

DR. KAPIL GUPTA

M.B.B.S., M.D.(PATHOLOGY)
Chief of Lab/ Lab Director


Sample Collected At
PathCure Labs

Shahdol(M.P.), .8099113300


 PT NAME : **MRS. KOUSHILYA SINGH**

PT. AGE/SEX : 65Y/FEMALE

MOBILE NO : 9340962313

REF. BY. : DR.AJIT GUPTA(M.D. MEDICINE)

SAMPLE REGD. AT : 04/01/2022 10:55

REPORT RELEASED ON : 04/01/2022

PATIENT UNIQUE ID NO : PCLS/6570

 REPORT STAT. : **Final**

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HAEMATOLOGY

Test Done	Result	Unit	Normal Value
COMPLETE BLOOD COUNT (CBC)			
<i>Sample : EDTA K3</i>			
W.B.C. INDICES			
<i>Impedance,Flowcytometry,Microscopy,Calculated</i>			
Total W.B.C. Count	9790	/cu.mm	4500 - 11000
Neutrophils	56.9	%	40 - 75
Lymphocytes	30.9	%	20 - 45
Eosinophils	3.8	%	01 - 06
Monocytes	7.2	%	04 - 10
Basophils	↑ 1.2	%	00 - 01
Absolute Neutrophils Count	5570	/cumm	1600 - 7260
Absolute Lymphocytes Count	3020	/cumm	960 - 4400
Absolute Eosinophils Count	380	/cumm	45 - 440
R.B.C. INDICES			
<i>Photometric Measurement,Impedance,Calculated</i>			
Hemoglobin(Hb)	↓ 9.6	gm %	12.0 - 16.0
R.B.C. COUNT.	4.66	Mill./ cumm	4.0 - 5.20
Hematocrit(PCV)	↓ 28.9	%	33.0 - 51.0
MCV	↓ 62.1	fl	80.0 - 95.0
MCH	↓ 20.6	pg	25.0 - 35.0
MCHC	33.1	%	32 - 36
Red Cell Distribution Width (RDW)	13.1	%	11.5 - 15.0
PLATELETS INDICES			
<i>Impedance,Microscopy,Calculated</i>			
Platelets Count	↓ 114000	/cu.mm	150000 - 450000
Mean Platelet Volume (MPV)	↑ 11.6	fl	7.0 - 11.0
P.D.W.	15.8	fl	8.1 - 24.9

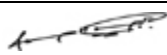
Consultant Pathologist / COL(Approved By)

Consultant Visiting Microbiologist

S.O. Signature



DR. Kapil Gupta
M.D. Pathology



DR. Varsha Saxena
Ph.D Microbiology

This is an electronically authenticated report, * Test is under NABL scope



सच्ची जाँच तो अच्छा स्वास्थ्य



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HAEMATOLOGY

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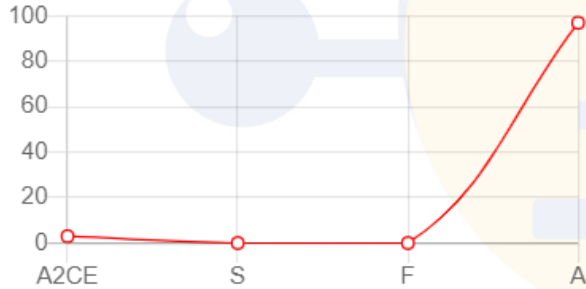
Hb ELECTROPHORESIS TEST FOR HB VARIANT

Sample : EDTA K3

ELECTROPHORESIS Hb VARIANT TEST

Hb ELECTROPHORESIS

Hemoglobin A2,C,E	03	%	ADULT : 2.2 - 3.4 %
Hemoglobin S	00	%	NOT DETECTED
Hemoglobin F	00	%	ADULT: <2.0 %
Hemoglobin A	97	%	ADULT: 96.8 - 97.8


INTERPRETATION :
No abnormal Hb seen, likely normal (AA)
CLINICAL INFORMATION :

Cellulose acetate electrophoresis is an excellent, powerful diagnostic tool for the direct identification of hemoglobin variants with a high degree of precision in the quantification of major and minor, normal and abnormal, hemoglobin fractions. Cellulose acetate electrophoresis is suitable for the routine investigation of hemoglobin variants, hemoglobinopathies and thalassemia.

Please Correlate with clinical conditions.

Note: Transfusion can impact results

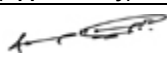
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BIOCHEMISTRY

Test Done	Result	Unit	Normal Value
BLOOD SUGAR R			
<u>Sample : NA FLORIDE</u>			
RANDOM BLOOD SUGAR	105.94	mg/dl	80 - 140
GOD-POD			
Clinical Significance			
Elevated glucose levels (hyperglycemia) are most often encountered clinically in the setting of diabetes mellitus, but they may also occur with pancreatic neoplasms, hyperthyroidism, and adrenocortical dysfunction. Decreased glucose levels (hypoglycemia) may result from endogenous or exogenous insulin excess, prolonged starvation, or liver disease.			
RENAL FUNCTION TEST(KFT) TOTAL			
<u>Sample : CLOT ACTIVATOR</u>			
BLOOD UREA	32.64	mg/dl	15 - 45
Spectrophotometry GLDH			
BLOOD UREA NITROGEN (BUN)	15.25	mg/dl	07 - 20
Calculated			
SERUM CREATININE	1.34	mg/dl	0.6 - 1.44
Spectrophotometry Alkaline Picrate			
URIC ACID	5.09	mg/dl	2.4 - 7.2
Uricase-Peroxidase			
BUN:CREATININE RATIO	11.38		10 - 20
Calculated			
SERUM SODIUM	147.13	mmol/l	135 - 155
Ion-Selective Electrode (ISE)			
SERUM POTASSIUM	4.00	mmol/l	3.5 - 5.3
Ion-Selective Electrode (ISE)			
IONIZED CALCIUM	5.23	mg/dL	4.4 - 5.4
Method - Ion-Selective Electrode (ISE)			

Clinical Significance

Kidney function test look for the level of waste products in an individual who has risk factors for kidney dysfunction such as high blood pressure (hypertension), diabetes, cardiovascular disease, obesity, elevated cholesterol, or a family history of kidney disease. A renal function panel may also be ordered when someone has signs and symptoms of kidney disease, though early kidney disease often does not cause any noticeable symptoms. It may be initially detected through routine blood

-- End Of Report --

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