

**ADVANCE DIAGNOSTICS CENTRE**

C1-C2/17A, NEAR NIHARIKA TALKIES

KORBA- 495677

PH-09228333 MOBILE-9300888178

NAME : MRS SUGI YADAV

26 Years / Female

Reg No. : 20378

Ref. By : DR H. K. RATHORE

Reg. Date : 17/08/2022 11:24AM

Address :

Collected At : MedZone Center

INVESTIGATION REPORT**CLINICAL BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REF RANGE	TEST METHOD
LFT (Liver Function Test)				
Sample Type	: SERUM			
Bilirubin Total	: 0.76	mg/dl	Adults : 0.1 - 1.2 New born : 0.1 - 12.6	Diazotized Sulfanilic
Bilirubin Direct	: 0.33	mg/dl	Upto 0.4	Diazotized Sulfanilic
Bilirubin Indirect	: 0.43	mg/dl	0.3 - 1.0	
Aspartate Amino Transferase (SGOT)	: 23.1	U/L	Upto 41	IFCC without pyridoxal phosphate
Alanine Amino Transferase (SGPT)	: 36.3	U/L	Upto 40	IFCC without pyridoxal phosphate
Alkaline Phosphatase	: 164.0	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	: 8.0	gm/dl	6.0 - 8.3	Biuret
Serum Albumin	: 4.6	gm/dl	3.5 - 5.2	Bromocresol green
Serum Globulin	: 3.4	gm/dl	2.5 - 3.5	
Alb/Glo Ratio	: 1.35		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

--- End Of Report ---

Sample Registered On : 17/08/2022 11:24AM

Sample Received On : 17/08/2022 11:26AM

Report Released On : 17/08/2022 04:29PM

Sample Barcode :



Checked By: NAREN

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) : 5.2 4.8-7.6
Specific Gravity : 1.015 1.002-1.030

CHEMICAL EXAMINATION :

Proteins : Absent
Sugar : Absent

MICROSCOPIC EXAMINATION :

Pus (WBC) Cells : 2-3/hpf
Epithelial Cells. : 3-5/hpf
R.B.C : Absent
Casts : Absent
Crystals : Absent

--- End Of Report ---

Sample Registered On : 17/08/2022 11:24AM

Sample Received On : 17/08/2022 11:26AM

Report Released On : 17/08/2022 02:20PM

Sample Barcode :



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Dr. VANDANA CHANDANI

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INVESTIGATION REPORT**HAEMATOLOGY**

TEST	RESULT	UNIT	BIOLOGICAL REF RANGE	TEST METHOD
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CBP (Complete Blood Picture)

Sample Type : WB - EDTA

Haemoglobin	: 11.0	gm%	11.5 - 16.0	
Total Erythrocyte Count	: 3.86	M/cmm	4.0 - 6.2	Cell Counter
Hematocrit (PCV)	: 34.3	Vol %	35.0 - 50.0	
Mean Corpuscular Volume	: 88.9	fL	80 - 100	
Mean Corpuscular Hemoglobin	: 28.5	PG	26 - 34	
MCHC	: 32.1	g/L	31 - 35	
RDW	: 14.0	%	11.5 - 14.5	
Total Leucocyte Count.	: 8080	/cumm	4000 - 11000	

DIFFERENTIAL COUNT :

Neutrophils	: 68	%	40 - 75	
Lymphocytes.	: 24	%	20 - 40	Cell Counter
Monocytes.	: 05	%	2 - 10	Cell Counter
Eosinophils	: 03	%	1 - 6	Cell Counter
Basophils	: 0	%	0 - 1	Cell Counter
Platelet Count	: 241000	/cmm	150000 - 450000	

ESR (Erythrocyte Sedimentation Rate)

Sample Type : PLASMA -Na Citrate

ESR (Erythrocyte Sedimentation Rate) : 20 mm/hr 0 - 20 :1st Hour Sedimentation me

--- End Of Report ---

Sample Registered On : 17/08/2022 11:24AM

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Sample Barcode : 

Checked By:NAREN

**Dr. VANDANA CHANDANI**