

PATIENT NAME	: MR. LAKHVIR SINGH CHIDHA	Mobile No	: 8999642830
UHID NO	: 39310	IPD No, AGE	: 43 Y / Male
ADDRESS	: #422, GAZIPUR ROAD	SAMPLE DATE	: 08-03-2025 10:34AM
DOCTOR	: Self	PRINT DATE	: 09-03-2025 06:08AM

Test Name	Result	Units	Biological Ref. Interval
<b>BLOOD GLUCOSE - FASTING</b> <i>METHOD :Method: GOD POD</i>	91.3	mg/dL	70 - 110
<b>BLOOD GLUCOSE - PP</b> <i>METHOD :Method: GOD POD</i>	<b>99.4</b>	mg/dl	100 - 140
<b>BLOOD GROUP ABO</b>	O		
BLOOD GROUP "RH"	NEGATIVE		
<b>CALCIUM</b>			
SERUM CALCIUM <i>METHOD :O-Cresolphthalein complexone (OCPC )</i>	9.2	mg/dl	8.6 - 10.2
<b>COMPLETE HEMOGRAM WITH ESR</b>			
HAEMOGLOBIN (HB) <i>METHOD :Method: SPECTROPHOTOMETER / AUTOMATED CELL COUNTER</i>	15.8	gm/dl	13.0 - 18.0
TOTAL LEUCOCYTE COUNT (TLC) <i>METHOD :Method: Impedance/Automated cell counter</i>	6530	/cmm	4000 - 11000
NEUTROPHILS	47	%	45 - 75
LYMPHOCYTE	41	%	20 - 45
EOSINOPHIL	03	%	0.00 - 6
MONOCYTE	09	%	0 - 10
BASOPHIL	00	%	0.00 - 3.00
E.S.R. (WESTERGREEN METHOD)	08	mm	0.00 - 15.0
RBC (RED BLOOD CELLS) <i>METHOD :Method: Impedance/Automated cell counter</i>	4.87	Millions/cmm	3.8 - 6.0
PLATELET COUNT <i>METHOD :Method: Impedance/Automated cell counter</i>	2.45	Lakh/cmm	1.50 - 4.5



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PCV <i>METHOD :Method: Calculation/Automated cell counter</i>	47.2	%	38 - 54
MCV(MEAN CELL VOLUME) <i>METHOD :Method: Calculation/Automated cell counter</i>	96.9	fL	80 - 100
MCH(MEAN CELL HAEMOGLOBIN) <i>METHOD :Method: Calculation/Automated cell counter</i>	<b>32.4</b>	picogram	27 - 31
MCHC <i>METHOD :Method: Calculation/Automated cell counter</i>	33.5	g / dL	33 - 37
RDW-CV <i>METHOD :Method: SPECTROPHOTOMETER / AUTOMATED CELL COUNTER</i>	14.1	%	10.0 - 15.0
PLCC(PLATELET LARGE CELL COEFFICIENT ) <i>METHOD :Method : Impedance/Automated cell counter</i>	64	/cmm	30 - 90
PLCR(PLATELET LARGE CELL RATIO) <i>METHOD :Method : Impedance/Automated cell counter</i>	26.0	%	11.0 - 45.0
<b>INORGANIC PHOSPHORUS</b> <i>METHOD :Ammonium Molybdate</i>	4.0	mg/dl	2.50 - 5.0
<b>LIPID PROFILE</b>			
TOTAL CHOLESTEROL <i>METHOD :Method : Enzymatic</i>	194.0	mg/dL	Desirable Cholesterol level : < 200 , Borderline High Cholesterol : 200 - 239, High : >/= 240
TRIGLYCERIDES <i>METHOD :Method : GPO/PAP</i>	<b>156.4</b>	mg /dl	Normal : <150 , Borderline :150 -199 , High : 200 - 499 , Very High : >/= : 500
H D L CHOLESTEROL <i>METHOD :Method : End Point, Phosphotungstic Acid</i>	<b>34.7</b>	mg/dL	35.3 - 79.5
L D L CHOLESTEROL <i>METHOD :Method : Calculated</i>	128.0	mg/dL	100 - 190
V L D L <i>METHOD :Method : Calculated</i>	31.3	mg/dL	7.00 - 35.0
TOTAL CHOLESTEROL/HDL RATIO <i>METHOD :Method : Calculated</i>	<b>5.6</b>		0.0 - 4.97



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LDL/HDL CHOLESTEROL <i>METHOD :Method : Calculated</i>	0.2		0.0 - 3.5
<b>LIVER FUNCTION TEST [LFT]</b>			
TOTAL BILIRUBIN <i>METHOD :Method : Diazo</i>	0.35	mg/dl	0.2 - 1.2
CONJUGATED (D. Bilirubin) <i>METHOD :Method : Diazo</i>	0.12	mg/dl	0.1 - 0.4
UNCONJUGATED (I.D.Bilirubin) <i>METHOD :Method : Calculated</i>	0.2	mg/dl	0.2 - 1.0
AST / SGOT <i>METHOD :Method : IFCC</i>	18.2	IU/L	00 - 35
ALT/SGPT <i>METHOD :Method : IFCC</i>	19.0	U/L	00 - 45
ALKALINE PHOSPHATASE <i>METHOD :Method : ALP-AMP</i>	105.0	U/L	53 - 128
TOTAL PROTEIN <i>METHOD :Method : Biuret</i>	6.98	g/dl	6.40 - 8.30
SERUM ALBUMIN <i>METHOD :Method : Bromocresol Green</i>	4.12	g/dl	3.50 - 5.20
GLOBULIN <i>METHOD :Method : Calculated</i>	2.9	gm/dl	1.5 - 3.0
A/G RATIO <i>METHOD :Method : calculated</i>	1.4		1.2 - 2.0
GGT <i>METHOD :Method : Glupa C</i>	13.0	U/L	00 - 38.0
<b>RFT PANEL 1</b>			
BLOOD UREA <i>METHOD :Method : Urease-GLDH</i>	22.0	mg /dl	18 - 55
SERUM CREATININE <i>METHOD :Method : Enzymatic</i>	0.90	mg /dl	0.70 - 1.30
SERUM URIC ACID <i>METHOD :Method : Uricase-POD</i>	6.4	mg/dl	3.5 - 7.2

**Serum electrolytes (Na, K, Cl)**



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Test Name	Result	Units	Biological Ref. Interval
SODIUM <i>METHOD :Method : Ion selective electrode</i>	<b>135.6</b>	mmol/L	136.0 - 155.0
POTASSIUM <i>METHOD :Method : Ion selective electrode</i>	4.12	mmol/L	3.5 - 5.5
CHLORIDE <i>METHOD :Method : Ion selective electrode</i>	102.0	mmol/L	96 - 107

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Test Name	Result	Units	Biological Ref. Interval
<b>URINE ANALYSIS (URINE ROUTINE)</b>			
<b>PHYSICAL EXAMINATION</b>			
QUANTITY	21	ml.	
COLOUR	YELLOW		
TRANSPARENCY	CLEAR		
SPECIFIC GRAVITY	1.010	NONE	1.005 - 1.030
REACTION	ACIDIC	NONE	ACIDIC / ALKALINE
PH	6.0	NONE	5.0 - 7.0
<b>CHEMICAL EXAMINATION</b>			
URINE ALBUMIN	NIL	NONE	NIL
SUGAR	NIL	NONE	NIL
BLOOD	NIL	NONE	NIL
URINE BILIRUBIN	NIL	NONE	NIL
UROBILINOGEN	NIL	NONE	NIL
URINE FOR KETONE BODIES/ACETONE	NEGATIVE	NONE	NEGATIVE
<b>MICROSCOPIC EXAMINATION</b>			
EPITHELIAL CELLS	1-2	/HPF	
PUS CELLS	0-1	/HPF	1 - 2
RBC	NIL	/HPF	

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CRYSTALS	NIL		NIL
CASTS	NIL		NIL
BACTERIA	NEGATIVE	NONE	NEGATIVE
OTHER	NIL	NONE	NIL
<b>URINE SUGAR FASTING</b>	NIL		
<b>VITAMIN D 3</b>			
VITAMIN D	52.6	ng/mL	SUFFICIENCY : 30.0 - 100.0
METHOD :CLIA			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 benefits including reducing risk of chronic diseases including autoimmune diseases, common cancer and cardiovascular disease. Vitamin D made in the skin or ingested 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. Serum 25(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 elevated due to secondary hyperparathyroidism associated with vitamin D deficiency. Most experts agree that 25(OH)D of <10 ng/ml is considered to be vitamin D 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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