

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

PATIENT NAME : MR. CHANDAN KUMAR Mobile No : 9458296680

ADDRESS : H. ON 8149, I BLOCK AEROCITY SAMPLE DATE : 08-03-2025 10:47AM DOCTOR : Self PRINT DATE : 09-03-2025 06:19AM

Test Name	Result	Units	Biological Ref. Interval
BLOOD GLUCOSE - FASTING	101.3	mg/dL	70 - 110
METHOD :Method: GOD POD			
BLOOD GROUP ABO	В		
BLOOD GROUP "RH"	NEGATIVE		
CALCIUM SERUM CALCIUM	9.0	mg/dl	8.6 - 10.2
METHOD :O-Cresolphthalein complexone (OCPC)			
COMPLETE HEMOGRAM WITH ESR			
HAEMOGLOBIN (HB)	14.3	gm/dl	13.0 - 18.0
METHOD :Method: SPECTROPHTOMETER / AUTOMATED CELL COUNTER			
TOTAL LEUCOCYTE COUNT (TLC)	5740	/cmm	4000 - 11000
METHOD :Method: Impedance/Automated cell counter NEUTROPHILS		0/	45 75
NEUTROPHILS	57	%	45 - 75
LYMPHOCYTE	34	%	20 - 45
EOSINOPHIL	04	%	0.00 - 6
MONOCYTE	05	%	0 - 10
BASOPHIL	00	%	0.00 - 3.00
E.S.R. (WESTERGREEN METHOD)	10	mm	0.00 - 15.0
RBC (RED BLOOD CELLS)	4.91	Millions/cmm	3.8 - 6.0
METHOD :Method: Impedance/Automated cell counter	ч.51	Williams 16, Chillin	0.0 0.0
PLATELET COUNT	1.47	Lakh/cmm	1.50 - 4.5
METHOD :Method: Impedance/Automated cell counter			
PCV	43.0	%	38 - 54
METHOD :Method: Calculation/Automated cell counter			
MCV(MEAN CELL VOLUME)	87.6	fL	80 - 100
METHOD :Method: Calculation/Automated cell counter			

Reporting By: Technician

Dr. Shweta Mbbs, Md(Pathology) (Ex. Pgimer, Chd)

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Test Name	Result	Units	Biological Ref. Interval
MCH(MEAN CELL HAEMOGLOBIN)	29.1	picogram	27 - 31
METHOD :Method: Calculation/Automated cell counter			
MCHC	33.2	g / dL	33 - 37
METHOD :Method: Calculation/Automated cell counter			
RDW-CV	14.3	%	10.0 - 15.0
METHOD :Method: SPECTROPHTOMETER / AUTOMATED CELL COUNTER			
PLCC(PLATELET LARGE CELL COEFFICIENT)	75	/cmm	30 - 90
METHOD :Method : Impedance/Automated cell counter			
PLCR(PLATELET LARGE CELL RATIO)	51.2	%	11.0 - 45.0
METHOD :Method : Impedance/Automated cell counter			
INORGANIC PHOSPHORUS	4.2	mg/dl	2.50 - 5.0
METHOD :Ammonium Molybdate		S	
LIPID PROFILE			
TOTAL CHOLESTEROL	240.0	mg/dL	Desirable Cholesterol
METHOD :Method : Enzymatic			level: < 200, Borderline High Cholesterol: 200 - 239, High: >/= 240
TRIGLYCERIDES METHOD :Method : GPO/PAP	238.9	mg /dl	Normal : <150 , Borderline :150 -199 , High : 200 - 499 , Very High : >/= : 500
H D L CHOLESTEROL	34.6	mg/dL	35.3 - 79.5
METHOD : Method : End Point, Phosphotungstic Acid			
L D L CHOLESTEROL	157.6	mg/dL	100 - 190
METHOD :Method : Calculated			
VLDL	47.8	mg/dL	7.00 - 35.0
METHOD :Method : Calculated			
TOTAL CHOLESTEROL/HDL RATIO	6.9		0.0 - 4.97
METHOD :Method : Calculated			
LDL/HDL CHOLESTEROL	0.1		0.0 - 3.5
METHOD :Method : Calculated			

LIVER FUNCTION TEST [LFT]

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Test Name	Result	Units	Biological Ref. Interval
TOTAL BILIRUBIN	0.23	mg/dl	0.2 - 1.2
METHOD :Method : Diazo			
CONJUGATED (D. Bilirubin)	0.10	mg/dl	0.1 - 0.4
METHOD :Method : Diazo			
UNCONJUGATED (I.D.Bilirubin)	0.1	mg/dl	0.2 - 1.0
METHOD :Method : Calculated			
AST / SGOT	27.4	IU/L	00 - 35
METHOD :Method : IFCC			
ALT/SGPT	25.0	U/L	00 - 45
METHOD :Method : IFCC			
ALKALINE PHOSPHATASE	100.2	U/L	53 - 128
METHOD :Method : ALP-AMP			
TOTAL PROTEIN	6.82	g/dl	6.40 - 8.30
METHOD :Method : Biuret			
SERUM ALBUMIN	4.02	g/dl	3.50 - 5.20
METHOD :Method : Bromocresol Green			
GLOBULIN	2.8	gm/dl	1.5 - 3.0
METHOD :Method : Calculated			
A/G RATIO	1.4		1.2 - 2.0
METHOD :Methhod : calculated			
GGT	12.4	U/L	00 - 38.0
METHOD :Method : Glupa C			
RFT PANEL 1			
BLOOD UREA	26.0	mg /dl	18 - 55
METHOD :Method : Urease-GLDH			
SERUM CREATININE	1.00	mg /dl	0.70 - 1.30
METHOD :Method : Enzymatic		_	
SERUM URIC ACID	7.8	mg/dl	3.5 - 7.2
METHOD :Method : Uricase-POD			
Serum electrolytes (Na. K, Cl)			
SODIUM	139.5	mmol/L	136.0 - 155.0
METHOD :Method : Ion selective electrode			
POTASSIUM	4.70	mmol/L	3.5 - 5.5
METHOD :Method : Ion selective electrode	-		

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Test NameResultUnitsBiological Ref. IntervalCHLORIDE104.8mmol/L96 - 107

METHOD : Method : Ion selective electrode

VITAMIN D 3

VITAMIN D 40.6 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 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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