



JCI (USA)



NABH
OUR ACCREDITATIONS

DEPARTMENT OF LABORATORY SERVICES

Patient Name	Mr. PANKAJ KUMAR	Lab No/ManualNo	5097913/
UHIDNo/IPNO	300404242	CollectionDate	30/03/2023 9:43AM
Age/Gender	41 Years/Male	Receiving Date	30/03/2023 10:16AM
Bed No/Ward	OPD	Report Date	30/03/2023 1:32PM
Referred By	Dr. Casualty Medical Officer	Report Status	Final

Test Name	Result	Unit	Bio. Ref. Range	Method	Sample
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Biochemistry

ArcoFemi Healthcare Ltd Above 40 Male

Gamma GT*	22.10	U/L	10.00 - 71.00	Enzymatic method	Serum
Creatinine	0.90	mg/dL	0.70 - 1.20	Jaffe Kinetic Compensated	Serum
Age	41				
Weight	78				
Gender	1				
eGFR	119.17	mL/minute/1.73 m2	76 - 120		
Uric Acid	H 7.5	mg/dL	3.4 - 7.0	Uricase / Peroxidase (Colorimetric)	Serum
Fasting Glucose	H 100.2	mg/dL	70 - 100	Hexokinase	Serum
LIVER FUNCTION TEST (LFT) SERUM					Serum
SGPT(ALT)	37.40	U/L	0.00 - 41.00	IFCC without pyridoxal phosphate	
SGOT(AST)	31.40	U/L	0.00 - 40.00	IFCC without pyridoxal phosphate	
Alkaline Phosphatase	82.6	U/L	40 - 129	PNP-Standardize	
Bilirubin Total	0.67	mg/dL	0.00 - 1.10	Diazo Method	
Bilirubin Direct	H 0.22	mg/dL	0.00 - 0.20	Diazo Method	
Bilirubin Indirect	0.45	mg/dL	0.00 - 1.10	Calculate from Total and Direct Billirubin	
Protein Total	7.85	g/dL	6.40 - 8.20	Biuret Method	
Albumin	4.90	g/dL	3.97 - 4.95	BCG Endpoint	
Globulin	2.95	g/dL	2.20 - 3.50	Calculated	

Dr. Kazumi Gondalia
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A/G Ratio	1.66	Ratio	0.90 - 2.80	Ratio	
HbA1c (Glyco Hb)	5.50	%	4.8 % - 5.9 % Normal 5.9 % - 7.0 % Good diabetic Control 7.0 % - 10.00 % Fair Diabetic Control >10.0 % Poor diabetic Control	Immunoturbidimetric	EDTA Blood
Mean Plasma Glucose	120	mg/dL	80 - 140		
Blood Urea	L 15.3	mg/dL	16.6 - 48.5	Urease,Kinetic,GLDH	Serum
BUN*	7.15	mg/dL	6 - 20	Ureas with UV	

(*) Not in NABL Scope

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Biochemistry

ArcoFemi Healthcare Ltd Above 40 Male

LIPID PROFILE (WITH DIRECT LDL)

Serum

Test Name	Result	Unit	Bio. Ref. Range	Method	Sample
Sample Type	Fasting				
Cholesterol Total	184.40	mg/dL	Less than 160 mg/dL Excellent Less than 200 mg/dL Desirable 200-239 mg/dL Borderline High 240 mg/dl & over high	Enzymatic (CHE/CHO/POD)	
Triglycerides	101.80	mg/dL	Less than 150 mg/dL Normal 150-199 mg/dL Borderline High 200-499 mg/dL High 500 mg/dL or greater very High	Enzymatic colorimetric	
Cholesterol HDL	42.20	mg/dL	Less than 40 mg/dL Low 60 mg/dL or Above Excellent	Homogenous Enzymatic	
LDL Cholesterol (Direct)	129.50	mg/dL	Less than 80 mg/dL Excellent Less than 100 mg/dL Optimal 100-129 mg/dL Near or above optimal 130-159 mg/dL Borderline High 160-189 mg/dL High 190 mg/dL & above Very High	Homogenous Enzymatic	
Cholesterol VLDL	20.36	mg/dL	< 30		
LDL/HDL RATIO	3.07		< 4	Calculated	
Cholesterol Total / HDL Ratio	4.37		< 5	Calculated	

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Clinical Pathology

ArcoFemi Healthcare Ltd Above 40 Male

URINE ROUTINE EXAMINATION

URINE

Physical Examination:

Quantity	20 ml			Visual method	
Colour	Pale Yellow			Visual method	
Appearance:	Clear			Visual method	
Reaction	7.0		4.5 - 8.0	Reflectance photometer	
Sp. Gravity	1.010		1.015 - 1.030	Reflectance photometer/Enzymatic reaction	

Chemical Examination:

U.Albumin	Nil			Reflectance photometer/Manual	
U.Glucose	Nil				
U.Acetone	Nil				
BS/BP	Absent				

Microscopic Examination

Pus Cell	Occasional		/H.P.F.	Microscopy	
Red Blood Cell	Nil		/H.P.F.		
Epithelial cell	1-2		/H.P.F.		
Cast	Absent				
Crystals	Absent				
Amorphous	Absent				
Monilia	Absent				
Other:	Absent				

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INTERPRETATIONS:

Useful for Evaluation of patients with suspected sarcoidosis. An elevation in the level of serum angiotensin converting enzyme (ACE), along with radiographic evidence of infiltrates and/or adenopathy and organ biopsies showing noncaseating epithelial granulomas is suggestive of a diagnosis of sarcoidosis. Other conditions such as Gaucher disease, leprosy, untreated hyperthyroidism, psoriasis, premature infants with respiratory distress syndrome, adults with amyloidosis, and histoplasmosis have been associated with increased levels of ACE. Serum ACE is significantly higher in most (approximately 80%) patients with active sarcoidosis. ACE is also elevated in a number of other diseases and in approximately 5% of the normal adult population. Significantly low ACE levels are seen in many acute & chronic cases of lung injuries

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Haematology

ArcoFemi Healthcare Ltd Above 40 Male

CBC WITH ESR

Citrate Whole Blood, EDTA Blood

Haemoglobin	L 13.3	g/dL	13.5 - 18.0	SLS Method	
Hematocrit/PCV	L 40.1	%	42.0 - 52.0	H.focusing Method	
RBC COUNT	L 4.43	mill/Cmm	4.70 - 6.00	H.focusing impedance	
MCV	90.5	fl	83.0 - 101.0	Calculated	
MCH	30.0	pg	27.0 - 31.0	Calculated	
MCHC	33.2	g/dL	32.0 - 36.0	Calculated	
RDW-CV	13.1	%	11.5 - 14.0	Calculated	
Platelet count	L 129000	/cumm	150000 - 450000	H.focusing impedance	
Mean Platelet Volume(MPV)*	H 14.7	fl	8 - 12	Calculated	
Total Leucocyte Count (TLC)	4280	/cumm	4000 - 10500	Flow Cytometry	
Differential Leucocyte Count				Flowcytometry/Microscopic	
Neutrophils	57	%	40.0 - 70.0		
Lymphocytes	37	%	22 - 45		
Eosinophils	02	%	1.0 - 4.0		
Monocytes	04	%	1.0 - 6.0		
Basophils	00	%	0.0 - 1.0		
Absolute Leucocyte Count					
Absolute Neutrophil Count*	2439.6	/cumm	1800 - 7700		
Absolute Lymphocyte count*	1583.6	/cumm	1000 - 4800		
Absolute Eosinophil Count*	85.6	/cumm	40 - 450		
Absolute Monocyte Count*	171.2	/cumm	0 - 800		
Peripheral Smear Study	RBCs are Normochromic & Normocytic. Platelets are decreased in number & Giant Platelets are seen. Platelets are on smear 1,40,000/cmm. Malarial Parasites are not seen. No Premature cells are seen.				
Erythrocyte Sedimentation Rate (ESR)	02	mm/hr	0 - 10	Modified westergren Method	

Dr. Jitendra Narendrabhai Nayak
Reg.No:G-14786
Consultant Pathologist



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Biochemistry/Immunology					
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Prostate Specific Antigen	0.246	ng/mL	0.000 - 4.000	ECLIA	Serum
TOTAL T3*	0.917	ng/mL	0.850 - 2.020	ECLIA.	Serum
TOTAL T4*	8.430	ug/dL	5.130 - 14.060	ECLIA.	
THYROID STIMULATING HORMONE	2.980	uIU/mL	0.270 - 4.200	ECLIA.	

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Immuno-Haematology

ArcoFemi Healthcare Ltd Above 40 Male

BLOOD GROUPING

EDTA Blood

ABO Group

"O"

Tube Agglutination Method

Rh Type

Positive

End Of Report

Dr. Jitendra Narendrabhai Nayak
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