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E-mail : charak1984@gmail.com
CMO Reg. No. RMEE 2445133
NABL Reg. No. MC-2491
Certificate No. MIS-2023-0218

Patient Name	: Mr.RAM PRATAP 868534	Visit No	: CHA250046899
Age/Gender	: 11 Y/M	Registration ON	: 17/Mar/2025 11:11AM
Lab No	**: 10144194**	Sample Collected ON	: 17/Mar/2025 11:21AM
Referred By	: Dr.VIDHYA GYAN SCHOOL	Sample Received ON	: 17/Mar/2025 11:21AM
Refer Lab/Hosp	: CREDIT CLIENT	Report Generated ON	: 17/Mar/2025 02:06PM
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		

PR.

VIDHYA GYAN

Test Name	Result	Unit	Bio. Ref. Range	Method
ESR				
Erythrocyte Sedimentation Rate ESR	8.00		0 - 15	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 laboratoryby 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)	9.11	mg/dL	7-21	calculated
BUN CREATININE RATIO				
BUN CREATININE RATIO	13.26			

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PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)

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Test Name	Result	Unit	Bio. Ref. Range	Method
URIC ACID				
Sample Type : SERUM				
SERUM URIC ACID	5.1	mg/dL	2.40 - 5.70	Uricase,Colorimetric
SERUM CALCIUM				
CALCIUM	9.6	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	7.60	mg/dl	6.8 - 8.5	
SERUM ALBUMIN				
ALBUMIN	4.7	gm/dl	3.20 - 5.50	Bromcresol Green (BCG)
GLOBULIN				
GLOBULIN	2.90	gm/dl	2.0 -3.5	calculated
AG RATIO				
AG RATIO	1.62		1.5 : 1	

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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID-PROFILE				
Cholesterol/HDL Ratio	4.50	Ratio		Calculated
LDL / HDL RATIO	2.85	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	98.00	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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Test Name	Result	Unit	Bio. Ref. Range	Method
IRON				
IRON	71.90	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	**235.00**	ug/ml	265 - 497	calculated
TRANSFERRIN SATURATION				
TRANSFERRIN SATURATION	30.60	%	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	137	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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VIDHYA GYAN

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE EXAMINATION REPORT				
Colour-U	STRAW		Light Yellow	
Appearance (Urine)	CLEAR		Clear	
Specific Gravity	**1.015**		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	Nil	/hpf	< 5/hpf	
Epithelial Cells	1-2	/hpf	0 - 5	
RBC / hpf	Nil		< 3/hpf	

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Referred By	: Dr.VIDHYA GYAN SCHOOL	Sample Received ON	: 17/Mar/2025 11:48AM
Refer Lab/Hosp	: CREDIT CLIENT	Report Generated ON	: 17/Mar/2025 01:25PM
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PR.

VIDHYA GYAN

Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	13.3	g/dl	11 - 15	Non Cyanide
R.B.C. COUNT	4.30	mil/cmm	4 - 5.1	Electrical Impedence
PCV	39.8	%	31 - 43	Pulse hieght detection
MCV	**92.3**	fL	76 - 87	calculated
MCH	**30.9**	pg	26 - 28	Calculated
MCHC	33.4	g/dL	33 - 35	Calculated
RDW	**21.6**	%	11 - 15	RBC histogram derivation
RETIC	0.8 %	%	0.3 - 1	Microscopy
TOTAL LEUCOCYTES COUNT	6100	/cmm	4500 - 13500	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	57	%	40 - 70	Flowcytrometry
LYMPHOCYTES	34	%	30 - 50	Flowcytrometry
EOSINOPHIL	5	%	1 - 6	Flowcytrometry
MONOCYTE	4	%	0 - 8	Flowcytrometry
BASOPHIL	**0**	%	00 - 01	Flowcytrometry
PLATELET COUNT	225,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	225000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	3,477	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	2,074	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	305	/cmm	20-500	Calculated
Absolute Monocytes Count	244	/cmm	200-1000	Calculated
Mentzer Index	21			
Peripheral Blood Picture	:			

Red blood cells are macrocytic with anisocytosis. Platelets are adequate. No immature cells or parasite seen.

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VIDHYA GYAN

Test Name	Result	Unit	Bio. Ref. Range	Method
FASTING				
Blood Sugar Fasting	85.3	mg/dl	70 - 110	Hexokinase
NA+K+				
SODIUM Serum	144.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.1	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	0.50	mg/dl	0.4 - 1.1	Diazonium Ion
DIRECT BILIRUBIN	0.02	mg/dL	0-0.3	DIAZOTIZATION
BILIRUBIN (INDIRECT)	0.48	mg/dl	0.1 - 1.00	CALCULATED
ALK PHOS				
ALK PHOS	221.00	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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Test Name	Result	Unit	Bio. Ref. Range	Method
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	101.00	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	31.10	mg/dL	30-70 mg/dl	CHER-CHOD-PAP
L D L CHOLESTEROL	88.70	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	20.20	mg/dL	10 - 40	Calculated

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

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