



**Yash M. Patel**

Age : 21 Years

Sex : Male

PID : 555



**Sample Collected At:**

125, Shivam Bungalow, S G Road,  
Mumbai

Ref. By: **Dr. Hiren Shah**



Registered on: 02:31 PM 02 Dec, 2X

Collected on: 03:11 PM 02 Dec, 2X

Reported on: 04:35 PM 02 Dec, 2X

## Complete Blood Count (CBC) with Absolute Count

Investigation	Result	Reference Value	Unit
Primary Sample Type :	Blood		
<b>HEMOGLOBIN</b>			
Hemoglobin (Hb)	12.5	Low 13.0 - 17.0	g/dL
<b>RBC COUNT</b>			
Total RBC count	5.2	4.5 - 5.5	mill/cumm
<b>BLOOD INDICES</b>			
Packed Cell Volume (PCV)	57.5	High 40 - 50	%
Mean Corpuscular Volume (MCV) Calculated	87.75	83 - 101	fL
MCH Calculated	27.2	27 - 32	pg
MCHC Calculated	32.8	32.5 - 34.5	g/dL
RDW	13.6	11.6 - 14.0	%
<b>WBC COUNT</b>			
Total WBC count	9000	4000-11000	cumm
<b>DIFFERENTIAL COUNT</b>			
Neutrophils	60	50 - 62	%
Lymphocytes	31	20 - 40	%
Eosinophils	1	00 - 06	%
Monocytes	7	00 - 10	%
Basophils	1	00 - 02	%
<b>ABSOLUTE COUNT</b>			
Absolute Neutrophils	6000	1500 - 7500	cells/mcL
Absolute Lymphocytes	3100	1300 - 3500	cells/mcL
Absolute Eosinophils	100	00 - 500	cells/mcL
Absolute Monocytes	700	200 - 950	cells/mcL
Absolute Basophils	100	00 - 300	cells/mcL
<b>PLATELET COUNT</b>			
Platelet Count	320000	150000 - 410000	cumm

**Instruments:** Fully automated cell counter - Mindray 300

Thanks for Reference

\*\*\*\*End of Report\*\*\*\*

**Medical Lab Technician**

(DMLT, BMLT)

**Dr. Payal Shah**

(MD, Pathologist)

**Dr. Vimal Shah**

(MD, Pathologist)





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## LIVER FUNCTION TEST (LFT)

Investigation	Result	Reference Value	Unit
Primary Sample Type :	Serum		
<b>AST (SGOT)</b> IFCC without P5P	16.00	15.00 - 40.00	U/L
<b>ALT (SGPT)</b> IFCC without P5P	<b>100.50</b>	10.00 - 49.00	U/L
<b>AST:ALT Ratio</b> Calculated	0.50	<1.00	
<b>GGTP</b> IFCC	10.20	0 - 73	U/L
<b>Alkaline Phosphatase (ALP)</b> IFCC-AMP	<b>15.40</b>	30.00 - 120.00	U/L
<b>Bilirubin Total</b> DPD	0.60	0.30 - 1.20	mg/dL
<b>Bilirubin Direct</b> DPD	0.10	<0.3	mg/dL
<b>Bilirubin Indirect</b> Calculated	0.10	<1.10	mg/dL
<b>Total Protein</b> Biure	6.39	5.70 - 8.20	g/dL
<b>Albumin</b> BCG	2.00	3.20 - 4.80	g/dL
<b>A : G Ratio</b> Calculated	0.10	0.90 - 2.00	

### Note :

1. In an asymptomatic patient, Non alcoholic fatty liver disease (NAFLD) is the most common cause of increased AST, ALT levels. NAFLD is considered as hepatic manifestation of metabolic syndrome.
2. In most type of liver disease, ALT activity is higher than that of AST; exception may be seen in Alcoholic Hepatitis, Hepatic Cirrhosis, and Liver neoplasia. In a patient with Chronic liver disease, AST:ALT ratio>1 is highly suggestive of advanced liver fibrosis.
3. In known cases of Chronic Liver disease due to Viral Hepatitis B & C, Alcoholic liver disease or NAFLD, Enhanced liver fibrosis (ELF) test may be used to evaluate liver fibrosis.
4. In a patient with Chronic Liver disease, AFP and Des-gamma carboxyprothrombin (DCP)/PIVKA II can be used to assess risk for development of Hepatocellular Carcinoma.

Thanks for Reference

\*\*\*\*End of Report\*\*\*\*

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## LIPID PROFILE

Investigation	Result	Reference Value	Unit
<b>Cholesterol Total</b> Spectrophotometry	<b>250.00</b> <b>High</b>	< 200.00	mg/dL
<b>Triglycerides</b> Spectrophotometry	<b>100.00</b>	< 150.00	mg/dL
<b>HDL Cholesterol</b> Spectrophotometry	<b>50.00</b>	> 40.00	mg/dL
<b>LDL Cholesterol</b> Calculated	<b>190.00</b> <b>High</b>	< 100.00	mg/dL
<b>VLDL Cholesterol</b> Calculated	<b>10.00</b>	< 30.00	mg/dL
<b>Non-HDL Cholesterol</b> Calculated	<b>100.00</b>	< 130.00	mg/dL

NLA - 2014 RECOMMENDATIONS	Total Cholesterol (mg/dL)	HDL Cholesterol (mg/dL)	LDL Cholesterol (mg/dL)	Triglycerides (mg/dL)
Optimal		< 40	< 100	< 150
Above Optimal	< 200		100 - 129	
Borderline High	200 - 239		130 - 159	150 - 199
High	> 240	< 60	160 - 189	200 - 499
Very High			> 190	> 500

### Note :

- Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol.
- As per NLA-2014 guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.

Thanks for Reference

\*\*\*\*End of Report\*\*\*\*

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