

Name : MRS NEELAM NANGIA **Age** : 50 Yr(s) Sex :Female
Registration No : MH008904306 RefHosp No. : ghzb-0000128392 **Lab No** : 202310000875
Patient Episode : I18000005590 **Collection Date** : 05 Oct 2023 05:42
Referred By : DR ASHISH SHARMA **Reporting Date** : 05 Oct 2023 08:26
Receiving Date : 05 Oct 2023 05:42

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Specimen: Serum			
SODIUM, SERUM	138.30	mmol/L	[136.00-144.00]
Method: ISE Indirect			
POTASSIUM, SERUM	4.11	mmol/L	[3.60-5.10]
Method: ISE Indirect			
CHLORIDE, SERUM	106.2	mmol/L	[101.0-111.0]
Method: ISE Indirect			
SGOT/ AST	367.00 #	U/L	[0.00-40.00]
Method: UV- kinetic			

Technical Notes:

AST is found in the liver, heart, skeletal muscle, kidneys, brain, and red blood cells, and it is commonly measured clinically as a marker for liver health. AST levels increase during chronic viral hepatitis, blockage of the bile duct, cirrhosis of the liver, liver cancer, kidney failure, hemolytic anemia, pancreatitis and hemochromatosis. AST levels may also increase after a heart attack or strenuous activity

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Receiving Date : 05 Oct 2023 05:42

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
SGPT/ ALT (Without P5P,IFCC) Method: UV- kinetic	255.00 #	U/L	[14.00-54.00]

Technical Notes:

ALT is found mainly in the liver, but also in smaller amounts in the kidneys, heart, muscles and pancreas. It is commonly measured as a part of a diagnostic evaluation of hepatocellular injury to determine liver health.

AST levels increase during acute hepatitis, sometimes due to a viral infection, ischemia to the liver, chronic hepatitis, obstruction of bile ducts, cirrhosis.

NOTE:

- Abnormal Values

-----END OF REPORT-----

Dr. Charu Agarwal
Consultant Pathologist

Name : MRS NEELAM NANGIA **Age** : 50 Yr(s) Sex :Female
Registration No : MH008904306 RefHosp No. : ghzb-0000128392 **Lab No** : 202310001009
Patient Episode : I18000005590 **Collection Date** : 05 Oct 2023 16:33
Referred By : DR ASHISH SHARMA **Reporting Date** : 06 Oct 2023 08:26
Receiving Date : 05 Oct 2023 16:33

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
LEUCOCYTE COUNT, TOTAL, AUTOMATED	3.7 #	x 10 ³ cells/cumm	[4.0-11.0]
Haematocrit [PCV]	39.0	%	[36.0-46.0]
PLATELET COUNT	35.0 #	x 10 ³ cells/cumm	[150.0-450.0]
SGOT/ AST Method: UV- kinetic	292.00 #	U/L	[0.00-40.00]

Technical Notes:

AST is found in the liver, heart, skeletal muscle, kidneys, brain, and red blood cells, and it is commonly measured clinically as a marker for liver health. AST levels increase during chronic viral hepatitis, blockage of the bile duct, cirrhosis of the liver, liver cancer, kidney failure, hemolytic anemia, pancreatitis and hemochromatosis. AST levels may also increase after a heart attack or strenuous activity

Name : MRS NEELAM NANGIA **Age** : 50 Yr(s) Sex :Female
Registration No : MH008904306 RefHosp No. : ghzb-0000128392 **Lab No** : 202310001009
Patient Episode : I18000005590 **Collection Date** : 05 Oct 2023 16:33
Referred By : DR ASHISH SHARMA **Reporting Date** : 05 Oct 2023 18:01
Receiving Date : 05 Oct 2023 16:33

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
SGPT/ ALT (Without P5P,IFCC) Method: UV- kinetic	216.50 #	U/L	[14.00-54.00]

Technical Notes:

ALT is found mainly in the liver, but also in smaller amounts in the kidneys, heart, muscles and pancreas. It is commonly measured as a part of a diagnostic evaluation of hepatocellular injury to determine liver health.

AST levels increase during acute hepatitis, sometimes due to a viral infection, ischemia to the liver, chronic hepatitis, obstruction of bile ducts, cirrhosis.

SERUM CREATININE (mod.Jaffe) *eGFR	0.61 # 106.0	mg/dl ml/min/1.73sq.m	[0.70-1.20] [>60.0]
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Disclaimer :

eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to 1.73 sq.m BSA and is not applicable to individuals below 18 years. eGFR tends to be less accurate when Serum Creatinine estimation is indeterminate e.g. patients at extremes of muscle mass, on unusual diets etc. and samples with severe Hemolysis Icterus / Lipemia.

Name : MRS NEELAM NANGIA **Age** : 50 Yr(s) Sex :Female
Registration No : MH008904306 RefHosp No. : ghzb-0000128392 **Lab No** : 202310001009
Patient Episode : I18000005590 **Collection Date** : 05 Oct 2023 16:33
Referred By : DR ASHISH SHARMA **Reporting Date** : 05 Oct 2023 18:01
Receiving Date : 05 Oct 2023 16:33

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
SODIUM, SERUM	140.30	mmol/L	[136.00-144.00]

Technical Notes:

Sodium levels when evaluated with electrolytes aid in assessing acid base balance, water balance and water intoxication.

POTASSIUM, SERUM	4.13	mmol/L	[3.60-5.10]
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Technical Notes:

Useful in evaluation of electrolyte balance, Cardiac arrhythmia, muscular weakness, hepatic encephalopathy and renal failure.

NOTE:

- Abnormal Values

-----END OF REPORT-----

Dr. Charu Agarwal
Consultant Pathologist

Name : MRS NEELAM NANGIA **Age** : 50 Yr(s) Sex :Female
Registration No : MH008904306 RefHosp No. : **Lab No** : 202310001093
ghzb-0000128392 **Collection Date** : 06 Oct 2023 04:56
Patient Episode : I18000005590 **Reporting Date** : 06 Oct 2023 09:42
Referred By : DR ASHISH SHARMA
Receiving Date : 06 Oct 2023 04:56

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Serum BILIRUBIN-TOTAL	0.61	mg/dl	[0.30-1.20]

Method : DPD

**Note: Vary according to age (days), body wt & gestation of baby*

SERUM-Bilirubin is a yellowish pigment found in bile and is a breakdown product of normal heme catabolism, Bilirubin is excreted in bile and urine, and elevated levels may give yellow discoloration in jaundice. Elevated levels results from increased bilirubin production (e.g., hemolysis and ineffective erythropoiesis), decreased bilirubin excretion (e.g., obstruction and hepatitis), and abnormal bilirubin metabolism (e.g., hereditary and neonatal jaundice). An elevated bilirubin level in a newborn may be temporary and resolve itself within a few days to two weeks. However, if the bilirubin level is above a critical threshold or rapidly increases, an investigation of the cause are needed so appropriate treatment can be initiated.

SGPT/ ALT (Without P5P,IFCC)	189.90 #	U/L	[14.00-54.00]
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Method: UV- kinetic

Technical Notes:

ALT is found mainly in the liver, but also in smaller amounts in the kidneys, heart, muscles and pancreas. It is commonly measured as a part of a diagnostic evaluation of hepatocellular injury to determine liver health.

AST levels increase during acute hepatitis, sometimes due to a viral infection, ischemia to the liver, chronic hepatitis, obstruction of bile ducts, cirrhosis.

Name : MRS NEELAM NANGIA **Age** : 50 Yr(s) Sex :Female
Registration No : MH008904306 RefHosp No. : ghzb-0000128392 **Lab No** : 202310001093
Patient Episode : I18000005590 **Collection Date** : 06 Oct 2023 04:56
Referred By : DR ASHISH SHARMA **Reporting Date** : 06 Oct 2023 09:42
Receiving Date : 06 Oct 2023 04:56

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
SGOT/ AST Method: UV- kinetic	236.00 #	U/L	[0.00-40.00]

Technical Notes:

AST is found in the liver, heart, skeletal muscle, kidneys, brain, and red blood cells, and it is commonly measured clinically as a marker for liver health. AST levels increase during chronic viral hepatitis, blockage of the bile duct, cirrhosis of the liver, liver cancer, kidney failure, hemolytic anemia, pancreatitis and hemochromatosis. AST levels may also increase after a heart attack or strenuous activity

NOTE:

- Abnormal Values

-----END OF REPORT-----

Dr. Charu Agarwal
Consultant Pathologist

Name : MRS NEELAM NANGIA **Age** : 50 Yr(s) Sex :Female
Registration No : MH008904306 RefHosp No. : **Lab No** : 202310001094
ghzb-0000128392 **Collection Date** : 06 Oct 2023 04:56
Patient Episode : I18000005590 **Reporting Date** : 06 Oct 2023 08:59
Referred By : DR ASHISH SHARMA
Receiving Date : 06 Oct 2023 04:56

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
KIDNEY PROFILE			
Specimen: Serum			
UREA	11.0 #	mg/dl	[15.0-40.0]
<i>Method: GLDH, Kinatic assay</i>			
BUN, BLOOD UREA NITROGEN	5.1 #	mg/dl	[8.0-20.0]
<i>Method: Calculated</i>			
CREATININE, SERUM	0.59 #	mg/dl	[0.70-1.20]
<i>Method: Jaffe rate-IDMS Standardization</i>			
URIC ACID	2.6 #	mg/dl	[4.0-8.5]
<i>Method:uricase PAP</i>			
SODIUM, SERUM	138.90	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.04	mmol/L	[3.60-5.10]
SERUM CHLORIDE	105.3	mmol/L	[101.0-111.0]
<i>Method: ISE Indirect</i>			
eGFR (calculated)	107.2	ml/min/1.73sq.m	[>60.0]
Technical Note			
eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to 1.73 sq.m BSA and is not applicable to individuals below 18 years. eGFR tends to be less accurate when Serum Creatinine estimation is indeterminate e.g. patients at extremes of muscle mass, on unusual diets etc. and samples with severe Hemolysis Icterus / Lipemia.			

Name : MRS NEELAM NANGIA **Age** : 50 Yr(s) Sex :Female
Registration No : MH008904306 RefHosp No. : ghzb-0000128392 **Lab No** : 202310001094
Patient Episode : I18000005590 **Collection Date** : 06 Oct 2023 04:56
Referred By : DR ASHISH SHARMA **Reporting Date** : 06 Oct 2023 08:52
Receiving Date : 06 Oct 2023 04:56

HAEMATOTOLOGY


TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDENCE)	4.67	millions/cumm	[3.80-4.80]
HEMOGLOBIN	13.4	g/dl	[12.0-15.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT	39.2	%	[36.0-46.0]
MCV	83.9	fL	[83.0-101.0]
MCH	28.7	pg	[25.0-32.0]
MCHC	34.2	g/dl	[31.5-34.5]
RDW CV%	12.3	%	[11.6-14.0]
Platelet count	60 #	x 10³ cells/cumm	[150-410]
Method:Electrical Impedance			
MPV	11.6		
WBC COUNT(TC)(IMPEDENCE)	4.14	x 10 ³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT			
(VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	27.0 #	%	[40.0-80.0]
Lymphocytes	63.0 #	%	[20.0-40.0]
Monocytes	8.0	%	[2.0-10.0]
Eosinophils	2.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]

Complete blood count (CBC) is used to evaluate overall health and detect a wide range of disorders, including anemia, infection and leukemia. Abnormal increase or decrease in cell counts as revealed in a complete blood count may indicate that an underlying medical condition that calls for further evaluation.

NOTE:

- Abnormal Values

-----END OF REPORT-----


Dr. Charu Agarwal
 Consultant Pathologist

Name : MRS NEELAM NANGIA
Registration No : MH008904306 RefHosp No. :
ghzb-0000128392
Patient Episode : I18000005590
Referred By : DR ASHISH SHARMA
Receiving Date : 06 Oct 2023 17:39

Age : 50 Yr(s) Sex :Female
Lab No : 202310001264
Collection Date : 06 Oct 2023 17:39
Reporting Date : 07 Oct 2023 09:19

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
LEUCOCYTE COUNT, TOTAL, AUTOMATED	4.5	x 10 ³ cells/cumm	[4.0-11.0]
Haematocrit [PCV]	41.9	%	[36.0-46.0]
PLATELET COUNT	80.0 #	x 10 ³ cells/cumm	[150.0-450.0]

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NOTE:

- Abnormal Values

-----END OF REPORT-----

Dr. Alka Dixit Vats
Consultant Pathologist

Name : MRS NEELAM NANGIA **Age** : 50 Yr(s) Sex :Female
Registration No : MH008904306 RefHosp No. : ghzb-0000128392 **Lab No** : 202310001307
Patient Episode : I18000005590 **Collection Date** : 07 Oct 2023 05:24
Referred By : DR ASHISH SHARMA **Reporting Date** : 07 Oct 2023 09:35
Receiving Date : 07 Oct 2023 05:24

HAEMATOTOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDENCE)	4.70	millions/cumm	[3.80-4.80]
HEMOGLOBIN	13.3	g/dl	[12.0-15.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT	39.0	%	[36.0-46.0]
MCV	83.0	fL	[83.0-101.0]
MCH	28.3	pg	[25.0-32.0]
MCHC	34.1	g/dl	[31.5-34.5]
RDW CV%	12.5	%	[11.6-14.0]
Platelet count	90 #	x 10³ cells/cumm	[150-410]
Method:Electrical Impedance			
MPV	12.0		
WBC COUNT(TC)(IMPEDENCE)	4.74	x 10 ³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT			
(VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	38.0 #	%	[40.0-80.0]
Lymphocytes	54.0 #	%	[20.0-40.0]
Monocytes	6.0	%	[2.0-10.0]
Eosinophils	2.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]

Complete blood count (CBC) is used to evaluate overall health and detect a wide range of disorders, including anemia, infection and leukemia. Abnormal increase or decrease in cell counts as revealed in a complete blood count may indicate that an underlying medical condition that calls for further evaluation.

Name : MRS NEELAM NANGIA **Age** : 50 Yr(s) Sex :Female
Registration No : MH008904306 RefHosp No. : ghzb-0000128392 **Lab No** : 202310001307
Patient Episode : I18000005590 **Collection Date** : 07 Oct 2023 05:24
Referred By : DR ASHISH SHARMA **Reporting Date** : 07 Oct 2023 10:10
Receiving Date : 07 Oct 2023 05:24

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
LIVER FUNCTION TEST			
BILIRUBIN - TOTAL <i>Method: D P D</i>	0.64	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT <i>Method: DPD</i>	0.19	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN(SERUM) <i>Method: Calculation</i>	0.45	mg/dl	[0.10-0.90]
TOTAL PROTEINS(SERUM) <i>Method: BIURET</i>	6.10 #	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) <i>Method: BCG</i>	3.44 #	g/dl	[3.50-5.20]
GLOBULINS (SERUM) <i>Method: Calculation</i>	2.70	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO <i>Method: Calculation</i>	1.29		[1.00-2.50]
AST(SGOT) (SERUM) <i>Method: IFCC W/O P5P</i>	128.00 #	U/L	[0.00-40.00]
ALT(SGPT) (SERUM) <i>Method: IFCC W/O P5P</i>	143.30 #	U/L	[14.00-54.00]
Serum Alkaline Phosphatase <i>Method: AMP BUFFER IFCC)</i>	91.0	IU/L	[32.0-91.0]
GGT	210.0 #	U/L	[7.0-50.0]

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Receiving Date : 07 Oct 2023 05:24

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<p>Liver function test aids in diagnosis of various pre hepatic, hepatic and post hepatic causes of dysfunction like hemolytic anemia's, viral and alcoholic hepatitis and cholestasis of obstructive causes.</p> <p>The test encompasses hepatic excretory, synthetic function and also hepatic parenchymal cell damage. LFT helps in evaluating severity, monitoring therapy and assessing prognosis of liver disease and dysfunction.</p>			
SERUM CREATININE (mod.Jaffe)	0.57 #	mg/dl	[0.70-1.20]
*eGFR	108.4	ml/min/1.73sq.m	[>60.0]

Disclaimer :

eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to 1.73 sq.m BSA and is not applicable to individuals below 18 years. eGFR tends to be less accurate when Serum Creatinine estimation is indeterminate e.g. patients at extremes of muscle mass, on unusual diets etc. and samples with severe Hemolysis Icterus / Lipemia.

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Registration No : MH008904306 RefHosp No. : ghzb-0000128392 **Lab No** : 202310001307
Patient Episode : I18000005590 **Collection Date** : 07 Oct 2023 05:24
Referred By : DR ASHISH SHARMA **Reporting Date** : 07 Oct 2023 10:11
Receiving Date : 07 Oct 2023 05:24

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
SODIUM, SERUM	138.90	mmol/L	[136.00-144.00]

Technical Notes:

Sodium levels when evaluated with electrolytes aid in assessing acid base balance, water balance and water intoxication.

POTASSIUM, SERUM	4.15	mmol/L	[3.60-5.10]
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Technical Notes:

Useful in evaluation of electrolyte balance, Cardiac arrhythmia, muscular weakness, hepatic encephalopathy and renal failure.

NOTE:

- Abnormal Values

-----END OF REPORT-----



Dr. Alka Dixit Vats
Consultant Pathologist