

| | |
|--|---|
| Patient Name : Ms.PRIYANSHI YADAV 64524 | Visit No : CHA250046813 |
| Age/Gender : 10 Y/F | Registration ON : 17/Mar/2025 10:33AM |
| Lab No : 10144108 | Sample Collected ON : 17/Mar/2025 11:04AM |
| Referred By : Dr.VIDHYA GYAN SCHOOL | Sample Received ON : 17/Mar/2025 11:04AM |
| Refer Lab/Hosp : CREDIT CLIENT | Report Generated ON : 17/Mar/2025 01:42PM |
| Doctor Advice : FASTING,CBC (WHOLE BLOOD),ESR,LIPID-PROFILE,PROTEIN ,Albumin,GLOBULIN,AG RATIO,BILIRUBIN TDI,ALK PHOS,CALCIUM,URIC ACID,CREATININE,BUN CREATININE RATIO,BUN,NA+K+,CHLORIDE,TIBC,Iron,TRANSFERRIN SATURAT | |



VIDHYA GYAN

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|-----------|--------|------|-----------------|--------|
|-----------|--------|------|-----------------|--------|

| | | | | |
|------------------------------------|--------------|--|-------|-------------|
| ESR | | | | |
| Erythrocyte Sedimentation Rate ESR | 16.00 | | 3- 13 | Westergreen |

Note:

1. Test conducted on EDTA whole blood at 37°C.
2. ESR readings are auto- corrected with respect to Hematocrit (PCV) values.
3. It indicates presence and intensity of an inflammatory process. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, acute rheumatic fever. It is also increased in multiple myeloma, hypothyroidism.

| | | | | |
|---------------------------------|-----|---|---------|-------------|
| HBA1C | | | | |
| Glycosylated Hemoglobin (HbA1c) | 5.0 | % | 4 - 5.7 | HPLC (EDTA) |

NOTE:-

Glycosylated Hemoglobin Test (HbA1c) is performed in this laboratory by the Gold Standard Reference method, ie: HPLC Technology (High performance Liquid Chromatography D10) from Bio-Rad Laboratories. USA.

EXPECTED (RESULT) RANGE :

| | |
|-------------|----------------------------------|
| Bio system | Degree of normal |
| 4.0 - 5.7 % | Normal Value (OR) Non Diabetic |
| 5.8 - 6.4 % | Pre Diabetic Stage |
| > 6.5 % | Diabetic (or) Diabetic stage |
| 6.5 - 7.0 % | Well Controlled Diabet |
| 7.1 - 8.0 % | Unsatisfactory Control |
| > 8.0 % | Poor Control and needs treatment |

| | | | | |
|----------------------------|------|-------|------|------------|
| BLOOD UREA NITROGEN | | | | |
| Blood Urea Nitrogen (BUN) | 8.64 | mg/dL | 7-21 | calculated |

| | | | | |
|-----------------------------|-------|--|--------|--|
| BUN CREATININE RATIO | | | | |
| BUN CREATININE RATIO | 12.34 | | 5 - 35 | |



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Sharma

DR. NISHANT SHARMA DR. SHADAB Dr. SYED SAIF AHMAD
PATHOLOGIST PATHOLOGIST MD (MICROBIOLOGY)

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| URIC ACID | | | | |
| Sample Type : SERUM | | | | |
| SERUM URIC ACID | 2.5 | mg/dL | 2.40 - 5.70 | Uricase,Colorimetric |

| | | | | |
|----------------------|-----|-------|------------|----------------------|
| SERUM CALCIUM | | | | |
| CALCIUM | 9.9 | mg/dl | 8.8 - 10.8 | dapta / arsenazo III |

INTERPRETATION:

-Calcium level is increased in patients with hyperparathyroidism, Vitamin D intoxication, metastatic bone tumor, milk-alkali syndrome, multiple myeloma, Paget's disease.
-Calcium level is decreased in patients with hemodialysis, hypoparathyroidism (primary, secondary), vitamin D deficiency, acute pancreatitis, diabetic Keto-acidosis, sepsis, acute myocardial infarction (AMI), malabsorption, osteomalacia, renal failure, rickets.

| | | | | |
|----------------|------|-------|-----------|--|
| PROTEIN | | | | |
| PROTEIN Serum | 7.90 | mg/dl | 6.8 - 8.5 | |

| | | | | |
|----------------------|-----|-------|-------------|------------------------|
| SERUM ALBUMIN | | | | |
| ALBUMIN | 4.9 | gm/dl | 3.20 - 5.50 | Bromcresol Green (BCG) |

| | | | | |
|-----------------|------|-------|-----------|------------|
| GLOBULIN | | | | |
| GLOBULIN | 3.00 | gm/dl | 2.0 - 3.5 | calculated |

| | | | | |
|-----------------|------|--|---------|--|
| AG RATIO | | | | |
| AG RATIO | 1.63 | | 1.5 : 1 | |

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| LIPID-PROFILE | | | | |
| Cholesterol/HDL Ratio | 1.98 | Ratio | | Calculated |
| LDL / HDL RATIO | 0.66 | Ratio | | Calculated |
| | | | Desirable / low risk - 0.5 -3.0 | |
| | | | Low/ Moderate risk - 3.0-6.0 | |
| | | | Elevated / High risk - >6.0 | |
| | | | Desirable / low risk - 0.5 -3.0 | |
| | | | Low/ Moderate risk - 3.0-6.0 | |
| | | | Elevated / High risk - > 6.0 | |

CHLORIDE

| | | | | |
|----------|-------|--------|----------|--------------|
| CHLORIDE | 99.00 | mmol/l | 98 - 107 | ISE Indirect |
|----------|-------|--------|----------|--------------|

Increased In:

Renal tubular diseases, Respiratory alkalosis, Drugs: Excessive administration of certain drugs (e.g., ammonium chloride, IV saline), Retention of salt and water (e.g., corticosteroids), Some cases of hyperparathyroidism, Diabetes insipidus, dehydration.

Decreased In:

Prolonged vomiting, Chronic respiratory acidosis, Salt-losing renal diseases, Adrenocortical insufficiency, Primary aldosteronism, Burns, Chronic laxative abuse

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|-------------|--------|--------|-----------------|-------------------------------|
| IRON | | | | |
| IRON | 148.00 | ug/ dl | 59 - 148 | Ferrozine-no deproteinization |

Interpretation:

| Disease | Iron | TIBC | UIBC | %Transferrin Saturation | Ferritin |
|----------------------|-------------|------------|------------|-------------------------|-------------|
| Iron Deficiency | Low | High | High | Low | Low |
| Hemochromatosis | High | Low | Low | High | High |
| Chronic Illness | Low | Low | Low/Normal | Low | Normal/High |
| Hemolytic Anemia | High | Normal/Low | Low/Normal | High | High |
| Sideroblastic Anemia | Normal/High | Normal/Low | Low/Normal | High | High |
| Iron Poisoning | High | Normal | Low | High | Normal |

| TIBC | | | | |
|------|--------|-------|-----------|------------|
| TIBC | 389.00 | ug/ml | 265 - 497 | calculated |

| TRANSFERRIN SATURATION | | | | |
|------------------------|-------|---|---------|--------------------|
| TRANSFERRIN SATURATION | 38.05 | % | 22 - 45 | Immunoturbidimetry |

INTERPRETATION:

- Low Values in iron deficiency
- High Values in iron overload
- Raised transferrin saturation is an early indicator of Iron accumulation in Genetic Haemochromatosis.

| FERRITIN | | | | |
|----------|----|-------|---------|------|
| FERRITIN | 28 | ng/mL | 7 - 140 | CLIA |

INTERPRETATION:

Ferritin is a high-molecular weight iron containing protein that functions in the body as an iron Storage compound. Ferritin provides a more sensitive, specific and reliable measurement for determining iron deficiency at an early stage. The combined use of serum ferritin levels and mean corpuscular volume (MCV) has made differentiation between iron deficiency, beta-thalassemia trait and normal subjects possible at a very high level of accuracy. Serum ferritin measurements provide important clinical parameters for assessing the response to treatment with deferoxamine, in the treatment of thalassemia. Elevated levels are seen in malignant diseases such as leukemia, Hodgkins disease, breast cancer, head and neck cancer and ovarian cancer.

LIMITATIONS:

Specimens from patients who have received preparations of mouse monoclonal antibodies for diagnosis or therapy may show either false positive or depressed values.
For diagnostic purposes the ferritin result should be used in conjunction with other data, e.g.: symptoms, results of other tests, clinical impressions, etc.

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Sham

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URINE EXAMINATION REPORT

| | | | | |
|--------------------------------|--------------|-------|---------------|----------|
| Colour-U | Light yellow | | Light Yellow | |
| Appearance (Urine) | CLEAR | | Clear | |
| Specific Gravity | 1.010 | | 1.005 - 1.025 | |
| pH-Urine | Acidic (6.0) | | 4.5 - 8.0 | |
| PROTEIN | Absent | mg/dl | ABSENT | Dipstick |
| Glucose | Absent | | | |
| Ketones | Absent | | Absent | |
| Bilirubin-U | Absent | | Absent | |
| Blood-U | Absent | | Absent | |
| Urobilinogen-U | 0.20 | EU/dL | 0.2 - 1.0 | |
| Leukocytes-U | Absent | | Absent | |
| NITRITE | Absent | | Absent | |
| MICROSCOPIC EXAMINATION | | | | |
| Pus cells / hpf | Occasional | /hpf | < 5/hpf | |
| Epithelial Cells | Occasional | /hpf | 0 - 5 | |
| RBC / hpf | Nil | | < 3/hpf | |

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|-------------------------------------|--------------|---------|-----------------|--------------------------|
| CBC (COMPLETE BLOOD COUNT) | | | | |
| Hb | 12.2 | g/dl | 11 - 15 | Non Cyanide |
| R.B.C. COUNT | 3.90 | mil/cmm | 4 - 5.1 | Electrical Impedence |
| PCV | 39.0 | % | 31 - 43 | Pulse height detection |
| MCV | 100.5 | fL | 76 - 87 | calculated |
| MCH | 31.4 | pg | 26 - 28 | Calculated |
| MCHC | 31.3 | g/dL | 33 - 35 | Calculated |
| RDW | 13.6 | % | 11 - 15 | RBC histogram derivation |
| RETIC | 0.8% | % | 0.3 - 1 | Microscopy |
| TOTAL LEUCOCYTES COUNT | 3880 | /cmm | 4500 - 13500 | Floctometry |
| DIFFERENTIAL LEUCOCYTE COUNT | | | | |
| NEUTROPHIL | 53 | % | 40 - 70 | Flowcytometry |
| LYMPHOCYTES | 42 | % | 25 - 55 | Flowcytometry |
| EOSINOPHIL | 1 | % | 1 - 6 | Flowcytometry |
| MONOCYTE | 4 | % | 0 - 8 | Flowcytometry |
| BASOPHIL | 0 | % | 00 - 01 | Flowcytometry |
| PLATELET COUNT | 155,000 | /cmm | 150000 - 450000 | Elect Imped.. |
| PLATELET COUNT (MANUAL) | 155000 | /cmm | 150000 - 450000 | Microscopy . |
| Absolute Neutrophils Count | 2,056 | /cmm | 2000 - 7000 | Calculated |
| Absolute Lymphocytes Count | 1,630 | /cmm | 1000-3000 | Calculated |
| Absolute Eosinophils Count | 39 | /cmm | 20-500 | Calculated |
| Absolute Monocytes Count | 155 | /cmm | 200-1000 | Calculated |
| Mentzer Index | 26 | | | |
| Peripheral Blood Picture | : | | | |

RBC are macrocytic. WBC are within normal limits. Platelets are adequate in number.



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|-------------------------|--------|-------|-----------------|--------------------------|
| FASTING | | | | |
| Blood Sugar Fasting | 91.1 | mg/dl | 70 - 110 | Hexokinase |
| NA+K+ | | | | |
| SODIUM Serum | 142.0 | MEq/L | 135 - 155 | ISE Direct |
| POTASSIUM Serum | 3.8 | MEq/L | 3.5 - 5.5 | ISE Direct |
| SERUM CREATININE | | | | |
| CREATININE | 0.70 | mg/dl | 0.50 - 1.40 | Alkaline picrate-kinetic |
| BILIRUBIN TDI | | | | |
| TOTAL BILIRUBIN | 0.70 | mg/dl | 0.4 - 1.1 | Diazonium Ion |
| DIRECT BILIRUBIN | 0.10 | mg/dL | 0-0.3 | DIAZOTIZATION |
| BILIRUBIN (INDIRECT) | 0.60 | mg/dl | 0.1 - 1.00 | CALCULATED |
| ALK PHOS | | | | |
| ALK PHOS | 186.00 | U/L | 129 - 417 | PNPP, AMP Buffer |

INTERPRETATION:

- Alkaline phosphatase is an enzyme found in your bloodstream. ALP helps break down proteins in the body and exists in different forms, depending on where it originates. Liver is one of the main sources of ALP, but some is also made in bones, intestines, pancreas, and kidneys. In pregnant women, ALP is made in the placenta.
- Higher than normal levels of ALP in blood may indicate a problem with liver or gallbladder. This could include hepatitis (liver inflammation), cirrhosis (liver scarring), liver cancer, gallstones, or a blockage in bile ducts. High levels may also indicate an issue related to the bones such as rickets, Paget's disease, bone cancer, or an overactive parathyroid gland. In rare cases, high ALP levels can indicate heart failure, kidney cancer, other cancer, mononucleosis, or bacterial infection. Having lower than normal ALP levels in blood is rare, but can indicate malnutrition, which could be caused by celiac disease or a deficiency in certain vitamins and minerals.



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| LIPID-PROFILE | | | | |
| TOTAL CHOLESTEROL | 140.00 | mg/dL | Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High: >=240 mg/dl | CHOD-PAP |
| TRIGLYCERIDES | 115.00 | mg/dL | Normal: <150 mg/dl Borderline-high:150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>=500 mg/dl | Serum, Enzymatic, endpoint |
| H D L CHOLESTEROL | 70.60 | mg/dL | 30-70 mg/dl | CHER-CHOD-PAP |
| L D L CHOLESTEROL | 46.40 | mg/dL | Optimal:<100 mg/dl Near Optimal:100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High:>= 190 mg/dl | CO-PAP |
| VLDL | 23.00 | mg/dL | 10 - 40 | Calculated |

*** End Of Report ***

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