

Opposite Grandeur Marriage Palace,Singhpura Road, Zirakpur, Mohali. Ph. : +91- 7527070509, 7527070510 E-mail:-info@meharhospital.com, Website:-www.meharhospital.com

PATIENT NAME UHID NO ADDRESS DOCTOR	: MR. MANOJ KUMAR JAISWAL : 30762 : FALT NO 4101 RIVERDALE APARTMENT : Self	Mobile No IPD No, AGE SAMPLE DATE PRINT DATE	: 8054170822 : 48 Y / Male : 08-03-2025 10:45AM : 09-03-2025 06:16AM	
Test Name		Result	Units	Biological Ref. Interval
BLOOD GLUCOSE	- FASTING	111.6	mg/dL	70 - 110
METHOD :Method:	GOD POD			
BLOOD GROUP AE	30	В		
BLOOD GROUP "R	BLOOD GROUP "RH"			
CALCIUM				
SERUM CALCIUM		8.9	mg/dl	8.6 - 10.2
METHOD :O-Creso	lphthalein complexone(OCPC)			
-	MOGRAM WITH ESR			
HAEMOGLOBIN (H	IB) SPECTROPHTOMETER / AUTOMATED CELL COUNTER	14.6	gm/dl	13.0 - 18.0
TOTAL LEUCOCYT		5760	/cmm	4000 - 11000
	Impedance/Automated cell counter	5700	/onim	4000 - 11000
NEUTROPHILS		56	%	45 - 75
LYMPHOCYTE		34	%	20 - 45
EOSINOPHIL		04	%	0.00 - 6
MONOCYTE		06	%	0 - 10
BASOPHIL		00	%	0.00 - 3.00
E.S.R. (WESTERG	REEN METHOD)	09	mm	0.00 - 15.0
RBC (RED BLOOD		5.24	Millions/cmm	3.8 - 6.0
PLATELET COUNT	Impedance/Automated cell counter	1.64	Lakh/cmm	1.50 - 4.5
	Impedance/Automated cell counter	1.07		1.00 1.0
PCV		43.9	%	38 - 54
METHOD :Method:	Calculation/Automated cell counter			
MCV(MEAN CELL VOLUME)		83.9	fL	80 - 100
METHOD :Method:	Calculation/Automated cell counter			

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Test Name	Result	Units	Biological Ref. Interval
MCH(MEAN CELL HAEMOGLOBIN)	27.9	picogram	27 - 31
METHOD :Method: Calculation/Automated cell counter			
MCHC	33.3	g / dL	33 - 37
METHOD :Method: Calculation/Automated cell counter			
RDW-CV	14.1	%	10.0 - 15.0
METHOD :Method: SPECTROPHTOMETER / AUTOMATED CELL COUNTER			
PLCC(PLATELET LARGE CELL COEFFICIENT)	94	/cmm	30 - 90
METHOD :Method : Impedance/Automated cell counter			
PLCR(PLATELET LARGE CELL RATIO)	57.1	%	11.0 - 45.0
METHOD :Method : Impedance/Automated cell counter			
INORGANIC PHOSPHORUS	3.9	mg/dl	2.50 - 5.0
METHOD :Ammonium Molybdate	3.9	ng/u	2.00 - 0.0
LIPID PROFILE			
TOTAL CHOLESTEROL	211.0	mg/dL	Desirable Cholesterol
METHOD :Method : Enzymatic			level : < 200 , Borderline High Cholesterol : 200 - 239, High : >/= 240
TRIGLYCERIDES	282.9	mg /dl	Normal : <150 ,
METHOD :Method : GPO/PAP			Borderline :150 -199 , High : 200 - 499 , Very High : >/= : 500
H D L CHOLESTEROL	42.6	mg/dL	35.3 - 79.5
METHOD :Method : End Point, Phosphotungstic Acid		-	
L D L CHOLESTEROL	111.8	mg/dL	100 - 190
METHOD :Method : Calculated			
VLDL	56.6	mg/dL	7.00 - 35.0
METHOD :Method : Calculated			
TOTAL CHOLESTEROL/HDL RATIO	5.0		0.0 - 4.97
METHOD :Method : Calculated			
LDL/HDL CHOLESTEROL	0.2		0.0 - 3.5
METHOD :Method : Calculated			

LIVER FUNCTION TEST [LFT]

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UHID NO : 30762	IPD No, AGE : 48 Y / Male
ADDRESS : FALT NO 4101 RIVERDALE APARTMENT	SAMPLE DATE : 08-03-2025 10:45AM
DOCTOR : Self	PRINT DATE : 09-03-2025 06:16AM

Test Name	Result	Units	Biological Ref. Interval
TOTAL BILIRUBIN	0.39	mg/dl	0.2 - 1.2
METHOD :Method : Diazo			
CONJUGATED (D. Bilirubin)	0.18	mg/dl	0.1 - 0.4
METHOD :Method : Diazo			
UNCONJUGATED (I.D.Bilirubin)	0.2	mg/dl	0.2 - 1.0
METHOD :Method : Calculated			
AST / SGOT	28.9	IU/L	00 - 35
METHOD :Method : IFCC			
ALT/SGPT	25.0	U/L	00 - 45
METHOD :Method : IFCC			
ALKALINE PHOSPHATASE	105.0	U/L	53 - 128
METHOD :Method : ALP-AMP			
TOTAL PROTEIN	6.99	g/dl	6.40 - 8.30
METHOD :Method : Biuret			
SERUM ALBUMIN	4.10	g/dl	3.50 - 5.20
METHOD :Method : Bromocresol Green			
GLOBULIN	2.9	gm/dl	1.5 - 3.0
METHOD :Method : Calculated			
A/G RATIO	1.4		1.2 - 2.0
METHOD :Methhod : calculated			
GGT	25.0	U/L	00 - 38.0
METHOD :Method : Glupa C			
RFT PANEL 1			
BLOOD UREA	24.0	mg /dl	18 - 55
METHOD :Method : Urease-GLDH			
SERUM CREATININE	0.64	mg /dl	0.70 - 1.30
METHOD :Method : Enzymatic			
SERUM URIC ACID	6.2	mg/dl	3.5 - 7.2
METHOD :Method : Uricase-POD			
Serum electrolytes (Na. K, Cl)			
SODIUM	140.2	mmol/L	136.0 - 155.0
METHOD :Method : Ion selective electrode			
POTASSIUM	4.20	mmol/L	3.5 - 5.5
METHOD :Method : Ion selective electrode			

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CHLORIDE		105.0	mmol/L	96 - 107
Test Name		Result	Units	Biological Ref. Interval
DOCTOR	: Self	PRINT DATE	: 09-03-202	25 06:16AM
ADDRESS	: FALT NO 4101 RIVERDALE APARTMENT	SAMPLE DATE	: 08-03-202	25 10:45AM
UHID NO	: 30762	IPD No, AGE	: 48 Y /	Male
PATIENT NAME	: MR. MANOJ KUMAR JAISWAL	Mobile No	: 80541708	322

METHOD :Method : Ion selective electrode

VITAMIN D 3			
VITAMIN D	41.0	ng/mL	SUFFICIENCY : 30.0
METHOD :CLIA			- 100.0
			INSUFFICIENCY : 20.0 - 30.0
			DEFICIENCY : < 20.0

TOXICTY : > 100.0

Useful For:

Diagnosis of vitamin D deficiency Differential diagnosis of causes of rickets and osteomalacia Monitoring vitamin D replacement therapy Diagnosis of hypervitaminosis D

Interpretation:

Vitamin D, the sunshine vitamin, is now recognized not only for its importance of bone health in children and adults, but also for other health benefitsincluding reducing risk of chronic diseases including autoimmune diseases, common cancer and cardiovascular disease. Vitamin D made in the skin oringested in the diet is biologically inert and requires two successive hydroxylations first in the liver on carbon 25 to form 25-hydroxyvitamin D[25(OH)D], and then in the kidney for a hydroxylation on carbon 1 to form the biologically active form of vitamin D, 1,25-dihydroxyvitamin D[1,25(OH)2D]. With the identification of 25(OH)D and 1,25(OH)2D, methods were developed to measure these metabolites in the circulation. Serum25(OH)D is the barometer for vitamin D status. Serum 1,25(OH)2D provides no information about vitamin D status and is often normal or even elevateddue to secondary hyperparathyroidism associated with vitamin D deficiency. Most experts agree that 25(OH)D of <10 ng/ml is considered to be vitaminD deficiency whereas a 25(OH)D of 10-30 ng/ml is considered to be insufficient. The goal should be to maintain both children and adults at a level > 30ng/ml to take full advantage of all the health benefits that vitamin D provides.

-----End of Report-----

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