MEHAR SUPER SPECIALITY HOSPITAL

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

PATIENT NAME	: MR. PANKAJ KUMAR	Mobile No	: 9988002343
UHID NO	: 39308	IPD No, AGE	: 47 Y / Male
ADDRESS	: 1482, DAD COLONY	SAMPLE DATE	: 08-03-2025 10:38AM
DOCTOR	: Self	PRINT DATE	: 09-03-2025 06:13AM

Test Name	Result	Units	Biological Ref. Interval
BLOOD GLUCOSE - FASTING	99.3	mg/dL	70 - 110
METHOD :Method: GOD POD			
BLOOD GROUP ABO	B		
BLOOD GROUP "RH"	POSITIVE		
CALCIUM			
SERUM CALCIUM	8.9	mg/dl	8.6 - 10.2
METHOD :O-Cresolphthalein complexone (OCPC)			
COMPLETE HEMOGRAM WITH ESR			
HAEMOGLOBIN (HB)	15.1	gm/dl	13.0 - 18.0
METHOD :Method: SPECTROPHTOMETER / AUTOMATED CELL COUNTER			
TOTAL LEUCOCYTE COUNT (TLC)	6130	/cmm	4000 - 11000
METHOD :Method: Impedance/Automated cell counter			
NEUTROPHILS	57	%	45 - 75
LYMPHOCYTE	30	%	20 - 45
EOSINOPHIL	05	%	0.00 - 6
MONOCYTE	08	%	0 - 10
BASOPHIL	00	%	0.00 - 3.00
E.S.R. (WESTERGREEN METHOD)	06	mm	0.00 - 15.0
RBC (RED BLOOD CELLS)	5.20	Millions/cmm	3.8 - 6.0
METHOD :Method: Impedance/Automated cell counter			
PLATELET COUNT	**1.28**	Lakh/cmm	1.50 - 4.5
METHOD :Method: Impedance/Automated cell counter			
PCV	45.1	%	38 - 54
METHOD :Method: Calculation/Automated cell counter			
MCV(MEAN CELL VOLUME)	86.7	fL	80 - 100
METHOD :Method: Calculation/Automated cell counter			

Reporting By: Technician

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Test Name	Result	Units	Biological Ref. Interval
MCH(MEAN CELL HAEMOGLOBIN) *METHOD :Method: Calculation/Automated cell counter*	28.9	picogram	27 - 31
MCHC *METHOD :Method: Calculation/Automated cell counter*	33.4	g / dL	33 - 37
RDW-CV *METHOD :Method: SPECTROPHTOMETER / AUTOMATED CELL COUNTER*	14.6	%	10.0 - 15.0
PLCC(PLATELET LARGE CELL COEFFICIENT) *METHOD :Method : Impedance/Automated cell counter*	62	/cmm	30 - 90
PLCR(PLATELET LARGE CELL RATIO) *METHOD :Method : Impedance/Automated cell counter*	**48.5**	%	11.0 - 45.0
INORGANIC PHOSPHORUS *METHOD :Ammonium Molybdate*	4.2	mg/dl	2.50 - 5.0
LIPID PROFILE			
TOTAL CHOLESTEROL *METHOD :Method : Enzymatic*	163	mg/dL	Desirable Cholesterol level : < 200 , Borderline High Cholesterol : 200 - 239, High : >/= 240 .
TRIGLYCERIDES *METHOD :Method : GPO/PAP*	85.8	mg /dl	Normal : <150 , Borderline :150 -199 , High : 200 - 499 , Very High : >/= : 500 .
H D L CHOLESTEROL *METHOD :Method : End Point, Phosphotungstic Acid*	36.9	mg/dL	35.3 - 79.5
L D L CHOLESTEROL *METHOD :Method : Calculated*	108.9	mg/dL	100 - 190
V L D L *METHOD :Method : Calculated*	17.2	mg/dL	7.00 - 35.0
TOTAL CHOLESTEROL/HDL RATIO *METHOD :Method : Calculated*	4.4		0.0 - 4.97
LDL/HDL CHOLESTEROL *METHOD :Method : Calculated*	0.3		0.0 - 3.5
LIVER FUNCTION TEST [LFT]			

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Test Name	Result	Units	Biological Ref. Interval
TOTAL BILIRUBIN	0.62	mg/dl	0.2 - 1.2
METHOD :Method : Diazo			
CONJUGATED (D. Bilirubin)	0.20	mg/dl	0.1 - 0.4
METHOD :Method : Diazo			
UNCONJUGATED (I.D.Bilirubin)	0.4	mg/dl	0.2 - 1.0
METHOD :Method : Calculated			
AST / SGOT	18.5	IU/L	00 - 35
METHOD :Method : IFCC			
ALT/SGPT	23.8	U/L	00 - 45
METHOD :Method : IFCC			
ALKALINE PHOSPHATASE	98	U/L	53 - 128
METHOD :Method : ALP-AMP			
TOTAL PROTEIN	6.42	g/dl	6.40 - 8.30
METHOD :Method : Biuret			
SERUM ALBUMIN	**3.43**	g/dl	3.50 - 5.20
METHOD :Method : Bromocresol Green			
GLOBULIN	3.0	gm/dl	1.5 - 3.0
METHOD :Method : Calculated			
A/G RATIO	**1.1**		1.2 - 2.0
METHOD :Methhod : calculated			
GGT	15.0	U/L	00 - 38.0
METHOD :Method : Glupa C			
RFT PANEL 1			
BLOOD UREA	**17.3**	mg /dl	18 - 55
METHOD :Method : Urease-GLDH			
SERUM CREATININE	**0.67**	mg /dl	0.70 - 1.30
METHOD :Method : Enzymatic			
SERUM URIC ACID	4.6	mg/dl	3.5 - 7.2
METHOD :Method : Uricase-POD			
Serum electrolytes (Na. K, Cl)			
SODIUM	138.0	mmol/L	136.0 - 155.0
METHOD :Method : Ion selective electrode			
POTASSIUM	4.12	mmol/L	3.5 - 5.5
METHOD :Method : Ion selective electrode			

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Test Name	Result	Units	Biological Ref. Interval
CHLORIDE	104.9	mmol/L	96 - 107
METHOD :Method : Ion selective electrode			

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Test Name	Result	Units	Biological Ref. Interval
URINE ANALYSIS (URINE ROUTINE)			
QUANTITY	30	ml.	
COLOUR	PALE YELLOW		
TRANSPARENCY	CLEAR		
SPECIFIC GRAVITY	1.010	NONE	1.005 - 1.030
REACTION	ACIDIC	NONE	ACIDIC / ALKALINE
PH	6.5	NONE	5.0 - 7.0
CHEMICAL EXAMINTAION			
URINE ALBUMIN	NIL	NONE	NIL
SUGAR	NIL	NONE	NIL
BLOOD	NIL	NONE	NIL
URINE BILIRUBIN	NIL	NONE	NIL
UROBILINOGEN	NI	NONE	NIL
URINE FOR KETONE BODIES/ACETONE	NEGATIVE	NONE	NEGATIVE
MICROSCOPIC EXAMINATION			
EPITHELIAL CELLS	0-1	/HPF	
PUS CELLS	1-2	/HPF	1 - 2
RBC	NIL	/HPF	
CRYSTALS	NIL		NIL

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Test Name	Result	Units	Biological Ref. Interval
CASTS	NIL		NIL
BACTERIA	NEGATIVE	NONE	NEGATIVE
OTHER	NIL	NONE	NIL
URINE SUGAR FASTING	NIL		
VITAMIN D 3			
VITAMIN D *METHOD :CLIA*	43.6	ng/mL	SUFFICIENCY : 30.0 - 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 ofhypervitaminosis 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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