Mean Corpuscular Hb Concentration) 32.1 g/dL 31.5 - 34.5
Calculated Value

Red Cell Distribution Width CV 12.50 % 11.6 - 14.6
Calculated

Leucocytes

WBC -Total Leucocytes Count 7.10 10³ Cells/μL 4.0 - 10.0
Flowcytometry

Differential leucocyte count

Neutrophils 70 % 40 -80
Flowcytometry

Lymphocytes 22 % 20 - 40
Flowcytometry

Monocytes 06 % 2 - 10
Flowcytometry

Eosinophils 02 % 1-6
Microscopy

Basophils 00 % 0-2
Microscopy

Platelets

Platelet Count 404.00 10³/μL 150 - 410
Electrical Impedance method

WBC Morphology Normal


Processed At: UNIT 1 -4,1ST FLOOR,MOHAN MAHAL CHS,THANE,MAHARASHTRA,INDIA



Dr.Namrata Bhanushali M.D (REG NO:2016071822)
Lab Director



MC-5941

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RBC Morphology

Normochromic Normocytic.

Platelets on Smear

Adequate

Thalassaemia Screening

Mentzer Index Formula

19

Index

<13 : Strong suspect of
Thalassaemia.

Calculated

Clinical significance:

CBC is used as a screening tool in the diagnosis or monitoring of many diseases. RBCs, WBCs, and platelets are produced in the bone marrow and released into the peripheral blood. The primary function of the RBC is to deliver oxygen to tissues. WBCs are key components of the immune system. Platelets play a vital role in blood clotting. Abnormal cell counter results are confirmed by peripheral blood smear examination by trained pathologist.

----- End Of Report -----

Processed At: UNIT 1 -4,1ST FLOOR,MOHAN MAHAL CHS,THANE,MAHARASHTRA,INDIA

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