Pathkind Labs

Client

Gurugram

Pathkind Diagnostics Pvt. Ltd.

Plot No. 55-56, Udhyog Vihar Ph-IV, Gurugram - 122015

Processed By

Pathkind Diagnostics Pvt. Ltd.

Plot No. 55-56, Udhyog Vihar Ph-IV, Gurugram - 122015

Name	:	**Mr. PL142**	Billing Date	:	07/07/2023 12:25:59
Age	:	35 Yrs	Sample Collected on	:	10/07/2023 10:01:31
Sex	:	Male	Sample Received on	:	10/07/2023 11:02:13
P. ID No.	:	P1000100012824	Report Released on	:	20/07/2023 17:45:38
Accession No	:	**10002304880**	Barcode No.	:	10002304880-02
Referring Doctor	:	Self			
Referred By	:		Ref no.	:	

Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit
HAEMATOLOGY			
Basic Health Checkup Panel			
Complete Blood Count (CBC)			
Haemoglobin (Hb) *Sample: Whole Blood EDTA* *Method: Photometric measurement*	13.0	13.0 - 17.0	gm/dL
Total WBC Count / TLC *Sample: Whole Blood EDTA* *Method: Impedance*	6.5	4.0 - 10.0	thou/µL
RBC Count *Sample: Whole Blood EDTA* *Method: Impedance*	5.1	4.5 - 5.5	million/µL
PCV / Hematocrit *Sample: Whole Blood EDTA* *Method: Impedance*	45.1	40.0 - 50.0	%
MCV *Sample: Whole Blood EDTA* *Method: Calculated*	85.2	83.0 - 101.0	fL
MCH *Sample: Whole Blood EDTA* *Method: Calculated*	30.4	27.0 - 32.0	pg
MCHC *Sample: Whole Blood EDTA* *Method: Calculated*	33.8	31.5 - 34.5	g/dL
RDW (Red Cell Distribution Width) *Sample: Whole Blood EDTA* *Method: Calculated*	14.6	11.8 - 15.6	%
DLC (Differential Leucocyte Count) *Method: Flowcytometry/Microscopy*			
Neutrophils *Sample: Whole Blood EDTA* *Method: VCS Technology & Microscopy*	60	40 - 80	%

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Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit
Lymphocytes *Sample: Whole Blood EDTA* *Method: VCS Technology & Microscopy*	30	20 - 40	%
Eosinophils *Sample: Whole Blood EDTA* *Method: VCS Technology & Microscopy*	05	01 - 06	%
Monocytes *Sample: Whole Blood EDTA* *Method: VCS Technology & Microscopy*	05	02 - 10	%
Basophils *Sample: Whole Blood EDTA* *Method: VCS Technology & Microscopy*	00	00 - 02	%
Absolute Neutrophil Count *Sample: Whole Blood EDTA*	3900	2000 - 7000	/µL
Absolute Lymphocyte Count *Sample: Whole Blood EDTA*	1950	1000 - 3000	/µL
Absolute Eosinophil Count *Sample: Whole Blood EDTA*	325	20 - 500	/µL
Absolute Monocyte Count *Sample: Whole Blood EDTA*	325	200 - 1000	/µL
Absolute Basophil Count *Sample: Whole Blood EDTA*	**00** L	20 - 100	/µL
Platelet Count *Sample: Whole Blood EDTA* *Method: Impedance*	200	150 - 410	thou/µL
MPV (Mean Platelet Volume) *Sample: Whole Blood EDTA* *Method: Calculated*	10.4	6.8 - 10.9	fL

Sample: Whole Blood EDTA

BIOCHEMISTRY

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Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit
Glucose Random *Sample: Fluoride Plasma - R* *Method: Hexokinase*	88	70 - 140	mg/dL
Bilirubin (Total, Direct & Indirect)			
Bilirubin Total *Sample: Serum* *Method: Spectrophotometry-Diazo*	1.2	0.0 - 1.2	mg/dL
Bilirubin Direct *Sample: Serum* *Method: Spectrophotometry-Diazo*	0.1	0.0 - 0.2	mg/dL
Serum Bilirubin (Indirect) *Sample: Serum* *Method: Calculated*	**1.10 H**	0.00 - 0.90	mg/dL
SGOT / AST *Sample: Serum* *Method: Spectrophotometry-IFCC Without Pyridoxal PO4*	**38 H**	0 - 33	U/L
SGPT / ALT *Sample: Serum* *Method: Spectrophotometry-IFCC Without Pyridoxal PO4*	25	0 - 41	U/L
AST / ALT Ratio *Sample: Serum* *Method: Calculated*	1.52		
Blood Urea			
Blood Urea Nitrogen (BUN) *Sample: Serum* *Method: Spectrophotometry-Urease / GLDH*	15.00	8.87 - 20.50	mg/dL
Urea *Sample: Serum* *Method: Calculated*	32.10	19.00 - 44.00	mg/dL
Creatinine *Sample: Serum* *Method: Spectrophotometry Alkaline Picrate*	**0.38 L**	0.70 - 1.30	mg/dL

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Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit
BUN Creatinine Ratio *Sample: Serum* *Method: Calculated*	**39 H**	10 - 20	
TSH 3rd Generation *Sample: Serum* *Method: ECLIA*	4.200	0.270 - 4.200	µIU/mL

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Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit
CLINICAL PATHOLOGY			
Urine Routine & Microscopic Examination			
Method: Reflectance Photometry			
Physical Examination			
Colour	Pale Yellow	Pale Yellow	
Sample: Urine			
Method: Physical Examination			
Appearance	Clear	Clear	
Sample: Urine			
Method: Physical Examination			
Specific Gravity	1.010	1.003 - 1.035	
Sample: Urine			
Method: pKa change of pretreated polyelectrolytes			
pH	6.0	4.7 - 7.5	
Sample: Urine			
Method: Double indicator principle			
Chemical Examination			
Glucose	Not Detected	Not Detected	
Sample: Urine			
Method: Glucose oxidase/peroxidase			
Protein	Not Detected	Not Detected	
Sample: Urine			
Method: Protein-error-of-indicators principle			
Ketones	Not Detected	Not Detected	
Sample: Urine			
Method: Sodium nitroprusside reaction			
Blood	Not Detected	Not Detected	
Sample: Urine			
Method: Peroxidase			
Bilirubin	Not Detected	Not Detected	
Sample: Urine			
Method: Diazo reaction			

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Referred By	:		Ref no.	:	10002304880-04

Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit
Urobilinogen *Sample: Urine* *Method: Ehrlich's reaction*	Normal	Normal	
Nitrite *Sample: Urine* *Method: Nitrite Test*	Not Detected	Not Detected	
Microscopic Examination *Method: Microscopy*			
Pus Cells *Sample: Urine*	0 - 5	0 - 5	/hpf
RBC *Sample: Urine*	Not Detected	Not Detected	/hpf
Epithelial Cells *Sample: Urine*	0 - 5	0 - 5	/hpf
Casts *Sample: Urine*	Not Detected	Not Detected	/hpf
Crystals *Sample: Urine*	Not Detected	Not Detected	/hpf
Bacteria *Sample: Urine*	Not Detected	Not Detected	/hpf
Remarks *Sample: Urine*			

Remarks : Microscopic Examination is performed on urine sediment

Haemoglobin (Hb)

-

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Test Name	Result	Biological Ref. Interval	Unit

Hemoglobin is the iron containing protein molecule in red blood cells that carries oxygen from the lungs to the body's tissues and returns carbon dioxide from the tissues back to the lungs. Decrease in Hemoglobin levels results in anaemia and very high Hemoglobin levels results in hemochromatosis.

PCV / Hematocrit

Clinical Significance :

Hemoglobin is the iron containing protein molecule in red blood cells that carries oxygen from the lungs to the body's tissues and returns carbon dioxide from the tissues back to the lungs. Decrease in Hemoglobin levels results in anaemia and very high Hemoglobin levels results in hemochromatosis. Hematocrit or Packed cell volume (PCV) is the proportion of blood volume occupied by red blood cells and is typically about three times the hemoglobin concentration.

Platelet Count

Clinical Significance :

Platelets or thrombocytes are a cellular component of blood whose function is to stop bleeding by clumping or clotting blood vessel injuries. Low platelet count, also known as Thrombocytopenia, can be either due to less production or increased destruction of platelets. High platelet count or Thrombocytosis can be due to unregulated production, secondary to congenital, reactive or neoplastic conditions.

Complete Blood Count (CBC)

Clinical Significance :

CBC comprises of estimation of the cellular componenets of blood including RBCs, WBCs and Platelets. Mean corpuscular volume (MCV) is a measure of the size of the average RBC, MCH is a measure of the hemoglobin cointent of the average RBC and MCHC is the hemoglobin concentration per RBC. The red cell distribution width (RDW) is a measure of the degree of variation in RBC size (anisocytosis) and is helpful in distinguishing between some anemias. CBC examination is used as a screening tool to confirm a hematologic disorder, to establish or rule out a diagnosis, to detect an unsuspected hematologic disorder, or to monitor effects of radiation or chemotherapy. Abnormal results may be due to a primary disorder of the cell-producing organs or an underlying disease. Results should be interpreted in conjunction with the patient's clinical picture and appropriate additional testing performed.

Bilirubin Total

Interpretation

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Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit

Bilirubin is one of the most commonly used tests to assess liver function. Approximately 85% of the total bilirubin produced is derived from hemoglobin, while the remaining 15% is produced from RBC precursors destroyed in the bone marrow and from the catabolism of other heme-containing proteins. After production in peripheral tissues, bilirubin is rapidly taken up by hepatocytes where it is conjugated and then excreted in the bile. A number of inherited and acquired diseases affect one or more of the steps involved in the production, uptake, storage, metabolism, and excretion of bilirubin. In hepatobiliary diseases of various causes, bilirubin uptake, storage, and excretion are impaired to varying degrees.

The most commonly occurring form of unconjugated hyperbilirubinemia is that seen in newborns and referred to as physiological jaundice. Indirect bilirubin is a calculated parameter its range has not been defined for neonatal period (0-14 days).

Bilirubin Direct

Interpretation

Bilirubin is one of the most commonly used tests to assess liver function. Approximately 85% of the total bilirubin produced is derived from hemoglobin, while the remaining 15% is produced from RBC precursors destroyed in the bone marrow and from the catabolism of other heme-containing proteins. After production in peripheral tissues, bilirubin is rapidly taken up by hepatocytes where it is conjugated and then excreted in the bile. A number of inherited and acquired diseases affect one or more of the steps involved in the production, uptake, storage, metabolism, and excretion of bilirubin. In hepatobiliary diseases of various causes, bilirubin uptake, storage, and excretion are impaired to varying degrees.

The most commonly occurring form of unconjugated hyperbilirubinemia is that seen in newborns and referred to as physiological jaundice. Indirect bilirubin is a calculated parameter its range has not been defined for neonatal period (0-14 days).

Bilirubin (Total, Direct & Indirect)

Clinical Significance :

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).

SGOT / AST

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Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit

Clinical Significance :

"Elevated aspartate aminotransferase (AST) values are seen most commonly in parenchymal liver diseases. Values can be elevated from 10 to 100 times the normal range, though commonly 20 to 50 times elevations are seen. AST levels are raised in infectious hepatitis and other inflammatory conditions affecting the liver along with ALT, though ALT levels are higher. The ALT:AST ratio which is normally <1 is reversed in these conditions and becomes >1. AST levels are usually raised before clinical signs and symptoms of disease appear. AST and ALT also rise in primary or metastatic carcinoma of the liver, with AST usually being higher than ALT.Elevated AST values may also be seen in disorders affecting the heart, skeletal muscle and kidney, such as myocardial infarction, muscular dystrophy, dermatomyositis, acute pancreatitis and crushed muscle injuries."

SGPT / ALT

Clinical Significance :

Elevated alanine aminotransferase (ALT) values are seen in parenchymal liver diseases characterized by a destruction of hepatocytes. Values are at least 10 times higher the normal range and may reach up to 100 times the upper reference limit. Commonly, values are seen to be 20 - 50 times higher than normal. In infectious hepatitis and other inflammatory conditions affecting the liver, ALT levels rise more than aspartate aminotransferase (AST), and the ALT/AST ratio, which is normally <1, is reversed and becomes >1. ALT levels usually rise before clinical signs and symptoms of disease appear.

Blood Urea Nitrogen (BUN)

Clinical Significance :

Increased blood urea nitrogen (BUN) may be due to prerenal causes (cardiac decompensation, water depletion due to decreased intake and excessive loss, increased protein catabolism, and high protein diet), renal causes (acute glomerulonephritis, chronic nephritis, polycystic kidney disease, nephrosclerosis, and tubular necrosis) and postrenal causes (eg, all types of obstruction of the urinary tract, such as stones, enlarged prostate gland, tumors).

Creatinine

Clinical Significance :

Serum creatinine is inversely correlated with glomerular filtration rate (GFR). Increased levels of Serum Creatinine is associated with renal dysfunction.

TSH 3rd Generation

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Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit

Clinical Significance :

TSH levels are elevated in primary hypothyroidism and low in primary hyperthyroidism. Evaluation of TSH is useful in the differential diagnosis of primary from secondary and tertiary hypothyroidism. In primary hypothyroidism, TSH levels are elevated, whil secondary and tertiary hypothyroidism, TSH levels are low or normal. High TSH level in the presence of normal FT4 is subclinical hypothyroidism and low TSH with normal FT4 is called subclinical hyperthyroidism. Sick, hospitalized patients may have falsely low or transiently elevated TSH. Significant diurnal variation is also seen in TSH levels.

Guidelines for TSH levels in pregnancy, as per American Thyroid Association, are as follows:

PREGNANCY TRIMESTER	BIOLOGICAL REFERENCE INTERVAL	UNIT
FIRST TRIMESTER	0.100 - 2.500	µIU/mL
SECOND TRIMESTER	0.200 - 3.000	µIU/mL
THIRD TRIMESTER	0.300 - 3.000	µIU/mL

Urine Routine & Microscopic Examination

Clinical Significance :

Urine routine examination and microscopy comprises of a set of screening tests that can detect some common diseases like urinary tract infections, kidney disorders, liver problems, diabetes or other metabolic conditions. Physical characteristics (colour and appearance), chemical composition (glucose, protein, ketone, blood, bilirubin and urobilinogen) and microscopic content (pus cells, epithelial cells, RBCs, casts and crystals) are analyzed and reported.

** End of Report**

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