

No.361, Mall Road Amritsar, Lawrence Road, Amritsar, Punjab-143 001





LABORATORY REPORT

PATIENT INFORMATION

MR PRAKASH RITURAJ S.O CHANDER PRAKASH.

: 37Y 3M 12D

AGE

GENDER : Male

PRIORITY : Routine

PRIORITY : Routine

REFERRED BY

DR. GENERAL MEDICAL OFFICER

LAB MR# : AMCT00018195

HMIS MR# : AM-2-74754 Ward / Room/ Bed No.

SPECIMEN INFORMATION

SAMPLE TYPE : Whole Blood -

EDTA

LAB ORDER NO : VMCT23013476 **COLLECTED ON** : 25/Feb/2023 17:34

RECEIVED ON : 25/Feb/2023 18:22

REPORT STATUS : Final Report

APPROVED ON : 25/Feb/2023 18:39



HAEMATOLOGY

Test Name (Methodology) Result Flag Units Biological Reference Interval

Mediwheel Active Check

Complete Blood Counts

(Automated Hematology Analyzer & Microscopy)

Total Leukocyte Count	5.9		10³/µl	4.0 - 11.0
RBC Count	4.7		10^6/µL	4.5 - 5.5
Hemoglobin	14.7		g/dL	13.0 - 17.0
Hematocrit	43.6		%	40 - 50
MCV(Mean Corpuscular Volume)	92.2		fL	83 - 101
MCH(Mean Corpuscular Hemoglobin)	31.0		pg	27 - 32
MCHC(Mean Corpuscular Hemoglobin Concentration)	33.7		g/dL	31.5 - 34.5
RDW	13.4		%	11.6 - 14
Platelet Count	173		10³/µl	150 - 410
MPV	12.0	Н	fL	7.5 - 11.5
Differential Counts % (VCSN)				
Neutrophils	52.0		%	40-80%
Lymphocytes	36.0		%	20-40%
Monocytes	8.0		%	2-10%
Eosinophils	4.0		%	1-6%
Basophils	0.0		%	0-1%
Differential Counts, Absolute				
Absolute Neutrophil Count	3.07		10³/µl	2.0-7.0
Absolute Lymphocyte Count	2.12		10³/µl	1.0-3.0
Absolute Monocyte Count	0.47		10³/µl	0.2 - 1.0
Absolute Eosinophil Count (AEC)	0.24		10³/µl	0.02-0.5
Absolute Basophil Count	0.00		10³/µl	0.02 - 0.1

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MR PRAKASH RITURAJ S.O CHANDER PRAKASH.

AGE

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PRIORITY

: Routine

REFERRED BY

DR. GENERAL MEDICAL OFFICER

LAB MR# : AMCT00018195 HMIS MR# : AM-2-74754

Ward / Room/ Bed No.

SPECIMEN INFORMATION

LAB ORDER NO

SAMPLE TYPE : WB/Plasma-

> Citrate(3.2%/3.8%) : VMCT23013476

COLLECTED ON : 25/Feb/2023 17:34

: 25/Feb/2023 18:22 **RECEIVED ON REPORT STATUS** : Final Report

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HAEMATOLOGY

Test Name (Methodology) Result Flag **Units Biological Reference Interval**

Mediwheel Active Check

Erythrocyte Sedimentation Rate (ESR)

Westergren's Method(Manual)

Westergrens Method (Modified Westergren's) 25

mm/h

0 - 10

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: 37Y 3M 12D

AGE

GENDER : Male

PRIORITY

: Routine

REFERRED BY

DR. GENERAL MEDICAL OFFICER

LAB MR# : AMCT00018195 HMIS MR# : AM-2-74754

Ward / Room/ Bed No.

SPECIMEN INFORMATION

LAB ORDER NO

SAMPLE TYPE : Urine

: VMCT23013476 **COLLECTED ON** : 25/Feb/2023 17:34

RECEIVED ON : 25/Feb/2023 19:32 **REPORT STATUS** : Final Report

APPROVED ON : 25/Feb/2023 19:39



CLINICAL PATHOLOGY

Test Name (Methodology) Result Flag **Units Biological Reference Interval**

Mediwheel Active Check

Urine Examination - Routine & Microscopy (CUE)

PHYSICAL EXAMINATION:

Volume 15.00 mL

PALE YELLOW Pale Colour Appearance Clear Clear

CHEMICAL EXAMINATION:

4.8 - 7.4 7.00 pН

(Dip stick) Specific Gravity 1.005 L 1.010 - 1.022

(Dip Stick(Bromothymol blue))

NEGATIVE Negative Protein

(Dip Stick/ Sulfosalicylic acid)

Glucose **NEGATIVE** Negative (Dip Stick /Benedicts test)

Ketones **NEGATIVE** Negative

(Dip stick)

NEGATIVE Normal Urobilinogen (Dip Stick / Ehrlich reaction)

NEGATIVE Nitrite Negative

(Dip Stick / (Griess test))

Bilirubin **NEGATIVE** Negative (Dipstick/diazo)

NEGATIVE Blood Negative

(Dip Stick (Peroxidase)) **MICROSCOPIC EXAMINATION:**

Crystals

Pus Cells 1 - 2 /HPF 0 - 10**Epithelial Cells** NIL /HPF < 20 **RBCs** NIL /HPF 0 - 5 Absent /LPF Absent Casts

Absent

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/HPF

Absent



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AGE

: 37Y 3M 12D

GENDER

: Male

PRIORITY : Routine

REFERRED BY

DR. GENERAL MEDICAL OFFICER

LAB MR# : AMCT00018195

HMIS MR# : AM-2-74754 Ward / Room/ Bed No.

SPECIMEN INFORMATION

SAMPLE TYPE : Fluoride Plasma

- F

LAB ORDER NO : VMCT23013476 **COLLECTED ON** : 25/Feb/2023 17:34

RECEIVED ON : 25/Feb/2023 18:17

REPORT STATUS : Final Report

APPROVED ON : 25/Feb/2023 18:41



BIOCHEMISTRY

Test Name (Methodology) Result Flag Units Biological Reference Interval

Mediwheel Active Check

Glucose - Fasting

Glucose - Fasting (Hexokinase)

115.0

Н

mg/dL

Normal: 74-100 Pre-diabetic: 100-125

Diabetic: >=126

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LABORATORY REPORT

PATIENT INFORMATION MR PRAKASH RITURAJ S.O CHANDER PRAKASH.

: 37Y 3M 12D

GENDER PRIORITY : Male : Routine REFERRED BY

DR. GENERAL MEDICAL OFFICER

LAB MR# : AMCT00018195 HMIS MR# : AM-2-74754 Ward / Room/ Bed No.

SPECIMEN INFORMATION

RECEIVED ON

SAMPLE TYPE : Serum

LAB ORDER NO · VMCT23013476 **COLLECTED ON** : 25/Feb/2023 17:34

: 25/Feb/2023 18:17

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BIOCHEMISTRY

Test Name (Methodology) Result **Biological Reference Interval** Flag Units

Mediwheel Active Check

TSH, Thyroid Stimulating Hormone

2.400

µIU/mL

0.27 - 4.21

(ECLIA)

Interpretation:

The following potential sources of variation should be considered while interpreting thyroid hormone results:

- 1. Circadian variation in TSH secretion: peak levels are seen between 2-4 am. Minimum levels seen between 6-10 am. This variation may be as much as 50% thus, influence of sampling time needs to be considered for clinical interpretation.
- 2. Total T3 and T4 levels are seen to have physiological rise during pregnancy and in patients on steroid treatment
- 3. Circulating forms of T3 and T4 are mostly reversibly bound with Thyroxine binding globulins (TBG), and to a lesser extent with albumin and Thyroid binding Pre-Albumin. Thus the conditions in which TBG and protein levels alter such as chronic liver disorders, pregnancy, excess of estrogens, androgens, anabolic steroids and glucocorticoids may cause misleading total T3, total T4 and TSH interpretations.
- 4. T4 may be normal in the presence of hyperthyroidism under the following conditions: T3 thyrotoxicosis, Hypoproteinemia related reduced binding, in presence of drugs (eg Phenytoin, Salicylates etc)
- 5. Neonates and infants have higher levels of T4 due to increased concentration of TBG
- 6. TSH levels may be normal in central hypothyroidism, recent rapid correction of hypothyroidism or hyperthyroidism, pregnancy, phenytoin therapy etc.
- 7. TSH values of <0.03 uIU/mL must be clinically correlated to evaluate the presence of a rare TSH variant in certain individuals which is undetected by conventional methods.
- 8. Presence of Autoimmune disorders may lead to spurious results of thyroid hormones
- 9. Various drugs can lead to interference in test results

It is recommended to evaluate unbound fractions, that is free T3 (fT3) and free T4 (fT4) for clinic-pathologic correlation, as these are the metabolically active forms.

Triglycerides Trialycerides

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Triglycerides (Enzymatic colorimetry)	160.0	Н	mg/dL	Normal : <150 Borderline-high : 150–199 High risk : 200–499 Very high risk : >500
Cholesterol Total - Serum				
Cholesterol Total - Serum (Enzymatic colorimetry)	194.0		mg/dL	No risk : <200 Moderate risk : 200-239 High risk : >240
Cholesterol - HDL (Direct)				
Cholesterol - HDL (Direct) (Enzymatic colorimetry)	45.0		mg/dL	High Risk : <40 No Risk : >60
Cholesterol - LDL				
Cholesterol - LDL (Direct) (Enzymatic colorimetry)	127.0	Н	mg/dL	Optimum :<100 Above optimum :<130 Moderate risk :130-159 High risk :>160

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LABORATORY REPORT

: AMCT00018195

DR. GENERAL MEDICAL OFFICER

PATIENT INFORMATION

MR PRAKASH RITURAJ S.O CHANDER PRAKASH.

AGE

: 37Y 3M 12D

GENDER : M PRIORITY : R

: Male

: Routine

LAB MR#

HMIS MR# : AM-2-74754 Ward / Room/ Bed No.

REFERRED BY

- - - - -

SPECIMEN INFORMATION

REPORT STATUS

SAMPLE TYPE : Serum

LAB ORDER NO : VMCT23013476 **COLLECTED ON** : 25/Feb/2023 17:34

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: Final Report



BIOCHEMISTRY

Test Name (Methodology) Result Flag Units Biological Reference Interval

Mediwheel Active Check



AMPATH MEDICITY No.361, Mall Road Amritsar, Lawrence Road, Amritsar, Punjab-143 001



LABORATORY REPORT

: AMCT00018195

DR. GENERAL MEDICAL OFFICER

PATIENT INFORMATION

MR PRAKASH RITURAJ S.O CHANDER

PRAKASH. AGE

GENDER : Male

PRIORITY

: Routine

: 37Y 3M 12D HMIS MR# : AM-2-74754 Ward / Room/ Bed No.

LAB MR#

REFERRED BY

SPECIMEN INFORMATION

REPORT STATUS

SAMPLE TYPE : Serum

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BIOCHEMISTRY

Test Name (Methodology) Result Flag **Units Biological Reference Interval**

Mediwheel Active Check

VLDL (Very Low Density Lipoprotein)

VLDL (Very Low Density Lipoprotein)

32.0

Н mg/dL <30

(Calculation) LDL/HDL Ratio

LDL/HDL Ratio 2.80



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LABORATORY REPORT

PATIENT INFORMATION MR PRAKASH RITURAJ S.O CHANDER PRAKASH.

AGE

: 37Y 3M 12D

GENDER

(Uricase)

: Male

PRIORITY : Routine

LAB MR#

REFERRED BY

: AMCT00018195 HMIS MR# : AM-2-74754

Ward / Room/ Bed No.

DR. GENERAL MEDICAL OFFICER

SPECIMEN INFORMATION

SAMPLE TYPE : Serum

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BIOCHEMISTRY	1
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Test Name (Methodology)	Result	Flag Units	Biological Reference Interval
Mediwheel Active Check			
Cholestrol/HDL Ratio			
Cho/HDL Ratio (Calculation)	4.31	н	Normal : <4.0 Low risk : 4.0-6.0 High risk : >6.0
Uric acid			
Uric acid	8.4	H mg/dL	3.4-7



AMPATH MEDICITY No.361, Mall Road Amritsar, Lawrence Road, Amritsar, Punjab-143 001



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: AMCT00018195

DR. GENERAL MEDICAL OFFICER

HMIS MR# : AM-2-74754

PATIENT INFORMATION MR PRAKASH RITURAJ S.O CHANDER

PRAKASH.

AGE

GENDER : Male **PRIORITY** : Routine

: 37Y 3M 12D

Ward / Room/ Bed No.

REFERRED BY

LAB MR#

SPECIMEN INFORMATION

REPORT STATUS

SAMPLE TYPE : Serum

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: Final Report

Toxicity: >100

APPROVED ON : 25/Feb/2023 19:02



Test Name (Methodology)	Result	Flag	Units	Biological Reference Interval
Mediwheel Active Check				
BUN/Creatinine Ratio				
Blood Urea Nitrogen (BUN) (Calculation)	7.48	L	mg/dL	8.8-20.5
Creatinine (Modified Jaffe Kinetic)	1.10		mg/dL	< 1.20
BUN/Creatinine Ratio (Calculation)	6.80			10:1 to 20:1
Vitamin D, 25-Hydroxy				
Vitamin D, 25-Hydroxy (ECLIA)	5.2	L	ng/ml	Deficient: <=20 Insufficiency: 20-29 Desirable: >=30-100

Kindly Correlate Clinically

Interpretation:

Interpretation:

O Vitamin D is a fat soluble vitamin produced in the skin by exposure to sun light. Deficiency in children causes rickets and in adults leads to osteomalacia

Decreased:

- Impaired cutaneous production (lack of sunlight exposure)
- Dietary absence
- Malabsorption
- Increased metabolism due to drugs like barbiturates, phenytoin.
- Liver disease
- Renal failure
- VIT D receptor mutation

Increased:

O Vitamin D intoxication due to increased vit D supplements intake

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AMPATH AMRITSAR MAIN Model Town, G.T. Road, Amritsar



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MR PRAKASH RITURAJ S.O CHANDER

PRAKASH. AGE

: 37Y 3M 12D : Male

GENDER PRIORITY

: Routine

REFERRED BY

DR. GENERAL MEDICAL OFFICER

LAB MR# : AMCT00018195 **HMIS MR#** : **AM-2-74754**

Ward / Room/ Bed No.

.

SPECIMEN INFORMATION

REPORT STATUS

SAMPLE TYPE: Serum

LAB ORDER NO : VMCT23013476 **COLLECTED ON** : 25/Feb/2023 17:34

RECEIVED ON : 26/Feb/2023 09:50

APPROVED ON : 26/Feb/2023 12:02



BIOCHEMISTRY

Test Name (Methodology) Result Flag Units Biological Reference Interval

Mediwheel Active Check

Rheumatoid Factor (RA) - Quantitative - Serum

Rheumatoid Factor (RA) - Quantitative - <10.0

Serum

(Immunoturbidimetry)

Kindly Correlate Clinically

IU/mL

<14.0 (Negative)

: Final Report



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LABORATORY REPORT

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(Bromocresol green)

PRAKASH. AGE

: 37Y 3M 12D

GENDER PRIORITY : Male

: Routine

REFERRED BY

DR. GENERAL MEDICAL OFFICER

LAB MR# : AMCT00018195 HMIS MR# : AM-2-74754

Ward / Room/ Bed No.

SPECIMEN INFORMATION

SAMPLE TYPE : Serum

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BIOCHEMISTRY

Test Name (Methodology)	Result	Flag	Units	Biological Reference Interval
Mediwheel Active Check				
Bilirubin (Total, Direct and Indirect))			
Bilirubin Total (Diazo method)	0.40		mg/dL	<1.1
Bilirubin Conjugated (Diazo method)	0.20		mg/dL	<=0.2
Bilirubin Unconjugated, Indirect (Calculation)	0.20		mg/dL	<1.0
Alkaline Phosphatase - ALP				
Alkaline Phosphatase - ALP (IFCC kinetic)	95.0		U/L	<129
Albumin - Serum				
Albumin - Serum	4.8		g/dL	3.5 - 5.2



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BIO	CHEM	ISTRY
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Test Name (Methodology)	Result	Flag	Units	Biological Reference Interval
Mediwheel Active Check				
Globulin				
Globulin (Calculation)	2.5		g/dL	2.3-3.5
A/G (Albumin/Globulin) Ratio				
A/G (Albumin/Globulin) Ratio (Calculation)	1.9			0.8-2.0



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Test Name (Methodology)	Result	Flag	Units	Biological Reference Interval
Mediwheel Active Check				
Gamma Glutamyl Transferase (GGT)				
Gamma Glutamyl Transferase (GGT) (Enzymatic colorimetric assay)	161.0	Н	U/L	< 71
Aspartate Aminotransferase (AST/SGOT))			
Aspartate Aminotransferase (AST/SGOT) (IFCC kinetic)	102	Н	U/L	<37
Alanine aminotransferase - (ALT / SGPT)	1			
Alanine aminotransferase - (ALT / SGPT) (Kinetic IFCC)	216	Н	U/L	<41
Protein Total, Serum				
Protein Total, Serum (Biuret Method)	7.3		g/dL	6.4-8.3
Electrolytes (Na, K, Cl) - Serum				
Sodium - Serum (ISE Indirect)	137.0		mmol/L	136 - 145
Potassium (ISE Indirect)	3.90		mmol/L	3.5-5.1
Chloride - Serum (ISE Indirect)	98.7		mmol/L	98-107

---- End Of Report ----

Dr.Kusneniwar Pallavi Rameshrao Consultant-Pathologist

Dr.Maninderbir Kaur Consultant-Pathologist

Disclaimer:

- 1. All results released pertain to the specimen as received by the lab for testing and under the assumption that the patient indicated or identified on the bill/test requisition form is the owner of the specimen.
- 2. Clinical details and consent forms, especially in Genetic testing, histopathology, as well as wherever applicable, are mandatory to be accompanied with the test requisition form. The non-availability of such information may lead to delay in reporting as well as misinterpretation of test results. The lab will not be responsible for any such delays or misinterpretations

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LAB MR# : AMCT00018195 HMIS MR# : AM-2-74754 Ward / Room/ Bed No.

SPECIMEN INFORMATION

SAMPLE TYPE : Serum

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BIOCHEMISTRY

Test Name (Methodology) Result **Biological Reference Interval** Flag Units

Mediwheel Active Check

thereof.

- 3. Test results are dependent on the quality of the sample received by the lab. In case the samples are preprocessed elsewhere (e.g., paraffin blocks), results may be compromised.
- 4. Tests are performed as per the schedule given in the test listing and in any unforeseen circumstances, report delivery may
- 5. Test results may show inter-laboratory as well as intra-laboratory variations as per the acceptable norms.
- 6. Genetic reports as well as reports of other tests should be correlated with clinical details and other available test reports by a qualified medical practitioner. Genetic counselling is advised in genetic test reports by a qualified genetic counsellor, medical practitioner or both.
- 7. Samples will be discarded post processing after a specified period as per the laboratory's retention policy. Kindly get in touch with the lab for more information.
- 8. If accidental damage, loss, or destruction of the specimen is not attributable to any direct or negligent act or omission on the part of Ampath Labs or its employees, Ampath shall in no event be liable. Ampath lab's liability for a lack of services, or other mistakes and omissions, shall be restricted to the amount of the patient's payment for the pertinent laboratory services.

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