

Test Status Report

Registration Id	: 25241290063	Registration Date	: 07-08-2024 12:51
Patient Name	: Mr.KUNAL NIHALANI	Reporting Date	: 07/08/2024 02:10 PM
Referred By	: Sandeep Shirvalkar Dr	Age/Sex	: 26 Y(s) /Male

List of Pending Tests

Test Name

Tests Out of Range Summary Details

Test	Low	High	Reference Range
CBC Com			
MCHC EDTA Whole Blood		34.9	31.5 - 34.5
Monocytes EDTA Whole Blood		10.2	2 - 10
Cholesterol Total			
Total Cholesterol SERUM		223.00	0 - 200
SGPT			
SGPT SERUM		56.00	0-55 U/L



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VID : 25241290063
Name : Mr.KUNAL NIHALANI
Age / Gender : 26 Y(s) /Male
Ref By : Sandeep Shirvalkar Dr
Client Name : -
Sample Type : SERUM

Registration Date : 07-08-2024 12:51
Collection Date : 07-08-2024 12:59
Reporting Date : 07-08-2024 14:46
Regn Centre : NM PUNE
Processing Lab : NM PUNE
Ref no. : -

CRP (C-Reactive Protein)

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
C Reactive Protein	: 0.17	mg/L	0-5.00

Method : Immunoturbidimetry

Method :Immunoturbidimetry

- C-Reactive Protein (CRP) is an acute phase protein whose concentration rises non-specifically in response to inflammation.
- CRP is seen to increase as a result of the inflammatory process,most notably in response to pneumococcal (bacterial) infection,histolytic disease and a variety of other disease states.
- CRP is used as general diagnostic indicator of infections and inflammation,in addition to siring as a monitor of patient response to pharmacological therapy and surgery.

**Vaishali Dnyaneshwar
More
Verified By**

Dr.Neha Oswal

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No.1124/03/2009**

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Sample Type : EDTA Whole Blood

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CBC			
Test	Result	Unit	Biological Reference Interval
W.B.C. Count <i>Method : Impedance Variation</i>	: 6410	/c.mm	4000 - 10000
R.B.C. Count <i>Method : Impedance Variation</i>	: 5.30	mill/c.mm	4.5 - 5.5
Haemoglobin <i>Method : Spectrophotometry (Cyanide Free)</i>	: 16.2	gm %	13.5 - 18.0
PCV <i>Method : Calculated Parameters</i>	: 46.5	%	40.0 - 50.0
MCV <i>Method : Calculated Parameters</i>	: 87.8	fl	83 - 101
MCH <i>Method : Calculated Parameters</i>	: 30.6	Pg	27 - 32
MCHC <i>Method : Calculated Parameters</i>	: 34.9	g/dl	31.5 - 34.5
RDW <i>Method : Calculated Parameters</i>	: 14.0	%	11.6 - 14.0
Platelet Count <i>Method : Impedance Variation</i>	: 183	10 ^ 3/c.mm	150 - 450
MPV <i>Method : Calculated Parameters</i>	: 9.2	fl	9.0 - 13.0
Neutrophils <i>Method : Microscopy / Cell Counter</i>	: 48.1	%	40 - 80
Absolute Neutrophil Count	: 3083.2	cells/cu.mm	2000-7000
Lymphocytes <i>Method : Microscopy / Cell Counter</i>	: 38.9	%	20 - 40
Absolute Lymphocyte Count	: 2493.5		1000-3000
Monocytes <i>Method : Microscopy / Cell Counter</i>	: 10.2	%	2 - 10
Absolute Monocytes Count	: 653.82	cell/c.mm	200-1000
Eosinophils <i>Method : Microscopy / Cell Counter</i>	: 2.8	%	01 - 06
Absolute Eosinophil Count	: 179.48	/c.mm	20 - 500
Basophils <i>Method : Microscopy / Cell Counter</i>	: 0.0	%	00 - 01

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Sample Type : EDTA Whole Blood

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Microcytes : -
Macrocytes : -
Anisocytosis : -
Poikilocytosis : -
Hypochromia : -
Polychromasia : -
Oval cells : -
Target cells : -
Remarks (CBC) : RBC-Normocytic Normochromic. Platelet- Adequate on smear.

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Client Name : -
Sample Type : SERUM

Registration Date : 07-08-2024 12:51
Collection Date : 07-08-2024 12:59
Reporting Date : 07-08-2024 14:47
Regn Centre : NM PUNE
Processing Lab : NM PUNE
Ref no. : -

Thyroid Function Test

Test	Result	Unit	Biological Reference Interval
T3 (Tri-iodothyronine) <i>Method : CMIA</i>	: 103.62	ng/dl	35-193 Kindly note changes in reference range.
T4 (Thyroxine) <i>Method : CMIA</i>	: 5.7	ug/dl	4.87-11.72 Kindly note changes in reference range.
TSH <i>Method : CMIA</i>	: 2.1	uIU/ML	0.35-4.94 Kindly note changes in reference range.

Reference : TIETZ Fundamentals of Clinical Chemistry.

Interpretation :

1. Decreased values of T3 (T4 and TSH normal) have minimal clinical significance and not recommended for diagnosis of hypothyroidism.
2. Total T3 and T4 values may also be altered in other conditions due to changes in serum proteins or binding sites. Pregnancy, Drugs (Androgens, Estrogens, O C pills, Phenytoin), Nephrosis etc. In such cases Free T3 and Free T4 gives corrected values.
3. Total T3 may decrease by <25 percent in healthy older individuals. -

In cases of primary hypothyroidism, T3 and T4 levels are low and TSH is significantly elevated. In the case of pituitary dysfunction, either due to intrinsic hypothalamic or pituitary disease i.e central hypothyroidism, normal or marginally elevated basal TSH levels are often seen despite significant reduction in T4 and T3 levels. Primary hyperthyroidism (eg: Grave's disease, nodular goiter) is associated with high levels of thyroid hormones and depressed or undetectable levels of TSH. TSH results between 4.5 to 15.0 show considerable physiological & seasonal variation. Suggest clinical correlation or repeat testing with fresh sample.

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Client Name : -
Sample Type : SERUM

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Ref no. : -

Vitamin B 12 Level

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Cobalamin (Vitamin B12) <i>Method : CMIA</i>	: 300.00	pg/mL	187-883 Kindly note changes in reference range.

Note : For Values of Vitamin B12 between 203 - 338 pg/ml(Grey Zone) ,Active B12 is suggested for conclusive diagnosis of Vitamin B12 deficiency.

....

- Vitamin B12 is a cofactor in the synthesis of methionine from homocystiene,is implicated in the formation of myelin and along with folate, is required for DNA synthesis.
- There are a number of conditions that are associated with low serum B12 levels including iron deficiency, normal near-term pregnancy, vegetarianism, partial gastrectomy/ ileal damage, celiac disease, use of oral contraception, parasitic competition, pancreatic deficiency, treated epilepsy and advancing age.

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VID : 25241290063
Name : Mr.KUNAL NIHALANI
Age / Gender : 26 Y(s) /Male
Ref By : Sandeep Shirvalkar Dr
Client Name : -
Sample Type : Urine

Registration Date : 07-08-2024 12:51
Collection Date : 07-08-2024 12:59
Reporting Date : 07-08-2024 16:00
Regn Centre : NM PUNE
Processing Lab : NM PUNE
Ref no. : -

Urine Routine

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>PHYSICAL EXAMINATION</u>			
Quantity	: 20 ML		---
Colour (Urine)	: Pale Yellow		---
Appearance (Urine)	: Slight Hazy		---
Deposit (Urine)	: Absent		---
<u>CHEMICAL EXAMINATION</u>			
pH (Urine)	: 5.0		4.6 - 8.0
<i>Method : Double indicator principle</i>			
Specific Gravity	: 1.020		1.003 - 1.035
<i>Method : Ionic concentration</i>			
Albumin (Urine)	: Trace		Negative
<i>Method : Protein-error-of-indicators principle</i>			
Sugar (Urine)	: Negative		Negative
<i>Method : GOD POD Reflectometric analysis</i>			
Ketone Bodies	: Negative		Negative
<i>Method : Leagals test</i>			
Nitrite (Urine)	: Negative		Negative
<i>Method : Griess test</i>			
Bile Salt (Urine)	: Negative		Negative
<i>Method : Diazonium salt</i>			
Bile Pigment (Urine)	: Negative		Negative
<i>Method : Diazonium salt</i>			
Urobilinogen (Urine)	: Normal		NORMAL
<i>Method : Diazonium salt</i>			
<u>MICROSCOPIC EXAMINATION</u>			
Epithelial Cells (Urine)	: 1-2/hpf		---
Pus Cells (Urine)	: 18-20/hpf		0 - 5 cells/hpf
Red Blood Cells (Urine)	: Absent		0 - 2 cells/hpf
Casts	: Absent		
Crystals	: Absent		
Amorphous Materials (Urine)	: Absent		
Bacteria	: PRESENT(FEW)		
Yeast Cells	: Absent		

Ramjan Salim Jamadar
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Vid : 25241290063
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Age / Gender : 26 Y(s) /Male
Ref By : Sandeep Shirvalkar Dr
Client Name : -
Sample Type : Fluoride Plasma
Registration Date : 07-08-2024 12:51
Collection Date : 07-08-2024 12:59
Reporting Date : 07-08-2024 14:28
Regn Centre : NM PUNE
Processing Lab : NM PUNE
Ref no. : -

Investigation	Observed Value			Reference Range
	Low	Normal	High	
Blood Glucose Fasting <i>Method : Hexokinase/G-6-PDH</i> AS PER ADA GUIDELINES : <u>Fasting plasma Glucose (FPG) :</u> Normal - Less than 100 mg/dL Prediabetic - 100 mg/dl to 125 mg/dl Diabetes - 126 mg/dl or Higher <u>Oral Glucose Tolerance Test (OGTT):</u> Normal - Less than 140 mg/dl Prediabetic - 140 mg/dl to 199 mg/dl Diabetes - 200 mg/dl or Higher <u>Random Plasma Glucose Test :</u> Diabetes is diagnosed at blood sugar of grater than or equal to 200 mg/dl		99.00		70-105 mg/dl
** END OF REPORT **				
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Client Name : -
Sample Type : SERUM

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Investigation	Observed Value			Reference Range	
	Low	Normal	High		
Total Cholesterol <i>Method : Enzymatic</i>			223.00	0 - 200	mg/dl
GGTP <i>Method : L-Gamma-glutamyl-3-carboxy-4-nitranilide as substrate with glycylglycine</i>		51.00		12-64	U/L
Bilirubin (Total) <i>Method : Diazonium Salt (End Point)</i>		0.46		0.2-1.2	mg/dl
Bilirubin (Direct) <i>Method : Diazo Reaction</i>		0.21		0.0-0.5	mg/dl
Bilirubin (Indirect) <i>Method : Calculated</i>		0.25		0.10-1.00	mg/dl
SGOT <i>Method : NADH (without P-5-P)</i>		27.00		5-34 U/L	
SGPT <i>Method : NADH (without P-5-P)</i>			56.00	0-55	U/L
Alkaline Phosphatase <i>Method : Enzymatic p-NPP</i>		87.00		40-150	U/L
** END OF REPORT **					
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Investigation	Observed Value			Reference Range
	Low	Normal	High	
Total Proteins <i>Method : Biuret</i>		7.6		6.40-8.30 gm/dl
Albumin <i>Method : Bromocresol Green</i>		4.7		3.5-5.2 gm/dl
Globulin <i>Method : Calculated</i>		2.90		2.3 - 3.5 gm/dl
A/G Ratio <i>Method : Calculated</i>		1.62		1.10-2.20
Creatinine <i>Method : Alkaline Picrate (Kinetic Jaffe-s Reaction)</i>		0.97		0.60-1.20 mg/dl
BLOOD UREA <i>Method : Calculated</i>		25.68		14.9-40.0 mg/dl
BLOOD UREA NITROGEN <i>Method : Urease, Kinetic</i>		12.00		8.90-20.60 mg/dl
Uric Acid <i>Method : Enzyme Uricase</i>		4.6		3.50-7.20 mg/dl
Calcium <i>Method : Arsenazo III</i>		9.3		8.40-10.20 mg/dl
Phosphorus <i>Method : Phosphomolybdate, UV</i>		4.3		2.3-4.7 mg/dl
Sodium <i>Method : Ion Selective Electrode diluted(Indirect)</i>		140.00		136-145 mEq/L
Potassium <i>Method : Ion Selective Electrode diluted(Indirect)</i>		4.16		3.50-5.10 mEq/L
Chlorides <i>Method : Ion Selective Electrode diluted(Indirect)</i>		107.0		98-107 mEq/L
** END OF REPORT **				
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