

DN-7053



NAME : Mr. KRISHNA PILLAI [75 Y/M]

REGISTRATION DATE : 09-Dec-2019 7:19 pm

REF BY : DR. BOBY MANUEL.MD

SAMPLE COLLECTED ON : 09-Dec-2019 07:22 PM

LAB NO : DN-20-5381

REPORT PRINTED ON : 10-Dec-2019 10:05 am

TESTNAME	VALUE	UNIT	REFERENCE RANGE	METHOD
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HAEMATOLOGY**CBC- ESR (COMPLETE BLOOD COUNT)-5 PART CELL COUNTER, EDTA BLOOD**

TOTAL WBC COUNT	9,250	cells/cumm	4000 - 10500	Impedance method
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NEUTROPHILS	56.3	%	40% to 70%	Flow cytometry
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Technology Used : Mindray 5 Part Haematology Analyser

LYMPHOCYTES	35.4	%	20% to 40%	Flow cytometry
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EOSINOPHILS	2.1	%	4% to 7%	Flow cytometry
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MONOCYTES	5.4	%	1% to 10%	Flow cytometry
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BASOPHILS	0.8	%	0% to 1%	Impedance method
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Technology Used : ULTIMA 5

HAEMOGLOBIN (HB)	15.7	gm/dL	12.5 TO 16.0	Colorimetric
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Technology Used : ADVIA 560

PCV	43.9	%	42 to 50 %	Calculated
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PLATELET COUNT	2,09,000	/cumm	New Born 84,000 to 478000/cumm after 1 week same as adult Adult 1.5 - 4.5 lakh/cumm	Colorimetric
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Technology Used : ADVIA 560

RBC	4.86	mill/cumm	4.5 - 5.9mill/cumm	Impedance method
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MCV	90.3	fl	71 - 99.74 fl	Calculated
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MCH	32.2	pg	27.0 - 34.0 pg	Calculated
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MCHC	35.7	%	31.5 - 36 %	Calculated
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RDW	14.4	%	10.56 - 14.8 %	Calculated
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RDW is particularly helpful in separating iron deficiency anemia from thalassemia trait. Increased RDW is also useful in identifying red cell fragmentation, agglutination or dimorphic cell populations. Very high WBC, numerous large platelets, and auto agglutination result in falsely elevated RDW

Technology Used : ULTIMA 5

ESR	15	mm/hr	0 - 20 mm/hr	Modified Westergrens
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Dr.A.GOWRI,DCP
(Pathologist)

Dr.M.SUSHAMA,MD,DNB
(Pathologist)

Lab In-Charge

FREEDA RUTH A
(MSC.Microbiologist)

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Technology Used : MANUAL METHOD

Technology Used : ADVIA 560

PT INR (PROTHROMBIN TIME), CITRATED PLASMA

TEST, CITRATED PLASMA 13.2 Seconds

CONTROL, CITRATED PLASMA 13.0 Seconds

INR, CITRATED PLASMA 1.02

Technology Used : Agappe Mispa Clog

INCREASED CONDITIONS:

Blood-thinning medications, such as warfarin (Coumadin), heparin, Liver problems, Inadequate levels of proteins (factors) that cause blood to clot, Vitamin K deficiency, Congenital factor deficiency, Presence of coagulation factor inhibitors

DECREASED CONDITIONS:

Supplements that contain vitamin K, High intake of foods that contain vitamin K, Estrogen-containing medications, such as birth control pills and hormone replacement therapy

BIOCHEMISTRY

LIVER FUNCTION TEST (LFT), Serum

BILIRUBIN TOTAL 0.7 mg/dL 0.2-1.3 mg/dL REFLECTOMETRIC

BILIRUBIN DIRECT 0.3 mg/dL 0-0.2 mg/dL REFLECTOMETRIC

BILIRUBIN INDIRECT 0.4 mg/dL REFLECTOMETRIC

SGOT 47 U/L female-14-36 U/L REFLECTOMETRIC
male-17-59 U/L

SGPT 77 U/L Male : 21 to 72 U/L REFLECTOMETRIC
Female : 09 to 52 U/L

ALKALINE PHOSPHATASE 128 U/L ADULT :38-126U/L REFLECTOMETRIC
NEW BORN:40 - 300U/L
CHILD :60 - 270U/L

Technology Used : VITROS 250

TOTAL PROTEIN 7.1 gm/dL 6.4 - 8.2 gm/dL BIURET

Technology Used : Siemens - Dimension X Pand Plus

ALBUMIN 4.1 g/dL 3.5 -5.0-g/dL REFLECTOMETRIC

Technology Used : VITROS 250

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GLOBULIN 3.0 gm/dL

Technology Used : VITROS 250
INTERPRETATION:

Liver function tests (LFTs), are a group of blood tests that evaluate the functioning of the liver and detect the presence of various liver diseases. If your liver isn't working properly, it can affect your overall health. That's because the liver plays lots of different roles of the body, such as storing fuel from food, making proteins the body needs, and helping to remove toxins. LFT may also be used to monitor the body's response to a specific course of treatment of diseases like cirrhosis or hepatitis

UREA, Serum 24.7 mg/dL 14-40 mg/dL REFLECTOMETRIC
Technology Used : VITROS 250

SERUM CREATININE, Serum 1.0 mg/dL Male :0.66- 1.25 mg/dL REFLECTOMETRIC
Female : 0.52-1.04 mg/dL
Technology Used : VITROS 250

CLINICAL PATHOLOGY


URINE ALBUMIN, URINE TRACE NIL Dip Stick/ Salphosalicylic method
Technology Used : Strip Method

Report Status : Final

Note: Results to be interpreted in conjunction with medical history, clinical presentation & other findings.

----- END OF REPORT -----

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