Patient Name	: Mr.GAUTHAM SHYAM	Collected	: 19/Sep/2024 09:49AM
Age/Gender	: 7 Y 7 M 21 D/M	Received	: 19/Sep/2024 10:50AM
UHID/MR No	: APJ1.0027763443	Reported	: 19/Sep/2024 11:53AM
Visit ID	: CMAROPV863774	Status	: Final Report
Ref Doctor	: Dr.OBUL REDDY	Centre Name	: ONEHUB MARATHALLI

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , *WHOLE BLOOD EDTA*				
HAEMOGLOBIN	**10.7**	g/dL	11.5-15.5	Spectrophotometer
PCV	**29.60**	%	35-45	Electronic pulse & Calculation
RBC COUNT	**3.65**	Million/cu.mm	4.0-5.2	Electrical Impedence
MCV	80.9	fL	77-95	Calculated
MCH	29.3	pg	25-33	Calculated
MCHC	36.2	g/dL	31-37	Calculated
R.D.W	13.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	**2,560**	cells/cu.mm	5000-13000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	**71.9**	%	40-62	Electrical Impedance
LYMPHOCYTES	21.2	%	20-38	Electrical Impedance
EOSINOPHILS	**0.2**	%	2-8	Electrical Impedance
MONOCYTES	5.9	%	4-8	Electrical Impedance
BASOPHILS	0.8	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	**1840.64**	Cells/cu.mm	2000-8000	Calculated
LYMPHOCYTES	**542.72**	Cells/cu.mm	1000-5000	Calculated
EOSINOPHILS	**5.12**	Cells/cu.mm	100-1000	Calculated
MONOCYTES	**151.04**	Cells/cu.mm	200-1000	Calculated
BASOPHILS	20.48	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	3.39		0.78- 3.53	Calculated
PLATELET COUNT	280000	cells/cu.mm	170000-450000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	12	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

Methodology	:	Microscopic
RBC	:	Normocytic Normochromic
WBC	:	Decreased in number with mild increase in neutrophils.
Platelets	:	Adequate in Number
Parasites	:	No Haemoparasites seen

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M.B.B.S,MD(Pathology)
Consultant Pathologist

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DEPARTMENT OF HAEMATOLOGY

IMPRESSION	:	Normocytic normochromic blood picture with leucopenia.
Note/Comment	:	Please Correlate clinically

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) WITH GGT , *SERUM*				
BILIRUBIN, TOTAL	0.31	mg/dL	0.20-1.20	Colorimetric
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.21	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	**13.34**	U/L	21-72	UV with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	28.2	U/L	17-59	UV with P-5-P
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	**2.1**		<1.15	Calculated
ALKALINE PHOSPHATASE	115.15	U/L	30-300	p-nitrophenyl phosphate
PROTEIN, TOTAL	6.31	g/dL	6.3-8.2	Biuret
ALBUMIN	3.80	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.51	g/dL	2.0-3.5	Calculated
A/G RATIO	1.51		0.9-2.0	Calculated
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT)	**9.38**	U/L	15-73	Glyclyclycine Nitoranalide

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin) Common patterns seen:

1. Hepatocellular Injury:

*AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries. *ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. Disproportionate increase in AST, ALT compared with ALP. AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex. *Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:

*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.

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DEPARTMENT OF BIOCHEMISTRY

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Interval	Method
C-REACTIVE PROTEIN CRP (QUANTITATIVE) , *SERUM*	7.34	mg/L	<10.0	IMMUNOENZYMATIC

Comment:

C-reactive protein (CRP) is one of the most sensitive acute-phase reactants for inflammation. Measuring changes in the concentration of CRP provides useful diagnostic information about the level of acuity and severity of a disease. Unlike ESR, CRP levels are not influenced by hematologic conditions such as anemia, polycythemia etc.

Increased levels are consistent with an acute inflammatory process. After onset of an acute phase response, the serum CRP concentration rises rapidly (within 6-12 hours and peaks at 24-48 hours) and extensively.Concentrations above 100 mg/L are associated with severe stimuli such as major trauma and severe infection (sepsis).

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Age/Gender	: 7 Y 7 M 21 D/M	Received	: 19/Sep/2024 10:51AM
UHID/MR No	: APJ1.0027763443	Reported	: 19/Sep/2024 12:24PM
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DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
VITAMIN D (25 - OH VITAMIN D) , *SERUM*	**27.37**	ng/mL	30 -100	CLIA

Comment:

BIOLOGICAL REFERENCE RANGES

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements. Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

Decreased Levels:

Inadequate exposure to sunlight.
Dietary deficiency.
Vitamin D malabsorption.
Severe Hepatocellular disease.
Drugs like Anticonvulsants.
Nephrotic syndrome.

Increased levels:

Vitamin D intoxication.

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UHID/MR No	: APJ1.0027763443	Reported	: 19/Sep/2024 02:22PM
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DEPARTMENT OF SEROLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
DENGUE NS1 ANTIGEN , *SERUM*	**109.01**	INDEX	<1	ELISA with Fluorescent Detection

Comment:

RESULT (Dengue NS1 Antigen)	INTERPRETATION
<1 INDEX	NEGATIVE
≥1 INDEX	POSITIVE

This is only a screening test and will only indicate the presence or absence of Dengue NS1 antigen in the specimen. All reactive samples should be confirmed by confirmatory test.
Results should be interpreted after taking into consideration the patient's clinical history and symptomatology. False positive results can be obtained due to cross reaction with Murray Valley and encephalitis, Japanese encephalitis, yellow fever and West Nile viruses

Test Name	Result	Unit	Bio. Ref. Interval	Method
DENGUE IgM ANTIBODIES , *SERUM*	0.06	INDEX	<1	ELISA with Fluorescent Detection

Comment:

RESULT (Dengue IgM Antibodies)	INTERPRETATION
<1 INDEX	NEGATIVE
≥1 INDEX	POSITIVE

This is only a screening test and indicates presence or absence of Dengue antibodies in the specimen. All positive samples should be confirmed by confirmatory test.
Results should be interpreted after taking into consideration the patient's clinical history and symptomatology. False positive results can be obtained due to cross reaction with Epstein-Barr virus, RA, Leptospira, Malaria, Hepatitis-A, Influenza A& B, S. typhi, Japanese encephalitis, West Nile virus disease. Immunosuppressive treatments may induce negative IgM results in Dengue patients.

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DEPARTMENT OF SEROLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
DENGUE IGG/IGM ANTIBODIES - RAPID , *SERUM*				
DENGUE IgG ANTIBODIES	NON REACTIVE		NON REACTIVE	ICT
DENGUE IgM ANTIBODIES	NON REACTIVE		NON REACTIVE	ICT

Comment:
This is a Rapid immunochromatography method. Advised to confirm by ELISA, if positive.

***** End Of Report *****

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TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies.
Laboratories not be responsible for any interpretation whatsoever.
It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen.
The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient.
Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received.
This report is not valid for medico legal purposes.

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