

H-2008-0017  
Since June 16, 2008

**Clinical Laboratory Services**  
**Department of Haematology**

Name.	: MRS KULWANTI CHAWLA	Age/Sex.	: 75 Yrs/Female
Registration No.	: 3674784	Ward No.	:
Lab Request No.	: 1126000444	Room No.	:
Episode No.	: OP15728364	Location Type	: Out Patient
Location	: CENTRAL INVESTIGATION CENTRE	Collected On.	: 01 Jan 2026 12:05PM
Referred By	: Dr. Anurag Gupta	Received On	: 01 Jan 2026 12:39PM
Ext. Doctor	:	Reported On	: 01 Jan 2026 01:13PM
Specimen	: Blood	Released by	: Sanyam Barman
Printed On	: 01 Jan 2026 04:43PM		



<u>Investigation</u>	<u>Results</u>	<u>Units</u>	<u>Bio. Ref. Interval</u>	<u>Test Method</u>
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**Complete Blood Count-EDTA BLOOD**

Automated/Microscopy

<u>Cell Counter</u>	Sysmex XN			
Haemoglobin	<b>10.0</b>	g/dl	(12.0-15.0)	SLS Hb Method
TLC	<b>11.54</b>	thous/ul	(4.00-10.00)	Flowcytometry
Platelet Count	302	thous/ul	(150-450)	Impedance / Flowcytometry
PCV	<b>32.4</b>	%	(36.0-46.0)	Cumulative pulse height detection
RBC	<b>3.63</b>	mill/ul	(3.80-4.80)	Impedance
MCV	89.3	fL	(83.0-101.0)	Computed
MCH	27.5	pg	(26.7-31.7)	Computed
MCHC	<b>30.9</b>	g/dl	(31.5-34.5)	Computed
RDW	<b>14.2</b>	%	(11.6-14.0)	Computed
Micro R	2.00	%		Computed
Macro R	3.20	%		Computed

**Differential Leukocyte Count (DLC)**

Fluoroscence Flowcytometry / Manual

Neutrophils	58	%	(40-80)
Lymphocytes	32	%	(20-40)
Eosinophils	3	%	(1-6)
Monocytes	7	%	(2-10)
Basophils	0	%	(0-2)
ANC	6693	/ul	(2000-7000)
ALC	<b>3693</b>	/ul	(1000-3000)
AEC	346	/ul	(20-500)
AMC	808	/ul	(200-1000)
ABC	0	/ul	(0-100)

Please correlate clinically.

----- (END OF REPORT) -----

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H-2008-0017  
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MC - 2194

**Clinical Laboratory Services**  
**Department of Biochemistry**

Name.	: MRS KULWANTI CHAWLA	Age/Sex.	: 75 Yrs/Female
Registration No.	: 3674784	Ward No.	:
Lab Request No.	: 9926000545	Room No.	:
Episode No.	: OP15728364	Location Type	: Out Patient
Location	: CENTRAL INVESTIGATION CENTRE	Collected On.	: 01 Jan 2026 12:05PM
Referred By	: Dr. Anurag Gupta	Received On	: 01 Jan 2026 12:47PM
Ext. Doctor	:	Reported On	: 01 Jan 2026 02:14PM
Specimen	: Blood	Released by	: Dr Krishna Parmar
Printed On	: 01 Jan 2026 04:43PM		

<u>Investigation</u>	<u>Results</u>	<u>Units</u>	<u>Bio. Ref. Interval</u>	<u>Test Method</u>
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**RENAL BIOCHEMICAL PROFILE - COMPLETE, PLASMA(NaF), SERUM**

GLUCOSE RANDOM	80.00	mg/dL	(70.00-160.00)	Hexokinase
BUN	<b>23.40</b>	mg/dL	(8.00-23.00)	Urease UV
CREATININE	<b>1.36</b>	mg/dL	(0.50-0.90)	Jaffe Kinetic (IDMS)
URIC ACID	<b>6.05</b>	mg/dL	(2.40-5.70)	Uricase Assay
CALCIUM	9.90	mg/dL	(8.80-10.20)	Arsenazo-3
PHOSPHOROUS	3.88	mg/dL	(2.50-4.50)	Phosphomolybdate UV
SODIUM	143.00	mmol/L	(136.00-145.00)	ISE (Indirect)
POTASSIUM	4.77	mmol/L	(3.50-5.10)	ISE (Indirect)
CHLORIDE	104.00	mmol/L	(98.00-107.00)	ISE (Indirect)
BICARBONATE	24.00	mmol/L	(22.00-29.00)	PEP Carboxylase, Enzymatic
TOTAL PROTEIN	7.95	gm/dL	(6.40-8.30)	Biuret
ALBUMIN	4.38	gm/dL	(3.50-5.20)	BCG
GLOBULIN	3.57	gm/dL	(1.80-3.60)	Calculated
A/G RATIO	1.23		(2:1)	Calculated
ALKALINE PHOSPHATASE	<b>135.00</b>	IU/L	(35.00-104.00)	Enzymatic Kinetic (PNP)
TOTAL CHOLESTEROL	152.00	mg/dL	(<190.00)	CHOD POD

**COMMENTS:**

A raised Blood Urea Nitrogen (BUN) can be caused by several different conditions, mostly involving the kidneys. Serum creatinine, in conjunction with the BUN, helps to differentiate between these conditions. A normal creatinine does not exclude renal disease as a loss of 50% of renal function is required to increase the creatinine from 1.0 to 2.0 mg/dL.

A high serum uric acid is indicative of gout or renal failure, but it can be affected by several other factors, e.g. diet, drug or alcohol intake, or other disease conditions.

Calcium and phosphorous are major minerals of the body which are involved in the normal functioning of bones and neuromuscular junctions, and in the formation of renal calculi. Sodium and potassium are the major electrolytes of our body, which maintain reciprocal concentrations in the intracellular and the extracellular compartments. In renal failure, calcium and protein levels may decrease, and potassium, phosphorus and cholesterol levels may increase.

Bicarbonate measurements are used in the diagnosis and treatment of disorders associated with changes in body acid - base balance.

PLEASE CORRELATE CLINICALLY OR REPEAT IF REQUIRED WITH FRESH SAMPLE.

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Episode No.	: OP15728364	Location Type	: Out Patient
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Referred By	: Dr. Anurag Gupta	Received On	: 01 Jan 2026 12:47PM
Ext. Doctor	:	Reported On	: 01 Jan 2026 03:00PM
Specimen	: Blood	Released by	: Dr Krishna Parmar
Printed On	: 01 Jan 2026 04:43PM		

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**GLYCOSYLATED Hb (HbA1c) , WHOLE BLOOD (EDTA)**

GLYCOSYLATED Hb.      **6.6**      %      (<5.7)      HPLC (NGSP certified)  
(HbA1c)

**Interpretation as per American Diabetes Association (ADA 2023)**

Glycosylated hemoglobin (HbA1c) estimations are primarily required for the diagnosis and management of diabetes mellitus.

HbA1c reflects the average blood glucose over the preceding 6-8 weeks and is a better indicator of glycemic control for patients of diabetes mellitus on medication.

**HbA1c Criteria**

Non diabetics adults (>=18 years)  
Prediabetes  
Diabetes  
Goal of therapy

**HbA1c in %**

4.0 - 5.6  
5.7 - 6.4  
>= 6.5  
< 7.0

Any condition that shortens erythrocyte survival such as sickle cell disease, pregnancy (second and third trimesters), hemodialysis, recent blood loss or transfusion or erythropoietin will falsely lower HbA1c results regardless of the assay method.

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**Clinical Laboratory Services**  
**Department of Clinical Pathology**

Name.	: MRS KULWANTI CHAWLA	Age/Sex.	: 75 Yrs/Female
Registration No.	: 3674784	Ward No.	:
Lab Request No.	: 7726000052	Room No.	:
Episode No.	: OP15728364	Location Type	: Out Patient
Location	: CENTRAL INVESTIGATION CENTRE	Collected On.	: 01 Jan 2026 12:05PM
Referred By	: Dr. Anurag Gupta	Received On	: 01 Jan 2026 01:12PM
Ext. Doctor	:	Reported On	: 01 Jan 2026 01:33PM
Specimen	: Urine	Released by	: Dr. Meha Gupta
Printed On	: 01 Jan 2026 04:43PM		

<u>Investigation</u>	<u>Results</u>	<u>Units</u>	<u>Bio. Ref. Interval</u>	<u>Test Method</u>
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**Urine Routine Examination By Labumat 2 and Urised 3****Routine**

Appearance	Pale yellow		Physical measurement cell
Urine Type	Clear		Physical measurement cell
pH	6.50	(5.50-7.00)	Acid base indicator method
Specific Gravity	1.013	(1.015 - 1.025)	Physical measurement cell
Protein/Albumin	(+)	(15 mg/dl)	Protein error method
Glucose	Negative	Negative	Glucose oxidase enzyme reaction
Acetone	Negative	Negative	Sodium nitroprusside
Nitrite	Negative	Negative	Griess method

**Microscopic Examination**

RBC	<b>2.80</b>	/hpf	(0.00-2.00)
Puscells	1.40	/hpf	(0.00-5.00)
Epithelial cells	1.00	/hpf	(0.00-5.00)

**Crystals**

Calcium oxalate monohydrate	0.00	/hpf	(0.00-0.99)
Calcium oxalate dihydrate	0.00	/hpf	(0.00-0.99)
Triple phosphate	0.00	/hpf	(0.00-0.99)
Uric acid	0.00	/hpf	(0.00-0.99)
Calcium phosphate	0.00	/hpf	(0.00-0.99)
Cystine crystals	0.00	/hpf	(0.00-0.99)
Leucine crystals	0.00	/hpf	(0.00-0.99)
Tyrosine crystals	0.00	/hpf	(0.00-0.99)
Amorphous urates	0.00	/hpf	(0.00-0.99)
Amorphous phosphate	0.00	/hpf	(0.00-0.99)

**Casts**

Hyaline casts	0.90	/hpf	(0.00-5.00)
Hyaline granular casts	0.00	/hpf	(0.00-0.99)
Granular casts	0.00	/hpf	(0.00-0.99)
RBC casts	0.00	/hpf	(0.00-0.99)
WBC casts	0.00	/hpf	(0.00-0.99)
Micro organisms casts	0.00	/hpf	(0.00-0.99)

**Others**

Yeast cells	0.00	/hpf	(0.00-1.00)
Bacteria Rod	0.80	/hpf	(0.00-80.00)
Bacteria cocci	18.40	/hpf	(0.00-80.00)

**Comments:**

Appearance:- Yellow/Yellow-orange is seen in case of fever, thyrotoxicosis, starvation, acriflavine, urobilin in excess or bilirubin.

Protein:- False Positive results are seen in the patients on quinine or quinoline

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Specimen	: Urine	Released by	: Dr. Meha Gupta
Printed On	: 01 Jan 2026 04:43PM		

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containing drugs.

Acetone:- Drugs and diagnostics on the basis of phenolphthalein or sulphophthalein may turn red to purple because of alkaline reaction.

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Registration No.	: 3674784	Ward No.	:
Lab Request No.	: 9926000545	Room No.	:
Episode No.	: OP15728364	Location Type	: Out Patient
Location	: CENTRAL INVESTIGATION CENTRE	Collected On.	: 01 Jan 2026 12:05PM
Referred By	: Dr. Anurag Gupta	Received On	: 01 Jan 2026 12:47PM
Ext. Doctor	:	Reported On	: 01 Jan 2026 02:05PM
Specimen	: Urine	Released by	: DR. SEEMA BHARGAVA
Printed On	: 01 Jan 2026 04:43PM		

<u>Investigation</u>	<u>Results</u>	<u>Units</u>	<u>Bio. Ref. Interval</u>	<u>Test Method</u>
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**PROTEIN: CREATININE RATIO, URINE RANDOM**

PROTEIN	<b>43.90</b>	mg/dL	(0.00-15.00)	Benzethonium Chloride
CREATININE	54.10	mg/dL	(28.00-217.00)	Jaffe Kinetic (IDMS)
PROTEIN/CREATININE RATIO	<b>0.81</b>		(<0.2)	

----- (END OF REPORT) -----

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