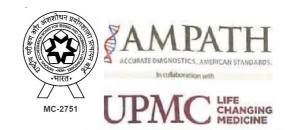
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Test Name Result Biological Ref. Interval Un	it
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Alcohol Risk Check

HAEMATOLOGY

Complete Blood Counts (WB-EDTA)

(Automated Hematology Analyzer & Microscopy)

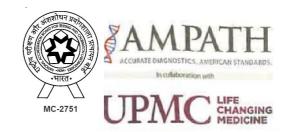
(Coulter Principle /Photometric method/VCS/VCSM/Cumulative pulse height/Staining/Calculated and Micr

Total Leukocyte Count	7.3	4.0 - 11.0	10³/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	34.3	31.5 - 34.5	g/dL
Concentration)			· ·
RDW	13.2	11.6 -14	%
Platelet Count	232	150 - 410	10³/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	10³/µl
Absolute Lymphocyte Count	2.80	1.0-3.0	10³/µl
Absolute Monocyte Count	0.40	0.2 - 1.0	10³/µl
Absolute Eosinophil Count (AEC)	0.40	0.02 - 0.5	10³/µl
Absolute Basophil Count	0.00	0.02 - 0.1	10³/µl

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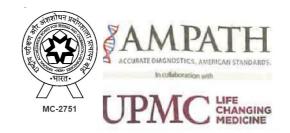


Test Name	Result	Biological Ref. Interval	Unit
Alcohol Risk Check			
	BIOCHEMISTR	Υ	
Lipid profile (Serum)			
Cholesterol Total - Serum Enzymatic colorimetric	179.1	<200 No risk 200-239 Moderate risk >240 High risk	mg/dL
Triglycerides Enzymatic colorimetry	96.9	Normal: <150 Borderline-high: 150–199 High risk 200–499 Very high risk >500	mg/dL
Cholesterol - HDL (Direct) Enzymatic colorimetric	45.7	<40 High Risk ; >60 No Risk	mg/dL
VLDL (Very Low Density Lipoprotein) Calculation	19.0		mg/dL
LDL Chol, Calculated	114.40	<100	mg/dL
LFT(Bilirubin Total, Bilirubin Conjugated, (S	Serum)		
Aspartate Aminotransferase (AST/SGOT)	22	<31	U/L
Alanine aminotransferase - (ALT / SGPT) Kinetic IFCC	19	<33	U/L
Bilirubin Total Diazo method	0.40	<1.1	mg/dL
Bilirubin Conjugated Diazo method	0.14	<=0.2	mg/dL
Bilirubin Unconjugated, Indirect Calculation	0.25	<1.0	mg/dL
Alkaline Phosphatase - ALP IFCC kinetic	48.0	<104	U/L





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Test Name	Result	Biological Ref. Interval	Unit	
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Alcohol Risk Check

CLINICAL PATHOLOGY

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

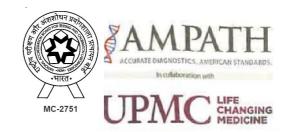
(Dip Stick, Reflectance Photometer & Microscopy)

scopy)		
10.00		mL
P.YEL	Pale	
Clear	Clear	
6.50	4.8 - 7.4	
1.015	1.010 - 1.022	
NEGATIVE	Negative	
NEGATIVE	Negative	
NEGATIVE	Negative	
NORMAL	Normal	
NEGATIVE	Negative	
NEGATIVE	Negative	
NEGATIVE	Negative	
	-	
3-4	0 - 5	/HPF
2-3	< 5	/HPF
Absent	Absent	/LPF
Absent	Absent	/HPF
Nil	0 - 2	/HPF
	10.00 P.YEL Clear 6.50 1.015 NEGATIVE NEGATIVE NEGATIVE NORMAL NEGATIVE NEGATIVE NEGATIVE NEGATIVE ABSATIVE NEGATIVE NEGATIVE NEGATIVE NEGATIVE NEGATIVE NEGATIVE	10.00 P.YEL Pale Clear 6.50 4.8 - 7.4 1.015 1.010 - 1.022 NEGATIVE NORMAL Normal NEGATIVE 3-4 0 - 5 2-3 < 5 Absent Absent Absent

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Test Name	Result	Biological Ref. Interval	Unit
Alcohol Risk Check			
	BIOCHEMIST	RY	
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 Calculation	6.21 L	7-19	mg/dL
Creatinine (Serum)			
Creatinine Modified Jaffe Kinetic	0.63	< 0.90	mg/dL
Protein Total, Serum (Serum)			
Protein Total, Serum Biuret Method	6.9	6.4-8.3	g/dL
Urea (Serum)			
Urea Kinetic, Urease	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 ISE Indirect	136.0	136 - 145	mmol/L
Potassium - Serum ISE Indirect	3.80	3.5-5.1	mmol/L
Chlorides ISE Indirect	101.1	98-107	mmol/L
Vitamin D, 25-Hydroxy (Serum)			
Vitamin D, 25-Hydroxy ECLIA	11.2 L	Deficient: <=20 Insufficiency: 20-29 Desirable: >=30-100 Toxicity: >100	ng/ml

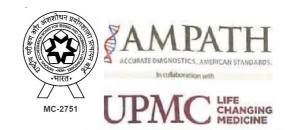
Interpretation:

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Test Name Result Biological Ref. Interval Unit

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:

O 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 gastrostomy
- Inflammatory bowel disease
- Dietary deficiency (strict vegans)
- · Vit B12 deficiency results in megaloblastic anaemia, peripheral neuropathy, dementia and depression

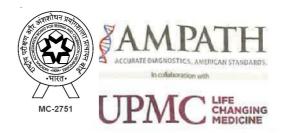
Increased levels:

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Test Name Result Biological Ref. Interval Unit

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



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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