



Dr. Manoj Sachdeva

Consultant Pathologist

Regd.: G-40918

Reg. No : 2306100275 Reg. Date : 13-Jun-2023

Name : LAXMAN R PATIL

Age : 60 Years Sex : Male

Ref. By : Walk in

Location :

Collected On : 13-Jun-2023 05:04

Report Date : 13-Jun-2023

Dispatch At :



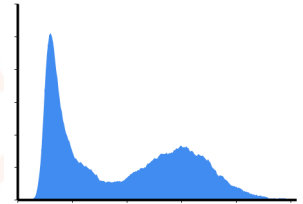
Test	Result	Unit	Reference Interval
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COMPLETE BLOOD COUNT (CBC)

Specimen: EDTA blood

RBC PARAMETERS

Hemoglobin	13.8	g/dL	13.0 - 17.0
RBC Count (Electrical Impedance)	4.85	million/cmm	4.6 - 6.2
HCT	42	%	40 - 54
MCV	86.7	fL	80 - 96
MCH	28.5	Pg	27 - 33
MCHC	32.9	%	32 - 36
RDW	14.3	%	11.6 - 14.4



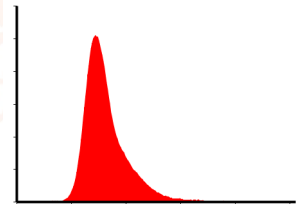
WBC

WBC PARAMETERS

WBC Count	7200	/cmm	4000 - 10000
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DIFFERENTIAL COUNT

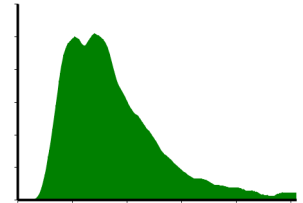
Neutrophils (%)	60	%	38 - 70
Lymphocytes (%)	30	%	20 - 45
Eosinophils (%)	07	%	1 - 4
Monocytes (%)	03	%	2 - 8
Basophils (%)	00	%	0 - 1



RBC

Platelets Parameters

Platelet Count	2,01,000	/cmm	150000 - 450000
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PLT

PERIPHERAL SMEAR EXAMINATION

RBC Morphology	RBC shows normochromic normocytic.		
WBC Morphology	WBC series shows eosinophilia.		
Platelets	Platelets are adequate with normal morphology.		
Parasites	Malarial parasite is not detected.		
AEC, EDTA blood	504	/cmm	20 - 450
Comment	Advice: Serum Ige level		

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Approved by : Dr. Manoj Sachdeva

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DOOR STEP SAMPLE COLLECTION FOR ADDED CONVENIENCE

Approved On : 13-Jun-2023 09:12



SHAGOON STEP IN



RAJMOTI COMPLEX



GURUKUL HEIGHTS



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Parameter	Result	Unit	Biological Reference Interval
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SGOT(Ast)

15

U/L

8 - 38

Reflectance Photometry

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

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SGPT(Alt)

15

U/L

4 - 44

Reflectance Photometry

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Creatinine (Enzymatic)

0.87

mg/dL

0.6 - 1.1

Enzymatic method

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LIPID PROFILE

Specimen: Serum Sample

Cholesterol <i>Cholesterol Oxidase</i>	181	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride <i>Enzymatic Hydrolysis With Lipoprotein lipase(GPO PAP Method)</i>	104	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
HDL Cholesterol <i>Direct Clearance Method</i>	37	mg/dL	Low : < 40 High : > 60
LDL CHOLESTEROL <i>Calculated</i>	123.20	mg/dL	Optimal : < 100.0 Near / above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >190.0
VLDL <i>Calculated</i>	20.80	mg/dL	15 - 35
Cholesterol /HDL Ratio <i>Calculated</i>	4.89		0 - 5.0
LDL / HDL RATIO <i>Calculated</i>	3.33		0 - 3.5

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CRP QUANTITATIVE

Specimen : Serum

Principle : Boronate affinity Chromatography/Turbidatex

C - Reactive Protein (CRP)	7.91	mg/L	<06
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Latex turbidimetry

C- reactive protein (CRP) is one of the acute phase proteins being synthesized by hepatocytes in response to factors released by macrophages and fat cells (adipocytes). It is a member of the pentraxin family of proteins.

The serum concentration of CRP increases during acute stages of diverse diseases associated with inflammation and tissue injury. Elevated CRP has been demonstrated in nearly all bacterial and fungal infections.

In addition, it has been shown to be increased in other diseases as neoplasia, and rheumatic diseases as well as in major surgery.

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URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION

Quantity	20 cc
Colour	Pale Yellow
Clarity	Clear

CHEMICAL EXAMINATION (BY REAGENT STRIP - ELECTRO OPTICAL PHOTOMETRY)

pH	5	4.6 - 8.0
Sp. Gravity	1.020	
Protein	Nil	
Glucose	Nil	
Ketone Bodies	Nil	
Bilirubin	Present	
* URINE UROBILINOGEN	Positive	

CHEMICAL EXAMINATION:

Occult Blood	Absent
Nitrite	Absent

MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)

Pus Cells (Leucocytes)	1 - 2/hpf
Red Cells (Erythrocytes)	Nil
Epithelial Cells	1-2/hpf

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Parameter	Result	Biological Reference Interval
Amorphous Material	Nil	
Casts	Nil	
Crystals	Nil	
Bacteria	Nil	
Monilia	Nil	
T. Vaginalis	Nil	
Spermatozoa	Nil	

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Uric Acid <i>Uricase Peroxidase with Ascorbic acid @546 nm</i>	5.42	mg/dL	3.5 - 7.2

ERYTHROCYTE SEDIMENTATION RATE

ESR (After 1 hour) 01 mm/hr 0 - 19
Modified Westergren Method(Automated)

Interpretation:

1. It indicates presence and intensity of an inflammatory process, never diagnostic of a specific disease. Changes are more significant than a single abnormal test.
2. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis, polymyalgia rheumatica.
3. It is also increased in pregnancy, multiple myeloma, menstruation, and hypothyroidism.

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