

**Client****Marwah Hospitals Muzaffarnagar**

Pathkind labs

Anand Hospital, 272, Bopa Road Opposite Gandhi Polytechnic

**Processed By****Pathkind labs**

Anand Hospital, 272, Bopa Road Opposite Gandhi Polytechnic

Muzaffarnagar, UP- 251001, Contact No.7827949725

<b>Name</b>	: Mrs. DUMMY PL95	Billing Date	: 11/12/2020 13:47:40
Age	: 28 Yrs	Sample Collected on	: 11/12/2020 13:58:48
Sex	: Female	Sample Received on	: 11/12/2020 16:02:53
P. ID No.	: P11088221	Report Released on	: 11/12/2020 16:06:44
<b>Accession No</b>	: <b>11082000004289</b>	Barcode No.	: 1108000155
Referring Doctor	: Dr. Geetika Marwah		
Referred By	:	Ref no.	:

**Report Status - Final**

Test Name	Result	Biological Ref. Interval	Unit
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**HAEMATOLOGY****Surgical Profile****Complete Blood Count (CBC)**

<b>Haemoglobin (Hb)</b> <i>Sample: Whole Blood EDTA</i> <i>Method: Photometric measurement</i>	12.4	12.0 - 15.0	gm/dL
<b>Total WBC Count / TLC</b> <i>Sample: Whole Blood EDTA</i> <i>Method: Impedance</i>	7.0	4.0 - 10.0	thou/ $\mu$ L
<b>RBC Count</b> <i>Sample: Whole Blood EDTA</i> <i>Method: Impedance</i>	<b>6.7 H</b>	3.8 - 4.8	million/ $\mu$ L
<b>PCV / Hematocrit</b> <i>Sample: Whole Blood EDTA</i> <i>Method: Impedance</i>	41.0	36.0 - 46.0	%
<b>MCV</b> <i>Sample: Whole Blood EDTA</i> <i>Method: Calculated</i>	<b>62.0 L</b>	83.0 - 101.0	fL
<b>MCH</b> <i>Sample: Whole Blood EDTA</i> <i>Method: Calculated</i>	<b>18.6 L</b>	27.0 - 32.0	pg
<b>MCHC</b> <i>Sample: Whole Blood EDTA</i> <i>Method: Calculated</i>	<b>30.2 L</b>	31.5 - 34.5	g/dL
<b>RDW (Red Cell Distribution Width)</b> <i>Sample: Whole Blood EDTA</i> <i>Method: Calculated</i>	15.3	11.9 - 15.5	%
<b><u>DLC (Differential Leucocyte Count)</u></b> <i>Method: Flowcytometry/Microscopy</i>			
<b>Neutrophils</b> <i>Sample: Whole Blood EDTA</i> <i>Method: VCS Technology &amp; Microscopy</i>	67	40 - 80	%

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<b>Lymphocytes</b> <i>Sample: Whole Blood EDTA</i> <i>Method: VCS Technology &amp; Microscopy</i>	29	20 - 40	%
<b>Eosinophils</b> <i>Sample: Whole Blood EDTA</i> <i>Method: VCS Technology &amp; Microscopy</i>	01	01 - 06	%
<b>Monocytes</b> <i>Sample: Whole Blood EDTA</i> <i>Method: VCS Technology &amp; Microscopy</i>	03	02 - 10	%
<b>Basophils</b> <i>Sample: Whole Blood EDTA</i> <i>Method: VCS Technology &amp; Microscopy</i>	00	00 - 02	%
<b>Absolute Neutrophil Count</b> <i>Sample: Whole Blood EDTA</i>	4690	2000 - 7000	/μL
<b>Absolute Lymphocyte Count</b> <i>Sample: Whole Blood EDTA</i>	2030	1000 - 3000	/μL
<b>Absolute Eosinophil Count</b> <i>Sample: Whole Blood EDTA</i>	70	20 - 500	/μL
<b>Absolute Monocyte Count</b> <i>Sample: Whole Blood EDTA</i>	210	200 - 1000	/μL
<b>Absolute Basophil Count</b> <i>Sample: Whole Blood EDTA</i>	00 L	20 - 100	/μL
<b>DLC Performed By</b> <i>Sample: Whole Blood EDTA</i>	EDTA Smear		
<b>Platelet Count</b> <i>Sample: Whole Blood EDTA</i> <i>Method: Impedance</i>	263	150 - 410	thou/μL
<b>MPV (Mean Platelet Volume)</b> <i>Sample: Whole Blood EDTA</i> <i>Method: Calculated</i>	10.1	6.8 - 10.9	fL

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**Blood Group****Blood Grouping**

Sample: Whole Blood EDTA

"A"

**Rh (D) Typing**

Sample: Whole Blood EDTA

POSITIVE

**Bleeding Time (BT) & Clotting Time (CT)**

Method: Method:Duke's/Ivy's

**BT (Bleeding Time)**

Sample: Cappillary Blood

Method: Duke's

2:30

1-3

min-sec.

**CT (Clotting Time)**

Sample: Cappillary Blood

Method: Ivy's

4:45

2-7

min-sec.

**BIOCHEMISTRY****Glucose Random**

Sample: Fluoride Plasma - R

Method: Hexokinase

97

Normal : 70-140

mg/dL

Impaired Glucose Tolerance : 141-199

Diabetes : &gt;200

**Blood Urea****Blood Urea Nitrogen (BUN)**

Sample: Serum

Method: Spectrophotometry-Urease / GLDH

10.98

7.00 - 18.69

mg/dL

**Urea**

Sample: Serum

Method: Urease/GLDH

23.50

15.00 - 40.00

mg/dL

**Creatinine**

Sample: Serum

Method: Spectrophotometry Alkaline Picrate

0.79

0.60 - 1.10

mg/dL

**TSH 3rd Generation**

Sample: Serum

Method: ECLIA

**6.020 H**

0.270 - 4.200

μIU/mL

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**SEROLOGY****HIV Antibody, Rapid Card**

Sample: Serum

Method: Immunodot Assay

Non Reactive

Non Reactive

**Hepatitis B Surface Antigen (HBsAg) Rapid Card**

Sample: Serum

Method: Immunochromatography

Non Reactive

Non Reactive

**Please note that while rapid test is a sensitive and reliable screening test, it should not be used as a sole criterion for diagnosis. It is recommended to use molecular testing (PCR) for confirmation.**

**Hepatitis C Antibody (HCV), Rapid Card**

Sample: Serum

Method: Immunodot Assay

Non Reactive

Non Reactive

**Haemoglobin (Hb)****Clinical Significance :**

Hemoglobin is the iron containing protein molecule in red blood cells that carries oxygen from the lungs to the body's tissues and returns carbon dioxide from the tissues back to the lungs. Decrease in Hemoglobin levels results in anaemia and very high Hemoglobin levels results in hemochromatosis.

**PCV / Hematocrit****Clinical Significance :**

Hemoglobin is the iron containing protein molecule in red blood cells that carries oxygen from the lungs to the body's tissues and returns carbon dioxide from the tissues back to the lungs. Decrease in Hemoglobin levels results in anaemia and very high Hemoglobin levels results in hemochromatosis. Hematocrit or Packed cell volume (PCV) is the proportion of blood volume occupied by red blood cells and is typically about three times the hemoglobin concentration.

**Platelet Count**

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Clinical Significance :

Platelets or thrombocytes are a cellular component of blood whose function is to stop bleeding by clumping or clotting blood vessel injuries. Low platelet count, also known as Thrombocytopenia, can be either due to less production or increased destruction of platelets. High platelet count or Thrombocytosis can be due to unregulated production, secondary to congenital, reactive or neoplastic conditions.

**Complete Blood Count (CBC)**Clinical Significance :

CBC comprises of estimation of the cellular components of blood including RBCs, WBCs and Platelets. Mean corpuscular volume (MCV) is a measure of the size of the average RBC, MCH is a measure of the hemoglobin content of the average RBC and MCHC is the hemoglobin concentration per RBC. The red cell distribution width (RDW) is a measure of the degree of variation in RBC size (anisocytosis) and is helpful in distinguishing between some anemias. CBC examination is used as a screening tool to confirm a hematologic disorder, to establish or rule out a diagnosis, to detect an unsuspected hematologic disorder, or to monitor effects of radiation or chemotherapy. Abnormal results may be due to a primary disorder of the cell-producing organs or an underlying disease. Results should be interpreted in conjunction with the patient's clinical picture and appropriate additional testing performed.

**Bleeding Time (BT) & Clotting Time (CT)**Clinical Significance :

Bleeding time is a laboratory test to assess platelet function and the body's ability to form a clot. The test involves making a puncture wound in a superficial area of the skin and monitoring the time needed for bleeding to stop. Clotting time is the time required for a sample of blood to coagulate in vitro under standard conditions.

**Blood Urea Nitrogen (BUN)**Clinical Significance :

Increased blood urea nitrogen (BUN) may be due to prerenal causes (cardiac decompensation, water depletion due to decreased intake and excessive loss, increased protein catabolism, and high protein diet), renal causes (acute glomerulonephritis, chronic nephritis, polycystic kidney disease, nephrosclerosis, and tubular necrosis) and postrenal causes (eg, all types of obstruction of the urinary tract, such as stones, enlarged prostate gland, tumors).

**Creatinine**

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Clinical Significance :

Serum creatinine is inversely correlated with glomerular filtration rate (GFR). Increased levels of Serum Creatinine is associated with renal dysfunction.

**TSH 3rd Generation**Clinical Significance :

TSH levels are elevated in primary hypothyroidism and low in primary hyperthyroidism. Evaluation of TSH is useful in the differential diagnosis of primary from secondary and tertiary hypothyroidism. In primary hypothyroidism, TSH levels are elevated, while in secondary and tertiary hypothyroidism, TSH levels are low or normal. High TSH level in the presence of normal FT4 is called subclinical hypothyroidism and low TSH with normal FT4 is called subclinical hyperthyroidism. Sick, hospitalized patients may have falsely low or transiently elevated TSH. Significant diurnal variation is also seen in TSH levels.

**Guidelines for TSH levels in pregnancy, as per American Thyroid Association, are as follows:**

PREGNANCY TRIMESTER	BIOLOGICAL REFERENCE INTERVAL	UNIT
FIRST TRIMESTER	0.100 - 2.500	μIU/mL
SECOND TRIMESTER	0.200 - 3.000	μIU/mL
THIRD TRIMESTER	0.300 - 3.000	μIU/mL

**HIV Antibody, Rapid Card**Clinical Significance :

HIV Rapid test is a qualitative test used to screen for antibodies against HIV 1 and 2 viruses. As per NACO guidelines, all positive samples should be tested by using 3 different types of kits before report is released.

**Hepatitis B Surface Antigen (HBsAg)**Clinical Significance :

Hepatitis B surface antigen (HBsAg) is the first serologic marker appearing in the serum at 6 to 16 weeks following exposure to HBV. In acute infection, HBsAg usually disappears in 1 to 2 months after the onset of symptoms. Persistence of HBsAg for more than 6 months in duration indicates development of either a chronic carrier state or chronic HBV infection.



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In case of negative results:

Please note that while rapid test is a sensitive and reliable screening test, it should not be used as a sole criterion for diagnosis. It is recommended to use molecular testing (PCR) for confirmation.

In case of positive results:

The test has been performed on two different rapid technologies. Please note that while rapid test is a sensitive and reliable screening test, it should not be used as a sole criterion for diagnosis. It is recommended to use molecular testing (PCR) for confirmation.

**Hepatitis C Antibody (HCV), Rapid Card**Clinical Significance :

HCV rapid test is a qualitative test used to screen for antibodies against Hepatitis C Virus.

In case of negative results:

Please note that while rapid test is a sensitive and reliable screening test, it should not be used as a sole criterion for diagnosis. It is recommended to use molecular testing (PCR) for confirmation.

In case of positive results:

The test has been performed on two different rapid technologies. Please note that while rapid test is a sensitive and reliable screening test, it should not be used as a sole criterion for diagnosis. It is recommended to use molecular testing (PCR) for confirmation.

**\*\* End of Report\*\*****Dr. Kalpana Goyal**MD (Pathology)  
Pathologist

11082000004289 Mrs. DUMMY PL95



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HEART	Lipid Profile	Lipid Profile with Direct LDL	Lipid Profile with Direct LDL
DIABETES	FBS, HbA1c	FBS, HbA1c, Microalbumin	FBS, HbA1c, Microalbumin
KIDNEY	BUN, Creatinine, Bun/Creatinine Ratio, Electrolytes, Uric Acid, Urine R/E	BUN, Creatinine, BUN/Creatinine Ratio, Electrolytes, Uric Acid, Urine R/E	BUN, Creatinine, BUN/Creatinine Ratio, Electrolytes, Uric Acid, Urine R/E
BONES	Vitamin D, Calcium	Vitamin D, Calcium, Phosphorus	Vitamin D, Calcium, Phosphorus, Rheumatoid Factor
THYROID	T3, T4, TSH	T3, T4, TSH	FT3, FT4, TSH
NERVES	Vitamin B12	Vitamin B12	Vitamin B12
LIVER	Bilirubin (Total, Direct, Indirect), SGOT, SGPT, ALP, Protein, Albumin, Globulin, A:G Ratio, HBsAg	Bilirubin (Total, Direct, Indirect), SGOT, SGPT, ALP, GGT, LDH, Protein, Albumin, Globulin, A:G Ratio, HBsAg	Bilirubin (Total, Direct, Indirect), SGOT, SGPT, ALP, GGT, LDH, Protein, Albumin, Globulin, A:G Ratio, HBsAg
ANAEMIA	Iron, TIBC, UIBC, % Saturation	Iron, TIBC, UIBC, % Saturation, Ferritin	Iron, TIBC, UIBC, % Saturation, Ferritin, Folic Acid
INFECTION	CBC, ESR	CBC, ESR	CBC, ESR

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