

**DEPARTMENT OF LABORATORY MEDICINE**

Patient Name : Mr Vinayak Ghosh MRN : 2014000001072 Gender/Age : MALE , 39y (27/03/1984)

Collected On : 12/07/2023 09:40 AM Received On : 12/07/2023 12:57 PM Reported On : 12/07/2023 01:21 PM

Barcode : 022307120492 Specimen : Whole Blood Consultant : Dr. Sharma Vasant Kumar(GENERAL MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9845268971

**HEMATOLOGY**

Test	Result	Unit	Biological Reference Interval
<b>COMPLETE BLOOD COUNT (CBC)</b>			
Haemoglobin (Hb%) (Photometric Measurement)	15.5	g/dL	13.0-17.0
Red Blood Cell Count (Electrical Impedance)	5.24	million/ $\mu$ l	4.5-5.5
PCV (Packed Cell Volume) / Hematocrit (Calculated)	46.5	%	40.0-50.0
MCV (Mean Corpuscular Volume) (Derived)	88.7	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	29.5	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	33.2	%	31.5-34.5
Red Cell Distribution Width (RDW) (Derived)	12.7	%	11.6-14.0
Platelet Count (Electrical Impedance Plus Microscopy)	<b>471 H</b>	$10^3/\mu$ L	150.0-450.0
Total Leucocyte Count(WBC) (Electrical Impedance)	5.5	$10^3/\mu$ L	4.0-10.0
<b>DIFFERENTIAL COUNT (DC)</b>			
Neutrophils (VCS Technology Plus Microscopy)	67.1	%	40.0-75.0
Lymphocytes (VCS Technology Plus Microscopy)	24.2	%	20.0-40.0
Monocytes (VCS Technology Plus Microscopy)	7.3	%	2.0-10.0
Eosinophils (VCS Technology Plus Microscopy)	<b>0.8 L</b>	%	1.0-6.0
Basophils (VCS Technology Plus Microscopy)	0.6	%	0.0-2.0

Patient Name : Mr Vinayak Ghosh MRN : 20140000001072 Gender/Age : MALE; 39y (27/03/1984)

Absolute Neutrophil Count (Calculated)	3.7	$\times 10^3$ cells/ $\mu$ l	2.0-7.0
Absolute Lymphocyte Count (Calculated)	1.34	$\times 10^3$ cells/ $\mu$ l	1.0-3.0
Absolute Monocyte Count (Calculated)	0.41	$\times 10^3$ cells/ $\mu$ l	0.2-1.0
Absolute Eosinophil Count (Calculated)	0.05	$\times 10^3$ cells/ $\mu$ l	0.02-0.5
Absolute Basophil Count (Calculated)	0.04	-	-

As per the recommendation of International Council for Standardization in Hematology, the differential counts are additionally being reported as absolute numbers.

#### Interpretation Notes

- Haemoglobin, RBC Count and PCV: If below reference range, indicates Anemia. Further evaluation is suggested.

RBC Indices aid in typing of anemia.

WBC Count: If below reference range, susceptibility to infection.

If above reference range- Infection\*

If very high in lakhs-Leukemia

Neutrophils -If above reference range-acute infection, mostly bacterial

Lymphocytes -If above reference range-chronic infection/ viral infection

Monocytes -If above reference range- TB, Typhoid, UTI

Eosinophils -If above reference range -Allergy, cough, Common cold, Asthma & worms

Basophils - If above reference range, Leukemia, allergy

Platelets: If below reference range- bleeding disorder, Dengue, drug- induced, malignancies

\* In bacterial infection with fever total WBC count increases.

Eg Tonsillitis, Sinusitis, Bronchitis, Pneumonia, Appendicitis, UTI -12000-25000 cells/cumm.

In typhoid and viral fever WBC may be normal.

**DISCLAIMER: All the laboratory findings should mandatorily interpreted in correlation with clinical findings by a medical expert.**

--End of Report--

Hema S

Dr. Hema S  
MD, DNB, Pathology  
Associate Consultant

**DEPARTMENT OF LABORATORY MEDICINE**

Final Report

Patient Name : Mr Vinayak Ghosh MRN : 20140000001072 Gender/Age : MALE , 39y (27/03/1984)

Collected On : 12/07/2023 09:40 AM Received On : 12/07/2023 12:57 PM Reported On : 12/07/2023 01:52 PM

Barcode : 022307120493 Specimen : Whole Blood - ESR Consultant : Dr. Sharma Vasant Kumar(GENERAL MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9845268971

**HEMATOLOGY**

Test	Result	Unit	Biological Reference Interval
<b>Erythrocyte Sedimentation Rate (ESR)</b> (Westergren Method)	<b>65 H</b>	mm/1hr	0.0-10.0

**Interpretation Notes**

- ESR high - Infections, chronic disorders,, plasma cell dyscrasias.

**DISCLAIMER:**All the laboratory findings should mandatorily interpreted in correlation with clinical findings by a medical expert

--End of Report--



Dr. Shalini K S  
DCP, DNB, Pathology  
Consultant

**Note**

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.



**DEPARTMENT OF LABORATORY MEDICINE**

Final Report

Patient Name : Mr Vinayak Ghosh MRN : 20140000001072 Gender/Age : MALE , 39y (27/03/1984)

Collected On : 12/07/2023 09:40 AM Received On : 12/07/2023 12:56 PM Reported On : 12/07/2023 01:54 PM

Barcode : 012307120899 Specimen : Serum Consultant : Dr. Sharma Vasant Kumar(GENERAL MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9845268971

**BIOCHEMISTRY**

Test	Result	Unit	Biological Reference Interval
<b>SERUM CREATININE</b>			
Serum Creatinine (Two Point Rate - Creatinine Aminohydrolase)	0.81	mg/dL	0.66-1.25
eGFR (Calculated)	106.1	mL/min/1.73m <sup>2</sup>	Indicative of renal impairment < 60 Note:eGFR is inaccurate for Hemodynamically unstable patients eGFR is not applicable for less than 18 years of age.
<b>Blood Urea Nitrogen (BUN)</b> (Endpoint /Colorimetric - Urease)	11	mg/dL	9.0-20.0
<b>Serum Uric Acid</b> (Colorimetric - Uricase,Peroxidase)	5.81	mg/dL	3.5-8.5
<b>LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)</b>			
Cholesterol Total (Colorimetric - Cholesterol Oxidase)	161	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240
Triglycerides (Colorimetric - Lip/Glycerol Kinase)	105	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500
HDL Cholesterol (HDLC) (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method)	47	mg/dL	40.0-60.0
Non-HDL Cholesterol (Calculated)	114.0	mg/dL	Desirable: < 130 Above Desirable: 130-159 Borderline High: 160-189 High: 190-219 Very High: => 220
LDL Cholesterol (Colorimetric)	87 L	mg/dL	Optimal: < 100 Near to above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: > 190
VLDL Cholesterol (Calculated)	21.0	mg/dL	0.0-40.0

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Cholesterol /HDL Ratio (Calculated) 3.5 - 0.0-5.0

#### LIVER FUNCTION TEST(LFT)

Bilirubin Total (Colorimetric -Diazo Method)	0.80	mg/dL	0.2-1.3
Conjugated Bilirubin (Direct) (Dual Wavelength - Reflectance Spectrophotometry)	0.00	mg/dL	0.0-0.3
Unconjugated Bilirubin (Indirect) (Calculated)	0.8	mg/dL	0.0-1.1
Total Protein (Colorimetric - Biuret Method)	8.00	gm/dL	6.3-8.2
Serum Albumin (Colorimetric - Bromo-Cresol Green)	4.70	gm/dL	3.5-5.0
Serum Globulin (Calculated)	3.3	gm/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.43	-	1.0-2.1
SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	30	U/L	17.0-59.0
SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	25	U/L	<50.0
Alkaline Phosphatase (ALP) (Multipoint-Rate - P-nitro Phenyl Phosphate, AMP Buffer)	69	U/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide ( Szasz Method))	24	U/L	15.0-73.0

#### Interpretation Notes

- Indirect Bilirubin result is a calculated parameter (Indirect Bilirubin = Total Bilirubin - Direct Bilirubin). Indirect bilirubin result includes the delta bilirubin fraction also. Delta Bilirubin is the bilirubin which is covalently bound to albumin. Delta Bilirubin is not expected to be present in healthy adults or neonates.

#### THYROID PROFILE (T3, T4, TSH)

Tri Iodo Thyronine (T3) (Enhanced Chemiluminesence)	1.37	ng/mL	0.97-1.69
Thyroxine (T4) (Enhanced Chemiluminesence)	7.44	µg/dl	5.53-11.0

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TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminescence) **4.397 H**  $\mu\text{IU/mL}$  0.4-4.049

#### Interpretation Notes

- TSH levels are subjected to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm . The variation is of the order of 50% , hence time of the day has influence on the measured serum TSH concentrations. Alteration in concentration of Thyroid hormone binding protein can profoundly affect Total T3 and/or Total T4 levels especially in pregnancy and in patients on steroid therapy. Unbound fraction ( Free,T4 /Free,T3) of thyroid hormone is biologically active form and correlate more closely with clinical status of the patient than total T4/T3 concentration.

--End of Report--



Dr. Anushre Prasad  
MBBS,MD, Biochemistry  
Consultant Biochemistry



Mrs. Latha B S  
MSc, Mphil, Biochemistry  
Incharge, Consultant Biochemistry

#### Note

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.  
(Lipid Profile, -> Auto Authorized)  
(CR, -> Auto Authorized)  
(LFT, -> Auto Authorized)  
(Uric Acid, -> Auto Authorized)  
(Blood Urea Nitrogen (Bun) -> Auto Authorized)



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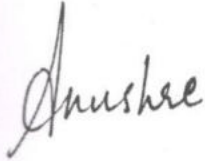
Barcode : 012307120897 Specimen : Plasma Consultant : Dr. Sharma Vasant Kumar(GENERAL MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9845268971

**BIOCHEMISTRY**

Test	Result	Unit	Biological Reference Interval
<b>Fasting Blood Sugar (FBS)</b> (Colorimetric - Glucose Oxidase Peroxidase)	87	mg/dL	70 to 99 : Normal 100 to 125 : Pre-diabetes =>126 : Diabetes ADA standards 2020

--End of Report--



Dr. Anushre Prasad  
MBBS,MD, Biochemistry  
Consultant Biochemistry



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MSc, Mphil, Biochemistry  
Incharge, Consultant Biochemistry

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(Fasting Blood Sugar (FBS) -> Auto Authorized)



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Final Report

Patient Name : Mr Vinayak Ghosh MRN : 20140000001072 Gender/Age : MALE , 39y (27/03/1984)

Collected On : 12/07/2023 12:11 PM Received On : 12/07/2023 12:54 PM Reported On : 12/07/2023 01:34 PM

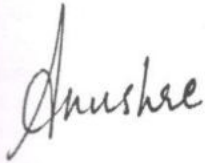
Barcode : 012307121517 Specimen : Plasma Consultant : Dr. Sharma Vasant Kumar(GENERAL MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9845268971

**BIOCHEMISTRY**

Test	Result	Unit	Biological Reference Interval
Post Prandial Blood Sugar (PPBS) (Colorimetric - Glucose Oxidase Peroxidase)	79	mg/dL	70 to 139 : Normal 140 to 199 : Pre-diabetes =>200 : Diabetes ADA standards 2020

--End of Report--



Dr. Anushre Prasad  
MBBS,MD, Biochemistry  
Consultant Biochemistry



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MSc, Mphil, Biochemistry  
Incharge, Consultant Biochemistry

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- (Post Prandial Blood Sugar (PPBS) -> Auto Authorized)





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Final Report

Patient Name : Mr Vinayak Ghosh MRN : 2014000001072 Gender/Age : MALE , 39y (27/03/1984)

Collected On : 12/07/2023 09:40 AM Received On : 12/07/2023 12:57 PM Reported On : 12/07/2023 02:16 PM

Barcode : 012307120898 Specimen : Whole Blood Consultant : Dr. Sharma Vasant Kumar(GENERAL MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9845268971

**BIOCHEMISTRY**

Test	Result	Unit	Biological Reference Interval
<b>HBA1C</b>			
HbA1c (HPLC NGSP Certified)	5.2	%	Normal: 4.0-5.6 Prediabetes: 5.7-6.4 Diabetes: => 6.5 ADA standards 2020
Estimated Average Glucose (Calculated)	102.54	-	-

**Interpretation:**

- HbA1C above 6.5% can be used to diagnose diabetes provided the patient has symptoms. If the patient does not have symptoms with HbA1C>6.5%, repeat measurement on further sample. If the repeat test result is <6.5%, consider as diabetes high risk and repeat measurement after 6 months.
- HbA1C measurement is not appropriate in diagnosing diabetes in children, suspicion of type 1 diabetes, symptoms of diabetes for less than 2 months, pregnancy, hemoglobinopathies, medications that may result sudden increase in glucose, anemia, renal failure, HIV infection, malignancies, severe chronic hepatic, and renal disease.
- Any sample with >15% should be suspected of having a haemoglobin variant.

--End of Report--



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Collected On : 12/07/2023 09:40 AM Received On : 12/07/2023 01:01 PM Reported On : 12/07/2023 01:41 PM

Barcode : 1B2307120016 Specimen : Whole Blood Consultant : Dr. Sharma Vasant Kumar(GENERAL MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9845268971

**NARAYANA HRUDAYALAYA BLOOD CENTRE**

Test	Result	Unit
<b>BLOOD GROUP &amp; RH TYPING</b>		
Blood Group (Column Agglutination Technology)	B	-
RH Typing (Column Agglutination Technology)	Positive	-

--End of Report--



Dr. Prathip Kumar B R  
MBBS,MD, Immunohaematology & Blood Transfusion  
Consultant

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**DEPARTMENT OF LABORATORY MEDICINE**

Final Report

Patient Name : Mr Vinayak Ghosh MRN : 20140000001072 Gender/Age : MALE , 39y (27/03/1984)

Collected On : 12/07/2023 10:49 AM Received On : 12/07/2023 12:57 PM Reported On : 12/07/2023 01:20 PM

Barcode : 032307120209 Specimen : Urine Consultant : Dr. Sharma Vasant Kumar(GENERAL MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9845268971

**CLINICAL PATHOLOGY**

Test

Result Unit

Urine For Sugar (Fasting) (Enzyme Method (GOD  
POD)) Not Present -

--End of Report--



Dr. Sudarshan Chougule

MBBS, MD, Pathology

Consultant & Head - Hematology & Flow Cytometry

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**DEPARTMENT OF LABORATORY MEDICINE**

Final Report

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Collected On : 12/07/2023 10:49 AM Received On : 12/07/2023 12:57 PM Reported On : 12/07/2023 01:37 PM

Barcode : 032307120209 Specimen : Urine Consultant : Dr. Sharma Vasant Kumar(GENERAL MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9845268971

**CLINICAL PATHOLOGY**

Test	Result	Unit	Biological Reference Interval
<b>URINE ROUTINE &amp; MICROSCOPY</b>			
<b>PHYSICAL EXAMINATION</b>			
Colour	STRAW	-	-
Appearance	Clear	-	-
<b>CHEMICAL EXAMINATION</b>			
pH(Reaction) (pH Indicator Method)	5.5	-	4.5-7.5
Sp. Gravity (Refractive Index)	1.021	-	1.002 - 1.030
Protein (Automated Protein Error Or Ph Indicator)	Not Present	-	Not Present
Urine Glucose (Enzyme Method (GOD POD))	Not Present	-	Not Present
Ketone Bodies (Nitroprusside Method)	Not Present	-	Not Present
Bile Salts (Azo Coupling Method)	Not Present	-	Not Present
Bile Pigment (Bilirubin) (Azo Coupling Method)	Not Present	-	Not Present
Urobilinogen (Azo Coupling Method)	Normal	-	Normal
Urine Leucocyte Esterase (Measurement Of Leukocyte Esterase Activity)	Not Present	-	Not Present
Blood Urine (Peroxidase Reaction)	Not Present	-	Not Present
Nitrite (Gries Method)	Not Present	-	Not Present
<b>MICROSCOPIC EXAMINATION</b>			
Pus Cells	0.4	/hpf	0-5

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RBC	0.3	/hpf	0-4
Epithelial Cells	0.3	/hpf	0-6
Crystals	0.0	/hpf	0-2
Casts	0.02	/hpf	0-1
Bacteria	3.2	/hpf	0-200
Yeast Cells	0.0	/hpf	0-1
Mucus	Not Present	-	Not Present

#### Interpretation Notes

- Since the analytical methodology of Urine Microscopy is Flow cytometry based and FDA approved the results of automated urine microscopy which includes RBCs, WBCs Epithelial cells etc are being reported in decimal fraction. Rounding off the value to nearest whole number is suggested.

--End of Report--



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MBBS, MD, Pathology  
Consultant & Head - Hematology & Flow Cytometry

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Final Report

Patient Name : Mr Vinayak Ghosh MRN : 20140000001072 Gender/Age : MALE , 39y (27/03/1984)

Collected On : 12/07/2023 12:11 PM Received On : 12/07/2023 12:58 PM Reported On : 12/07/2023 01:20 PM

Barcode : 032307120264 Specimen : Urine Consultant : Dr. Sharma Vasant Kumar(GENERAL MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9845268971

**CLINICAL PATHOLOGY**

**Test**

**Result Unit**

**Urine For Sugar (Post Prandial)** (Enzyme  
Method (GOD POD))

Not Present -

--End of Report--



Dr. Sudarshan Chougule  
MBBS, MD, Pathology  
Consultant & Head - Hematology & Flow Cytometry

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