

PATIENT ID : 32D00250168611
PATIENT NAME : MR RAMCHANDRA TODI
REF. BY DOCTOR : CIVIL HOSPITAL
FACILITY NAME : DISTRICT HOSPITAL, THANE
AGE/SEX : 77 YEARS / MALE
SAMPLE COLL. DATE : 13/06/2025 11:44AM
REG. DATE/TIME : 13/06/2025 04:29PM
REPORT DATE/TIME : 13/06/2025 08:26PM
REG. LAB : THANE

BIOCHEMISTRY

Investigation	Result	Units	Bio. Ref. Interval
Serum Blood Urea Sample Type: Serum Method: Urease/ GLDH	: 68.54	mg/dL	10 - 50
BUN-Blood Urea Nitrogen Sample Type: Serum Method: Calculated	: 32.00818	mg/dL	9 - 23

Interpretation:
High BUN levels may be a sign of kidneys failure or damage, High blood pressure, Heart disease.

Serum Creatinine Sample Type: Serum Method: Jaffe'S	: 1.59	mg/dL	0.8 - 1.3
--	---------------	-------	-----------

Interpretation:
An increased level of creatinine may be a sign of poor kidney function, dehydration, muscle problems.

Serum Bilirubin, Total Sample Type: Serum Method: Modified TAB	: 0.37	mg/dL	0.3 - 1.2
---	--------	-------	-----------

Interpretation:
Higher levels of Bilirubin in your blood may indicate your liver damage or disease.

Reference:
Wallach's 11th edition.

Serum Bilirubin, Direct Sample Type: Serum Method: Diazo	: 0.13	mg/dL	< 0.4
Serum Bilirubin, Indirect Sample Type: Serum Method: Calculated	: 0.24	mg/dL	0.0 - 0.9

Interpretation:
Higher levels of Bilirubin in your blood may indicate your liver damage or disease.

Serum Bilirubin, Direct	: 0.13	mg/dL	< 0.4
--------------------------------	--------	-------	-------



Dr. Hrishikesh Chevle
M.D. Pathologist

PATIENT ID : 32D00250168611
PATIENT NAME : MR RAMCHANDRA TODI
REF. BY DOCTOR : CIVIL HOSPITAL
FACILITY NAME : DISTRICT HOSPITAL, THANE

AGE/SEX : 77 YEARS / MALE
SAMPLE COLL. DATE : 13/06/2025 11:44AM
REG. DATE/TIME : 13/06/2025 04:29PM
REPORT DATE/TIME : 13/06/2025 08:26PM

REG. LAB : THANE

BIOCHEMISTRY

Investigation

Sample Type: Serum
Method: Diazo

Result

Units

Bio. Ref. Interval

Serum SGOT

: 8

U/L

< 46

Sample Type: Serum
Method: IFCC
Interpretation:

High levels of SGOT in the bloodstream could be a sign of liver damage, or cell damage in another organ such as the heart or kidneys.

Serum SGPT

: 14

U/L

< 49

Sample Type: Serum
Method: IFCC

Interpretation:

The SGPT blood test is typically used to detect any kind of disease or injury to the heart, kidney, liver, or any particular muscle group. However, this test is most frequently used to detect any problems with the liver.

Serum Alkaline Phosphatase

: 132.77

U/L

80 - 306

Sample Type: Serum
Method: DGKC - SCE

Interpretation:

High levels of Alkaline Phosphatase may indicate liver disease or certain bone disorders.

Serum Total Protein

: 6.13

g/dL

6.0 - 8.0

Sample Type: Serum
Method: Direct Biuret

Interpretation:

Higher levels indicates Chronic inflammation or infection, Multiple myeloma. Lower levels indicates Bleeding, Malnutrition, Nephrotic syndrome, Burns.

Serum Albumin

: 4.07

g/dL

3.2 - 4.6

Sample Type: Serum
Method: Bromocresol green

Interpretation:

Low albumin levels indicates kidney disease, liver disease, inflammation or infections. High albumin levels are usually due to dehydration or severe diarrhea.

Serum Globulin

: 2.06

g/dL

2.0 - 3.5



Dr. Hrishikesh Chevle
M.D. Pathologist

PATIENT ID : 32D00250168611
PATIENT NAME : MR RAMCHANDRA TODI
REF. BY DOCTOR : CIVIL HOSPITAL
FACILITY NAME : DISTRICT HOSPITAL, THANE

AGE/SEX : 77 YEARS / MALE
SAMPLE COLL. DATE : 13/06/2025 11:44AM
REG. DATE/TIME : 13/06/2025 04:29PM
REPORT DATE/TIME : 13/06/2025 08:26PM

REG. LAB : THANE

BIOCHEMISTRY

Investigation

Sample Type: Serum
Method: Calculated

Result

Units

Bio. Ref. Interval

Serum Total Cholesterol

: 117.78

mg/dL

Desirable: <= 200
Borderline high risk: 200-240
High Risk: >240

Sample Type: Serum
Method: CHOD PAP

Interpretation:

High cholesterol estimate risk of heart attacks and other forms of heart disease and diseases of the blood vessels.

Serum Triglycerides

: 102.4

mg/dL

60 - 165

Sample Type: Serum
Method: GPO-TOPS

Interpretation:

High triglycerides can indicate Type 2 diabetes, Metabolic syndrome, hypothyroidism, rare genetic conditions.

Serum VLDL-Cholesterol

: 20.48

mg/dL

10 - 35

Sample Type: Serum
Method: Calculated

Interpretation:

A high VLDL cholesterol level may be associated with a higher risk for heart disease and stroke .

Serum HDL-Cholesterol

: 46.88

mg/dL

35 - 80

Sample Type: Serum
Method: Selective Inhibition

Interpretation:

High-density lipoprotein (HDL) cholesterol is known as the "good" cholesterol because it helps remove other forms of cholesterol from bloodstream. Higher levels of HDL cholesterol are associated with a lower risk of heart disease .

Serum Uric Acid

: 6.68

mg/dL

3.5 - 7.2

Dr. Hrishikesh Chevle
M.D. Pathologist

PATIENT ID : 32D00250168611
PATIENT NAME : MR RAMCHANDRA TODI
REF. BY DOCTOR : CIVIL HOSPITAL
FACILITY NAME : DISTRICT HOSPITAL, THANE

AGE/SEX : 77 YEARS / MALE
SAMPLE COLL. DATE : 13/06/2025 11:44AM
REG. DATE/TIME : 13/06/2025 04:29PM
REPORT DATE/TIME : 13/06/2025 08:26PM

REG. LAB : THANE

BIOCHEMISTRY

Investigation

Sample Type: Serum
Method: Uricase PAP

Result

Units

Bio. Ref. Interval

Interpretation:

High levels of uric acid indicated Acidosis, Alcohol consumption, Chemotherapy, Dehydration, Hypothyroidism, Leukemia, Obesity, Vitamin B12 deficiency.

Serum CPK-MB

: 24

U/L

< 25

Sample Type: Serum
Method: Immunoinhibition
Interpretation:

Increased in, Malignant hyperthermia, uremia, brain infarction or anoxia, Reyes syndrome, necrosis of the intestine, various metastatic neoplasms, and biliary atresia.

- Sample Type : Serum.
- Method: Immunoinhibition (Fully Automated Biochemistry Analyzer).

Glycosylated Haemoglobin(HbA1C)

: 9.2

%

Non Diabetic: Below 5.7 %
Pre Diabetic: 5.7-6.4 %
Diabetic: >=6.5 %
Unsatisfactory: 8.0-10 %
Poor Control: >10 %

Sample Type: EDTA Whole blood.

Method: HPLC.

Mean Blood Glucose

: 217.34

mg/dL

Method : Calculated from HbA1C Values.

Interpretation:

1. HbA1C is used for monitoring Diabetic Control. It reflects the estimated average glucose (e AG).
2. HbA1C has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2018 for diagnosis of low glycated hemoglobin (below 4%) in a Non-Diabetic individual are often associated with systemic inflammatory diseases.

Note:

Hb F higher than 10% of total Hb may yield falsely low results. Conditions that shorten red cell survival, such as presence of unstable hemoglobin like Hb, CC or the causes of hemolytic anemia may yield falsely low result. Iron deficiency anemia may yield falsely high results.

Reference: ADA 2018.



Dr. Hrishikesh Chevle
M.D. Pathologist

PATIENT ID	: 32D00250168611		REG. LAB : THANE
PATIENT NAME	: MR RAMCHANDRA TODI	AGE/SEX	: 77 YEARS / MALE
REF. BY DOCTOR	: CIVIL HOSPITAL	SAMPLE COLL. DATE	: 13/06/2025 11:44AM
FACILITY NAME	: DISTRICT HOSPITAL, THANE	REG. DATE/TIME	: 13/06/2025 04:29PM
		REPORT DATE/TIME	: 13/06/2025 08:26PM

BIOCHEMISTRY

Investigation

Result

Units

Bio. Ref. Interval

--End Of Report--



Dr. Hrishikesh Chevle
M.D. Pathologist

PATIENT ID : 32D00250168611
PATIENT NAME : MR RAMCHANDRA TODI
REF. BY DOCTOR : CIVIL HOSPITAL
FACILITY NAME : DISTRICT HOSPITAL, THANE
AGE/SEX : 77 YEARS / MALE
SAMPLE COLL. DATE : 13/06/2025 11:44AM
REG. DATE/TIME : 13/06/2025 04:29PM
REPORT DATE/TIME : 13/06/2025 08:26PM
REG. LAB : THANE

RHEUMATOID FACTOR(QUANTITATIVE)

<u>Investigation</u>	<u>Result</u>	<u>Units</u>	<u>Bio. Ref. Interval</u>
Rheumatoid Factor (RA)	: 1.2	IU/mL	Upto 20
Sample Type: Serum			
Method: Quantitative Turbidimetric			
Interpretation:			
Higher levels of RF indicates Hepatitis C, Dermatomyositis and polymyositis, Mixed connective tissue disease.			

--End Of Report--



Dr. Hrishikesh Chevle
M.D. Pathologist

PATIENT ID : 32D00250168611
PATIENT NAME : MR RAMCHANDRA TODI
REF. BY DOCTOR : CIVIL HOSPITAL
FACILITY NAME : DISTRICT HOSPITAL, THANE

AGE/SEX : 77 YEARS / MALE
SAMPLE COLL. DATE : 13/06/2025 11:44AM
REG. DATE/TIME : 13/06/2025 04:29PM
REPORT DATE/TIME : 13/06/2025 08:26PM

REG. LAB : THANE

COMPLETE BLOOD COUNT

Investigation	Result	Units	Bio. Ref. Interval
Hemoglobin (Hb)	: 13.9	gm/dl	13.0 - 17.0
Total RBC Count	: 4.87	Millions/Cumm	4.5 - 5.5
PCV	: 43.3	%	40 - 50
MCV	: 88.9	fL	83 - 101
MCH	: 28.6	Pg	27 - 32
MCHC	: 32.1	g/dL	31.5 - 34.5
RDW-CV	: 14.3	%	11.6 - 14.0
Total Leucocyte Count(TLC)	: 11580	Cells/Cumm	4000 - 10000

DIFFERENTIAL COUNT

Polymorphs	: 67.9	%	40 - 80
Lymphocytes	: 21.8	%	20 - 40
Monocytes	: 7.4	%	2 - 10
Eosinophils	: 2.5	%	1 - 6
Basophils	: 0.4	%	0 - 2
Platelet Count	: 2.74	Lakhs/Cumm	1.5 - 4.1

- Sample Type: EDTA Whole Blood.
- Method: Fully automated Hematology analyzer.
- Hb: Colorimetric, Total WBC: Impedence, Diff count: Calculated.RBC: Impedence
- HCT,MCV,MCHC,RDW-CV calculated. Platelets: Impedence Method.

--End Of Report--



Dr. Hrishikesh Chevle
M.D. Pathologist