INV. No.	QLSR-INV-H-07041/(2024-2025)(7003)	Patient ID	7041
Patient Name	**Mr. AJEET RAJWAR**	Invoice Generated	31/08/2024 06:24 PM
Age/Gen	31 Years | Male	Sample Received	31/08/2024 06:24 PM
Referred By	**Dr. Self**	Report Generated	02/09/2024 11:41 AM
Source	BERLIN DIAG CGHS - (9)		

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Report Of Biochemistry Examination

Investigation	Result	Unit(s)	Reference Range
GLUCOSE FASTING (FBS)			
Plasma Glucose(F) Method (GOD-POD Method)	93.4	mg/dL	65 - 110

Comments:
Fasting Blood Sugar/Glucose test a blood sample will be taken after an overnight fast. A fasting blood sugar level of less than 100mg/dL is normal. A fasting blood sugar level from 100 to 125 mg/dL is considered prediabetes. If it's 126 mg/dL or higher on two separate tests, you have diabetes.

Creatinine - Serum			
Serum Creatinine Method (Modified Jaffe, Kinetic)	0.87	mg/dL	Male: (0.72-1.18) Neonate : (0.26 - 1.01) Infant { 2months - less than 3 yrs} : (0.15- 0.37) Children { 3 yrs - less than 15 yrs} : (0.24 -0.73)

ADVICE : CKD RISK MAP
KDIGO guideline, 2012 recommends Chronic Kidney disease (CKD) should be classified based on cause, GFR category, and albuminuria (ACR) category.
GFR & ACR categories combined together reflect risk of progression and help clinicians to identify individuals who are progressing at more rapid rate than anticipated.

Alanine Transaminase (ALT/SGPT)			
Serum SGPT Method (IFCC)	30.4	U/L	21 - 72
Blood Urea Nitrogen (BUN)-Serum			
Serum Urea Method (GLDH,Kinetic Assay)	26.2	mg/dL	Adult (17 - 43) New Born (8.4 - 25.8) Infant (10.8 - 38.4)
Serum BUN	12		5 - 20
BILIRUBIN TOTAL			
Serum Bilirubin (Total) Method (By Diphylline, Diazonium Salt)	0.54	mg/dL	0.2 - 1.3

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Jaundice can occur as a result of problems at each step in the metabolic pathway. Disorders may be classified as those due to increased bilirubin production (eg, hemolysis because of G-6-PD and ineffective erythropoiesis), decreased bilirubin excretion (eg, obstruction and hepatitis), and abnormal bilirubin metabolism (eg, hereditary and neonatal jaundice). The most commonly occurring form of unconjugated hyperbilirubinemia is that seen in newborns and referred to as physiological jaundice. Elevated unconjugated bilirubin in the neonatal period may result in brain damage (kernicterus).

~~~~~~ End of report ~~~~~~

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Report Of Clini Patho Examination

Investigation	Result	Unit(s)	Reference Range
Urine Routine and Microscopic Examination (R/M)			
Physical Examination			
Colour	Straw		Pale Yellow
Urine Appearance	Transparent		
Urine Deposit	Absent		
Urine Specific Gravity	1.025		1.010 - 1.030
Urine Reaction	Acidic		
Chemical Examination			
Urine Glucose (Sugar)	Absent	gm%	
Urine Protein (Albumin)	Absent		
Urine pH	6.0		6.0
Urine Ketone Body	Absent		
Urine Blood	Negative		
Urine Phosphate (Amorphous deposits)	Absent		
Urine Microscopic Examination			
Urine Red blood cells	Absent	/HPF	0 - 2
Urine Pus Cells	1-3	/HPF	0 - 5
Urine Epithelial cells	0-1	/HPF	0 - 4
Urine Bacteria	Absent		
Urine Cast	Absent	/HPF	
Urine Crystals	Absent	/HPF	
Urine Yeast cells	Absent		
Urine Spermatozoa	Absent	/HPF	

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Report Of Haematology Examination

Investigation	Result	Unit(s)	Reference Range
ERYTHROCYTE SEDIMENTATION RATE			
ESR Method (Westergren & Manual)	06	mm	< 20

Note

1. C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.
2. Test conducted on EDTA whole blood at 37°C.
3. ESR readings are auto- corrected with respect to Hematocrit (PCV) values

COMPLETE BLOOD COUNT			
Haemoglobin (Hb)% Method (By Sahlis Method)	**11.5**	gm%	Adult Men (13 - 18) Adult Women (11.5 - 16.5) Children (11 - 13) Children (1-6) : (12 - 14) Children (6-12) : (12 - 14)
PCV	39.5	%	35 - 45
Total Platelets Count (PC)	**1.2**	Lacs Per cmm	1.5 - 4
Total RBC (Red Cell Count)	5.3	mill./uL	Women (4.2 - 5.4) Male (4.7 - 6.1) Children (4.6 - 4.8)
Total Leucocyte Count (TLC) Method (Flow Cytometry)	7,900	Per cmm	Adult :- (4,000 - 11,000) New Born (10,000 - 26,000) (1-4) Years : (6,000 - 18,000) (5-7) Years : (5,000 - 15,000) (8-12) Years : (4,500 - 12,500)
MCV	**74.0**	fL	76 - 96
MCH	**21.6**	pg	22 - 32
MCHC	**29.2**	g/dL	30 - 35
Differential count of Leucocytes			
Neutrophils	55	%	40 - 70
Lymphocytes	38	%	15 - 40
Monocytes	02	%	00 - 6
Eosinophils	05	%	0.5 - 7
Basophils	00	%	00 - 01

Comment :

CBC is a powerful diagnostic tool in various hematological and non-hematological conditions. It can be

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Report Of Haematology Examination

Investigation	Result	Unit(s)	Reference Range

used to diagnose various conditions like anemia, hemoglobinopathies, infections. leukemia, nutritional deficiencies, parasitemias, etc. For microcytic indices, a Mentzer index of less than 13 suggests that the patient may have thalassemia trait, and an index of more than 13 suggests that the patient may have iron deficiency.

Blood Grouping (A B O) and Rh Type

Whole blood Blood Group	″B″
Whole blood Rh Type	Positive

Note:

1. Both forward and reverse grouping performed.
2. Test conducted on EDTA whole blood.

~~~~~~ End of report ~~~~~~

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