



LABORATORY REPORT

NAME : [REDACTED]	REFERRED BY : [REDACTED]	VISIT NO : [REDACTED]
AGE : [REDACTED]	[REDACTED]	COLLECTED ON : [REDACTED]
GENDER : [REDACTED]	LAB MR# : [REDACTED]	RECEIVED ON : [REDACTED]
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Test Name	Result	Biological Ref. Interval	Unit
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Alcohol Risk Check

HAEMATOLOGY

Complete Blood Counts (WB-EDTA)

(Automated Hematology Analyzer & Microscopy)

(Coulter Principle /Photometric method/VCS/VCSM/Cumulative pulse height/Staining/Calculated and Micr

Total Leukocyte Count	7.3	4.0 - 11.0	10 ³ /μl
RBC Count	4.4	3.8 - 4.8	10 ⁶ /μL
Hemoglobin	13.9	12.0 - 15.0	g/dL
Hematocrit	40.5	36 - 46	%
MCV(Mean Corpuscular Volume)	91.5	83 - 101	fL
MCH(Mean Corpuscular Hemoglobin)	31.4	27 - 32	pg
MCHC(Mean Corpuscular Hemoglobin Concentration)	34.3	31.5 - 34.5	g/dL
RDW	13.2	11.6 - 14	%
Platelet Count	232	150 - 410	10 ³ /μl
MPV	9.9	7.5 - 11.5	fL

Differential Counts % (VCSN)

Neutrophils	52.0	40-80%	%
Lymphocytes	36.0	20-40%	%
Monocytes	6.0	2-10%	%
Eosinophils	6.0	1-6%	%
Basophils	0.0	0-1%	%

Differential Counts, Absolute

Absolute Neutrophil Count	3.80	2.0-7.0	10 ³ /μl
Absolute Lymphocyte Count	2.80	1.0-3.0	10 ³ /μl
Absolute Monocyte Count	0.40	0.2 - 1.0	10 ³ /μl
Absolute Eosinophil Count (AEC)	0.40	0.02 - 0.5	10 ³ /μl
Absolute Basophil Count	0.00	0.02 - 0.1	10 ³ /μl

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Alcohol Risk Check

BIOCHEMISTRY

Lipid profile (Serum)

Cholesterol Total - Serum <i>Enzymatic colorimetric</i>	179.1	<200 No risk 200-239 Moderate risk >240 High risk	mg/dL
Triglycerides <i>Enzymatic colorimetry</i>	96.9	Normal: <150 Borderline-high: 150–199 High risk 200–499 Very high risk >500	mg/dL
Cholesterol - HDL (Direct) <i>Enzymatic colorimetric</i>	45.7	<40 High Risk ; >60 No Risk	mg/dL
VLDL (Very Low Density Lipoprotein) <i>Calculation</i>	19.0		mg/dL
LDL Chol, Calculated	114.40	<100	mg/dL

LFT(Bilirubin Total, Bilirubin Conjugated, (Serum)

Aspartate Aminotransferase (AST/SGOT) <i>IFCC kinetic</i>	22	<31	U/L
Alanine aminotransferase - (ALT / SGPT) <i>Kinetic IFCC</i>	19	<33	U/L
Bilirubin Total <i>Diazo method</i>	0.40	<1.1	mg/dL
Bilirubin Conjugated <i>Diazo method</i>	0.14	<=0.2	mg/dL
Bilirubin Unconjugated, Indirect <i>Calculation</i>	0.25	<1.0	mg/dL
Alkaline Phosphatase - ALP <i>IFCC kinetic</i>	48.0	<104	U/L

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Alcohol Risk Check

CLINICAL PATHOLOGY

Urine Examination - Routine & Microscopy (CUE) (Urine)

(Dip Stick , Reflectance Photometer & Microscopy)

PHYSICAL EXAMINATION:

Volume	10.00		mL
Colour	P.YEL	Pale	
Appearance	Clear	Clear	

CHEMICAL EXAMINATION:

pH	6.50	4.8 - 7.4	
<i>Dip stick</i>			
Specific Gravity	1.015	1.010 - 1.022	
<i>Dip Stick(Bromothymol blue)</i>			
Protein	NEGATIVE	Negative	
<i>Dip Stick/ Sulfosalicylic acid</i>			
Glucose	NEGATIVE	Negative	
<i>Dip Stick /Benedicts test</i>			
Ketones	NEGATIVE	Negative	
<i>Dip stick</i>			
Urobilinogen	NORMAL	Normal	
<i>Dip Stick / Ehrlich reaction</i>			
Nitrite	NEGATIVE	Negative	
<i>Dip Stick / (Griess test)</i>			
Bilirubin	NEGATIVE	Negative	
Blood	NEGATIVE	Negative	
<i>Dip Stick (Peroxidase)</i>			

***Manual**

MICROSCOPIC EXAMINATION:

Pus Cells	3-4	0 - 5	/HPF
Epithelial Cells	2-3	< 5	/HPF
Casts	Absent	Absent	/LPF
Crystals	Absent	Absent	/HPF
RBCs	Nil	0 - 2	/HPF

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Alcohol Risk Check			
BIOCHEMISTRY			
Uric acid (Serum)			
Uric acid <i>Uricase</i>	1.9 L	2.4-5.7	mg/dL
Blood Urea Nitrogen, BUN - Serum (Serum)			
Blood Urea Nitrogen, BUN - Serum <i>Calculation</i>	6.21 L	7-19	mg/dL
Creatinine (Serum)			
Creatinine <i>Modified Jaffe Kinetic</i>	0.63	< 0.90	mg/dL
Protein Total, Serum (Serum)			
Protein Total, Serum <i>Biuret Method</i>	6.9	6.4-8.3	g/dL
Urea (Serum)			
Urea <i>Kinetic, Urease</i>	13.3 L	16 - 38	mg/dL
Calcium - Serum (Serum)			
Calcium - Serum <i>NM-BAPTA</i>	9.10	8.6 - 10.0	mg/dL
Electrolytes (Na, K, Cl) - Serum (Serum)			
Sodium <i>ISE Indirect</i>	136.0	136 - 145	mmol/L
Potassium - Serum <i>ISE Indirect</i>	3.80	3.5-5.1	mmol/L
Chlorides <i>ISE Indirect</i>	101.1	98-107	mmol/L
Vitamin D, 25-Hydroxy (Serum)			
Vitamin D, 25-Hydroxy <i>ECLIA</i>	11.2 L	Deficient: <=20 Insufficiency: 20-29 Desirable: >=30-100 Toxicity: >100	ng/ml

Interpretation:

[REDACTED]

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Alcohol Risk Check

● Interpretation:

- Vitamin D is a fat soluble vitamin produced in the skin by exposure to sun light. Deficiency in children causes rickets and in adults leads to osteomalacia

Decreased:

- Impaired cutaneous production (lack of sunlight exposure)
- Dietary absence
- Malabsorption
- Increased metabolism due to drugs like barbiturates, phenytoin.
- Liver disease
- Renal failure
- VIT D receptor mutation

Increased:

- Vitamin D intoxication due to increased vit D supplements intake

Vitamin B12 (Serum)

Vitamin B12 349.4 191-771 pg/mL
 ECLIA

Interpretation:

Interpretation:

- Vitamin B12 also referred to as cobalamin is a water soluble vitamin. The uptake in the gastro intestinal track depends on intrinsic factor, which is synthesised by gastric parietal cells

Deficiency state:

- Lack of intrinsic factor due to autoimmune atrophic gastritis
- Mal absorption due to gastrectomy
- Inflammatory bowel disease
- Dietary deficiency (strict vegans)
- Vit B12 deficiency results in megaloblastic anaemia, peripheral neuropathy, dementia and depression

Increased levels:

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Alcohol Risk Check

- VIT B12 supplement intake
- Polycythaemia Vera.

hs CRP (C-Reactive Protein high sensitive) (Serum)

hs CRP (C-Reactive Protein high sensitive) 1.04
Immunoturbidimetry

Relative risk: < 1.0 Average: 1.0- mg/L
 3.0 High risk: > 3.0

██████████
 ██████████
 ██████████
 ██████████
Consultant- Biochemist

██████████
 ██████████
 ██████████
Consultant

Disclaimer:

1. All results released pertain to the specimen as received by the lab for testing and under the assumption that the patient indicated or identified on the bill/test requisition form is the owner of the specimen.
2. Clinical details and consent forms, especially in Genetic testing, histopathology, as well as wherever applicable, are mandatory to be accompanied with the test requisition form. The non-availability of such information may lead to delay in reporting as well as misinterpretation of test results. The lab will not be responsible for any such delays or misinterpretations thereof.
3. Test results are dependent on the quality of the sample received by the lab. In case the samples are preprocessed elsewhere (e.g., paraffin blocks), results may be compromised.
4. Tests are performed as per the schedule given in the test listing and in any unforeseen circumstances, report delivery may be affected.
5. Test results may show inter-laboratory as well as intra-laboratory variations as per the acceptable norms.
6. Genetic reports as well as reports of other tests should be correlated with clinical details and other available test reports by a qualified medical practitioner. Genetic counselling is advised in genetic test reports by a qualified genetic counsellor, medical practitioner or both.
7. Samples will be discarded post processing after a specified period as per the laboratory's retention policy. Kindly get in touch with the lab for more information.
8. If accidental damage, loss, or destruction of the specimen is not attributable to any direct or negligent act or omission on the part of Ampath Labs or its employees, Ampath shall in no event be liable. Ampath lab's liability for a lack of services, or other mistakes and omissions, shall be restricted to the amount of the patient's payment for the pertinent laboratory services.

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