

pt not rec on call PPRS not given



Multispeciality Clinic

Unit of Narayana Health

DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Ms Chinkal Agarwal MRN : 20100000024177 Gender/Age : FEMALE , 32y (17/02/1991)

Collected On : 11/03/2023 10:03 AM Received On : 11/03/2023 12:06 PM Reported On : 11/03/2023 12:55 PM

Barcode : 022303110590 Specimen : Whole Blood Consultant : Dr. Sharma Vasant Kumar(GENERAL MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8130275421

HEMATOLOGY

Test	Result	Unit	Biological Reference Interval
COMPLETE BLOOD COUNT (CBC)			
Haemoglobin (Hb%) (Photometric Measurement)	11.6 L	g/dL	12.0-15.0
Red Blood Cell Count (Electrical Impedance)	4.26	million/ μ L	3.8-4.8
PCV (Packed Cell Volume) / Hematocrit (Calculated)	36.0	%	36.0-46.0
MCV (Mean Corpuscular Volume) (Derived)	84.6	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	27.3	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	32.2	%	31.5-34.5
Red Cell Distribution Width (RDW) (Derived)	14.4 H	%	11.6-14.0
Platelet Count (Electrical Impedance Plus Microscopy)	218	10^3 / μ L	150.0-450.0
Total Leucocyte Count(WBC) (Electrical Impedance)	4.7	10^3 / μ L	4.0-10.0
DIFFERENTIAL COUNT (DC)			
Neutrophils (VCS Technology Plus Microscopy)	66.6	%	40.0-75.0
Lymphocytes (VCS Technology Plus Microscopy)	20.8	%	20.0-40.0
Monocytes (VCS Technology Plus Microscopy)	7.9	%	2.0-10.0
Eosinophils (VCS Technology Plus Microscopy)	4.7	%	1.0-6.0
Basophils (VCS Technology Plus Microscopy)	0.0	%	0.0-2.0



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Absolute Neutrophil Count (Calculated)	3.14	$\times 10^3$ cells/ μ l	2.0-7.0
Absolute Lymphocyte Count (Calculated)	0.98 L	$\times 10^3$ cells/ μ l	1.0-3.0
Absolute Monocyte Count (Calculated)	0.38	$\times 10^3$ cells/ μ l	0.2-1.0
Absolute Eosinophil Count (Calculated)	0.23	$\times 10^3$ cells/ μ l	0.02-0.5

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

Note

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



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Collected On : 11/03/2023 10:03 AM Received On : 11/03/2023 12:06 PM Reported On : 11/03/2023 02:23 PM

Barcode : 022303110589 Specimen : Whole Blood - ESR Consultant : Dr. Sharma Vasant Kumar(GENERAL MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8130275421

HEMATOLOGY

Test	Result	Unit	Biological Reference Interval
Erythrocyte Sedimentation Rate (ESR) (Westergren Method)	8	mm/1hr	0.0-12.0

Interpretation Notes

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

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Patient Name : Ms Chinkal Agarwal MRN : 20100000024177 Gender/Age : FEMALE , 32y (17/02/1991)

Collected On : 11/03/2023 10:03 AM Received On : 11/03/2023 12:16 PM Reported On : 11/03/2023 01:29 PM

Barcode : 1B2303110047 Specimen : Whole Blood Consultant : Dr. Sharma Vasant Kumar(GENERAL MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8130275421

NARAYANA HRUDAYALAYA BLOOD CENTRE

Test	Result	Unit
BLOOD GROUP & RH TYPING		
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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Patient Name : Ms Chinkal Agarwal MRN : 20100000024177 Gender/Age : FEMALE , 32y (17/02/1991)
Collected On : 11/03/2023 10:03 AM Received On : 11/03/2023 12:07 PM Reported On : 11/03/2023 03:21 PM

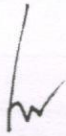
Barcode : 012303111099 Specimen : Plasma Consultant : Dr. Sharma Vasant Kumar(GENERAL MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8130275421

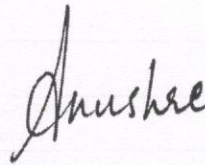
BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
Fasting Blood Sugar (FBS) (Colorimetric - Glucose Oxidase Peroxidase)	79	mg/dL	70 to 99 : Normal 100 to 125 : Pre-diabetes =>126 : Diabetes ADA standards 2020

--End of Report--



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



Dr. Anushre Prasad
MBBS,MD, Biochemistry
Consultant Biochemistry

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



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 Collected On : 11/03/2023 10:03 AM Received On : 11/03/2023 12:06 PM Reported On : 11/03/2023 01:48 PM
 Barcode : 012303111100 Specimen : Whole Blood Consultant : Dr. Sharma Vasant Kumar(GENERAL MEDICINE)
 Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8130275421

Test	BIOCHEMISTRY		Biological Reference Interval
	Result	Unit	
HbA1C			
HbA1c (HPLC NGSP Certified)	5.3	%	Normal: 4.0-5.6 Prediabetes: 5.7-6.4 Diabetes: => 6.5 ADA standards 2020
Estimated Average Glucose (Calculated)	105.41	-	-

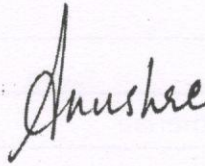
Interpretation:

- 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--



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



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 MBBS, MD, Biochemistry
 Consultant Biochemistry

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Collected On : 11/03/2023 10:03 AM Received On : 11/03/2023 12:07 PM Reported On : 11/03/2023 05:00 PM

Barcode : 012303111101 Specimen : Serum Consultant : Dr. Sharma Vasant Kumar(GENERAL MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8130275421

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
SERUM CREATININE			
Serum Creatinine (Two Point Rate - Creatinine Aminohydrolase)	0.54 L	mg/dL	0.6-1.0
eGFR (Calculated)	130.9	mL/min/1.73m ²	Indicative of renal impairment < 60 Note:eGFR is inaccurate for Hemodynamically unstable patients eGFR is not applicable for less than 18 years of age.
Blood Urea Nitrogen (BUN) (Endpoint /Colorimetric - Urease)	11	mg/dL	7.0-17.0
Serum Uric Acid (Colorimetric - Uricase,Peroxidase)	3.0	mg/dL	2.5-6.2
LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)			
Cholesterol Total (Colorimetric - Cholesterol Oxidase)	143	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240
Triglycerides (Colorimetric - Lip/Glycerol Kinase)	75	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500
HDL Cholesterol (HDLC) (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method)	51	mg/dL	40.0-60.0
Non-HDL Cholesterol (Calculated)	92.0	mg/dL	Desirable: < 130 Above Desirable: 130-159 Borderline High: 160-189 High: 190-219 Very High: => 220
LDL Cholesterol (Colorimetric)	76 L	mg/dL	Optimal: < 100 Near to above optimal: 100-12. Borderline High: 130-159 High: 160-189 Very High: > 190
VLDL Cholesterol (Calculated)	15.0	mg/dL	0.0-40.0

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Narayana Hrudayalaya Limited

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Varthur Hobli, Bangalore - 560035 Tel: +91 80 2574 0061, + 91 88844 31319, Email : info.sarjapur@nhhospitals.org
Registered Office: 258/A, Bommasandra Industrial Area, Anekal Taluk, Bangalore 560099

Patient Name : Ms Chinkal Agarwal MRN : 20100000024177 Gender/Age : FEMALE , 32y (17/02/1991)

Cholesterol /HDL Ratio (Calculated) 2.9 - 0.0-5.0

THYROID PROFILE (T3, T4, TSH)

Tri Iodo Thyronine (T3) (Enhanced Chemiluminescence) 1.27 ng/mL 0.97-1.69

Thyroxine (T4) (Enhanced Chemiluminescence) 10.7 µg/dl 5.53-11.0

TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminescence) 3.940 µIU/mL
> 18 Year(s) : 0.4 -4.5
Pregnancy:
1st Trimester: 0.129-3.120
2nd Trimester: 0.274-2.652
3rd Trimester: 0.312-2.947

LIVER FUNCTION TEST(LFT)

Bilirubin Total (Colorimetric -Diazo Method) 0.43 mg/dL 0.2-1.3

Conjugated Bilirubin (Direct) (Dual Wavelength - Reflectance Spectrophotometry) 0.10 mg/dL 0.0-0.3

Unconjugated Bilirubin (Indirect) (Calculated) 0.33 mg/dL 0.0-1.1

Total Protein (Colorimetric - Biuret Method) 7.30 gm/dL 6.3-8.2

Serum Albumin (Colorimetric - Bromo-Cresol Green) 4.40 gm/dL 3.5-5.0

Serum Globulin (Calculated) 2.9 gm/dL 2.0-3.5

Albumin To Globulin (A/G)Ratio (Calculated) 1.52 - 1.0-2.1

SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate)) 24 U/L 14.0-36.0

SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate)) 17 U/L <35.0

Alkaline Phosphatase (ALP) (Multipoint-Rate - P-nitro Phenyl Phosphate, AMP Buffer) 62 U/L 38.0-126.0

Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide (Szasz Method)) 12 U/L 12.0-43.0

Interpretation Notes

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Collected On : 11/03/2023 10:03 AM Received On : 11/03/2023 12:09 PM Reported On : 11/03/2023 12:44 PM

Barcode : 032303110196 Specimen : Urine Consultant : Dr. Sharma Vasant Kumar(GENERAL MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8130275421

CLINICAL PATHOLOGY

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

--End of Report--

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MD, DNB, Pathology
Associate Consultant

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Collected On : 11/03/2023 10:03 AM Received On : 11/03/2023 12:09 PM Reported On : 11/03/2023 01:08 PM

Barcode : 032303110196 Specimen : Urine Consultant : Dr. Sharma Vasant Kumar(GENERAL MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8130275421

CLINICAL PATHOLOGY

Test	Result	Unit	Biological Reference Interval
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URINE ROUTINE & MICROSCOPY

PHYSICAL EXAMINATION

Colour	STRAW	-	-
Appearance	Slightly Turbid	-	-

CHEMICAL EXAMINATION

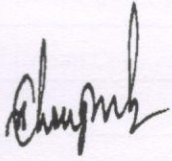
pH(Reaction) (pH Indicator Method)	6.0	-	4.5-7.5
Sp. Gravity (Refractive Index)	1.025	-	1.002 - 1.030
Protein (Automated Protein Error Or Ph Indicator)	Not Present	-	Not Present
Urine Glucose (Enzyme Method (GOD POD))	Not Present	-	Not Present
Ketone Bodies (Nitroprusside Method)	Not Present	-	Not Present
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

MICROSCOPIC EXAMINATION

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Pus Ceils	1.6	/hpf	0-5
RBC	3.4	/hpf	0-4
Epithelial Cells	9.9	/hpf	0-6
Crystals	0.0	/hpf	0-2
Casts	0.12	/hpf	0-1
Bacteria	272.8	/hpf	0-200
Yeast Cells	0.2	/hpf	0-1
Mucus	Present	-	Not Present

--End of Report--



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

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