



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

LIPID PROFILE

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

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

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Complete Blood Count (CBC) with Absolute Count

Investigation	Result	Reference Value	Unit
Primary Sample Type :	Blood		
HEMOGLOBIN			
Hemoglobin (Hb)	12.5	Low 13.0 - 17.0	g/dL
RBC COUNT			
Total RBC count	5.2	4.5 - 5.5	mill/cumm
BLOOD INDICES			
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	%
WBC COUNT			
Total WBC count	9000	4000-11000	cumm
DIFFERENTIAL COUNT			
Neutrophils	60	50 - 62	%
Lymphocytes	31	20 - 40	%
Eosinophils	1	00 - 06	%
Monocytes	7	00 - 10	%
Basophils	1	00 - 02	%
ABSOLUTE COUNT			
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
PLATELET COUNT			
Platelet Count	320000	150000 - 410000	cumm

Instruments: Fully automated cell counter - Mindray 300

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****End of Report****

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