



Vijaya Diagnostic Centre

16-11-741/C/C, Beside TITAN Showroom, Dilsukhnagar, Hyderabad.

Helpline : 040-21000000

Email : info@vijayadiagnostic.com

www.vijayadiagnostic.com

LABORATORY TEST REPORT

Regn Date	: 20/10/2020 08:22	Sample Collection	: 20/10/2020 08:27
Name	: MR. DEEKONDA SHREENIVAS	Print Date	: 23/10/2020 18:11
Regn No	: 152044463	Age / Sex	: 77 Years / Male
Ref By	: Dr. CGHS ON PAYMENT	Regn Centre	: Santosh Nagar - 15
Sample Type	: Serum	Ref no.	:

BLOOD UREA NITROGEN (BUN)

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Urea	: 19	Adult : 17 - 43 mg/dL Newborn : 8.4 - 25.8 mg/dL Children : 10.8 - 38.4 mg/dL Infant : 10.8 - 38.4 mg/dL mg/dL
<i>Method : Urease / GLDH</i>		
Blood Urea Nitrogen	: 8.88	8 - 20 mg/dL
<i>Method : Calculation</i>		

Comments / Interpretation :

- In conjunction with S.creatinine, Blood Urea Nitrogen, Urea level aid in differential diagnosis of pre renal, renal and post renal hyperuremia.

CREATININE

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Creatinine	: 0.6	Adult Male : 0.7 - 1.2 mg/dL Neonate : 0.3 - 1.0 mg/dL Infant : 0.2 - 0.4 mg/dL Children : 0.3 - 0.8 mg/dL mg/dL
<i>Method : Jaffe Kinetic IDMS traceable</i>		

Comments / Interpretation :

- Useful in the diagnosis of renal insufficiency and is more specific and sensitive indicator of renal disease than of BUN.
- Use of simultaneous BUN and creatinine levels provide more information in the diagnosis of renal insufficiency.



Certificate # MC-2657

Shabbir

DR.SYED SHABBAR MASHI
CONSULTANT BIOCHEMIST





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Ref By	: Dr. CGHS ON PAYMENT	Regn Centre	: Santosh Nagar - 15
Sample Type	: Fluoride Plasma	Ref no.	:

FASTING PLASMA GLUCOSE (FPG)

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Fasting Plasma Glucose	: 106	Normal : 70-100 mg/dL Impaired Fasting Glucose : 101-125 mg/dL Diabetes : \geq 126 mg/dL

Method : Hexokinase

Comments / Interpretation :

- ADA Guidelines (2019) are adopted for the evaluation of Diabetic Status.



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Sample Type	: Whole Blood - EDTA	Ref no.	:

COMPLETE BLOOD PICTURE (CBP)

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVAL
Haemoglobin <i>Photometric measurement</i>	: 9.9	13.0 - 17.0 g/dL
Total RBC Count <i>Coulter Principle</i>	: 4.00	4.5 - 5.5 millions/cumm
Packed Cell Volume / Hematocrit <i>Calculated</i>	: 30.40	40.0 - 50.0 Vol%
MCV <i>Derived from RBC Histogram</i>	: 75.90	83.0 - 101.0 fl
MCH <i>Calculated</i>	: 24.80	27 - 32 pg
MCHC <i>Calculated</i>	: 32.70	31.5 - 34.5 gm/dL
RDW <i>Derived from RBC Histogram</i>	: 15.2	11.6 - 14.0 %
Total WBC Count <i>Coulter Principle</i>	: 8600	4000 - 10000 Cells/cumm
<u>Differential count</u>		
Neutrophils <i>VCSn Technology & Microscopy</i>	: 70	40 - 80 %
Lymphocytes <i>VCSn Technology & Microscopy</i>	: 17	20 - 40 %
Eosinophils <i>VCSn Technology & Microscopy</i>	: 3	1 - 6 %
Monocytes <i>VCSn Technology & Microscopy</i>	: 9	2 - 10 %
Basophils <i>VCSn Technology & Microscopy</i>	: 1	0 - 2 %
<u>Absolute Leucocyte Count</u>		
Absolute Neutrophil Count <i>Method : Calculation</i>	: 6020	2000 - 7000 Cells/cumm
Absolute Lymphocyte Count <i>Method : Calculation</i>	: 1462	1000 - 3000 Cells/cumm
Absolute Eosinophil Count <i>Method : Calculation</i>	: 258	20 - 500 Cells/cumm
Absolute Monocyte Count <i>Method : Calculation</i>	: 774	200 - 1000 Cells/cumm
Platelet Count <i>Coulter Principle/ Microscopy</i>	: 593000	150000 - 410000 /cumm
<u>Peripheral Smear</u>		



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COMPLETE BLOOD PICTURE (CBP)

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVAL
RBC <i>Microscopy of Leishman stained smear</i>	: Microcytic Hypochromic with anisocytosis	
WBC <i>Microscopy of Leishman stained smear</i>	: Normal in morphology, maturity and distribution	
Platelets <i>Microscopy of Leishman stained smear</i>	: Thrombocytosis	



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B. Pavani

DR.PAVANI B
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ERYTHROCYTE SEDIMENTATION RATE (ESR)

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVAL
Erythrocyte Sedimentation Rate (ESR)	: 73	0 - 20 mm/hr

Method : Automated (Modified Westergren)

Comments / Interpretation :

- ESR is a nonspecific parameter, clinically useful in disorders associated with an increased production of acute phase proteins.
- Elevated in acute and chronic infections and malignancies.
- Extremely high ESR values are seen in multiple myeloma, leukemias, lymphomas, breast and lung carcinomas, rheumatoid arthritis, Systemic Lupus Erythematosus and pulmonary infarction.



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DR.RAVI TEJA J
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Sample Type : Serum Ref no. :

LIVER FUNCTION TEST - A (LFT-A)

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVAL
Total Bilirubin <i>Method : Dichlorophenyl Diazonium Tetrafluoroborate</i>	: 0.4	0.3 - 1.2 mg/dL
Conjugated Bilirubin <i>Method : Dichlorophenyl Diazonium Tetrafluoroborate</i>	: 0.1	Less than 0.2 mg/dL
Unconjugated Bilirubin <i>Method : Dichlorophenyl Diazonium Tetrafluoroborate + Calculation</i>	: 0.3	0.3 - 1.00 mg/dL
ALT/SGPT <i>Method : IFCC, Kinetic</i>	: 13	Male (Adult) : 0 - 50 U/L Newborn/Infant : 13 - 45 U/L U/L
AST/SGOT <i>Method : IFCC, Kinetic</i>	: 19	Male (Adult) : 0 - 50 U/L Newborn : 25 - 75 U/L Infant : 15 - 60 U/L U/L
Alkaline Phosphatase <i>Method : Kinetic PNPP- AMP</i>	: 69	30 - 120 U/L
Total Protein (TP) <i>Method : Biuret</i>	: 7.2	6.6 - 8.3 g/dL
Albumin <i>Method : Bromocresol Green (BCG)</i>	: 3.3	Adult : 3.5 - 5.2 g/dL New Born (0-4 days) : 2.8 - 4.4 g/dL
Globulin <i>Method : Biuret + Bromocresol Green + Calculation</i>	: 3.9	1.8 - 3.6 g/dL
Albumin / Globulin (A/G) Ratio	: 0.8	0.8 - 2.0
Gamma-Glutamyl Transferase (GGT) <i>Method : IFCC, Kinetic</i>	: 18	0 - 55 U/L

Comments / Interpretation :

- Liver function test aid in the diagnosis of various pre hepatic, hepatic & post hepatic causes of dysfunction like hemolytic anemias, viral & alcoholic hepatitis and cholestasis of obstructive causes.
- The test encompasses hepatic excretory, synthetic function and also hepatic parenchymal cell damage.
- LFT helps in evaluating severity, monitoring therapy and assessing prognosis of liver disease and dysfunction.



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