

**ADVANCE DIAGNOSTICS CENTRE**

C1-C2/17A, NEAR NIHARIKA TALKIES

KORBA- 495677

PH-09228333 MOBILE-9300888178

NAME : MR ANIL TAREKAR

47 Years / Male

Reg No. : 14551

Ref. By : . SELF

Reg. Date : 21/06/2022 10:48AM

Address :

Collected At : MedZone Center

**INVESTIGATION REPORT****CLINICAL BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REF RANGE	TEST METHOD
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**Amylase-Urine**

Sample Type : URINE

Amylase-Urine	: 142	U/l	Up to 491	Spectrophotometr
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**LFT (Liver Function Test)**

Sample Type : SERUM

Bilirubin Total	: 0.82	mg/dl	Adults : 0.1 - 1.2 New born : 0.1 - 12.6	Diazoted Sulfanilic
Bilirubin Direct	: 0.36	mg/dl	Upto 0.4	Diazoted Sulfanilic
Bilirubin Indirect	: 0.46	mg/dl	0.3 - 1.0	
Aspartate Amino Transferase (SGOT)	: 15.4	U/L	Upto 41	IFCC without pyridoxal phosphate
Alanine Amino Transferase (SGPT)	: 14.5	U/L	Upto 40	IFCC without pyridoxal phosphate
Alkaline Phosphatase	: 71.7	U/L	1 month to 9 yrs : 82 - 383 10 yrs to 15 yrs : 42 - 390 16 yrs to 18 yrs : 52 - 171 Adults : 53 - 141	Diethanolamine buffer
Serum Protein	: 7.0	gm/dl	6.0 - 8.3	Biuret
Serum Albumin	: 4.6	gm/dl	3.5 - 5.2	Bromocresol green
Serum Globulin	: 2.4	gm/dl	2.5 - 3.5	
Alb/Glo Ratio	: 1.92		1-2	

**LFT:** Liver Function tests are a measurement of blood components that provide a lead to the existence, the extent and the type of liver damage.**BILIRUBIN:** Bilirubin levels may rise due to hemolysis, failure of conjugating mechanism in the liver, obstruction in the biliary system.**ALKALINE PHOSPHATASE:** \*Increase in ALP activity is an index of cholestasis, a blockage of bile flow. \*Increase may also occur in infiltrative diseases of the liver and cirrhosis**TRANSAMINASES (AST & ALT):** \*The serum transaminases activities are a measure of the integrity of liver cells. \*They are elevated in acute damage to hepatocytes irrespective of etiology. \*The causes include – hepatitis, toxic injury, drug overdose, shock, severe hypoxia.**SERUM TOTAL PROTEINS:** A decrease in serum total proteins indicates a decrease in the liver's synthetic capacity and thus indicates the severity of the liver disease.**METHOD:** Spectrophotometry**INSTRUMENT:** BS-400 Fully Automated Chemistry Analyser

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**RENAL FUNCTION TEST****Sample Type** : SERUM

Blood urea	: 15.6	mg/dl	10-40	Urease UV
Serum Creatinine	: 0.75	mg/dl	0.6-1.4	Alkaline Picrate
Blood Urea Nitrogen	: 7.29	mg/dl	7-21	
Serum Sodium	: 144	mmol/L	136-145	ISE
Serum Potassium	: <b>5.53</b>	mmol/L	3.5-5.1	ISE
chloride	: 104.5	Meq/L	96-106	

--- End Of Report ---

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Sample Received On : 21/06/2022 11:18AM

Report Released On : 21/06/2022 06:41PM

**Sample Barcode** :

Checked By:gopal

**Dr. VANDANA CHANDANI**

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**INVESTIGATION REPORT****CLINICAL PATHOLOGY**

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>TEST METHOD</u>
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**CUE (Complete Urine Examination)**

Sample Type : URINE

**PHYSICAL EXAMINATION :**

Color	: Pale Yellow	
Appearance	: clear	
Reaction (pH)	: 5.8	4.8-7.6
Specific Gravity	: <b>1.16</b>	1.002-1.030

**CHEMICAL EXAMINATION :**

Proteins	: Absent
Sugar	: Absent

**MICROSCOPIC EXAMINATION :**

Pus (WBC) Cells	: 2-3 /hpf
Epithelial Cells.	: 2-3 /hpf
R.B.C	: Absent
Casts	: Absent
Crystals	: Absent
Others	: Sparmatozoa seen +

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**INVESTIGATION REPORT****HAEMATOLOGY**

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**CBP (Complete Blood Picture)****Sample Type** : WB - EDTA

Haemoglobin	: 12.9	gm%	12.0 - 18.0	
Total Erythrocyte Count	: 4.59	M/cmm	4.0 - 6.2	Cell Counter
Hematocrit (PCV)	: 39.7	Vol %	35.0 - 50.0	
Mean Corpuscular Volume	: 86.5	fL	80 - 100	
Mean Corpuscular Hemoglobin	: 28.1	PG	26 - 34	
MCHC	: 32.5	g/L	31 - 35	
RDW	: 12.9	%	11.5 - 14.5	
Total Leucocyte Count.	: 5120	/cumm	4000 - 11000	

**DIFFERENTIAL COUNT :**

Neutrophils	: 51	%	40 - 75	
Lymphocytes.	: 41	%	20 - 40	Cell Counter
Monocytes.	: 06	%	2 - 10	Cell Counter
Eosinophils	: 02	%	1 - 6	Cell Counter
Basophils	: 0	%	0 - 1	Cell Counter
Platelet Count	: 245000	/cmm	150000 - 450000	

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