Patient Name	**: Mrs. ASHA DEVI DHOOT**	Registration No	: 5
Age/Sex	: 62 Y/Female	Registered	: 26/Nov/2021
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Barcode	: 2506569	Received	: 26/Nov/2021 08:06PM
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Test Name	Value	Unit	Bio Ref.Interval
	CBC+ESR		
HAEMOGLOBIN,EDTA	12.30		
RBC COUNT,EDTA Hydro Dynamic Focusing	4.55	million/cumm	4.5 - 5.5
PCV / HAEMATOCRIT,EDTA Pulse height detection	38.50	%	36.0 - 46.0
MCV,EDTA Calculated	84.70	fl	83 - 101
MCH,EDTA Calculated	27.00	pg	27 - 32
MCHC,EDTA Calculated	31.90	gm/dl	31.5 - 34.5
RDW (CV) ,EDTA Calculated	12.80	%	11.6 - 14.0
RDW-SD	45.00	fL	35-56
TLC(TOTAL LEUCOCYTE COUNT Flow Cytometry	**13,600.00**	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL BY LASER BASED FLOWCYTOMETRY & MICROSCOPY	**84.0**	%	40-80
LYMPHOCYTES Manual	20.00	%	20 - 40
EOSINOPHIL MICROSCOPY	3.00	%	1 - 6
MONOCYTES Flow Cytometry	3.00	%	2 - 10
BASOPHIL Manual	0.00	%	0 - 1
ABSOLUTE LEUKOCYTE COUNT			
ABSOLUTE NEUTROPHIL COUNT ,EDTA BY LASER BASED FLOWCYTOMETRY & MICROSCOPY	**11.99**	X10^3uL	1.6-8.0
ABSOLUTE LYMPHOCYTE COUNT	**3.25**	X10^3uL	1.0-3.0

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Test Name	Value	Unit	Bio Ref.Interval
BY LASER BASED FLOWCYTOMETRY & MICROSCOPY ABSOLUTE EOSINOPHIL COUNT	0.39	X10^3uL	0.0-0.4
BY LASER BASED FLOWCYTOMETRY & MICROSCOPY ABSOLUTE MONOCYTE COUNT	0.49	X10^3uL	0.15-1.50
BY LASER BASED FLOWCYTOMETRY & MICROSCOPY ABSOLUTE BASOPHIL COUNT	0.00	X10^3uL	0.00-0.10
BY LASER BASED FLOWCYTOMETRY & MICROSCOPY PLATELET COUNT,EDTA	290.00	1000/cumm	150 - 450
Hydro Dynamic detection ESR (WESTERGREN) Na-Citrate	**28**	mm/1st	0 - 10
westerngreen PDW-SD	17.20	fL	9.3-17.3
ELECTRICAL IMPEDANCE & CALCULATED PDW-CV	16.30	%	10.0-17.9
ELECTRICAL IMPEDANCE & CALCULATED PCT.	**0.37**	%	0.108-0.282
ELECTRICAL IMPEDANCE & CALCULATED P-LCR	**50.70**	%	11 - 45
ELECTRICAL IMPEDANCE & CALCULATED P-LCC	162.00		

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LIVER FUNCTION TEST(LFT)

Test Name	Value	Unit	Bio Ref.Interval
TOTAL BILIRUBIN ,Serum Dyphylline	0.47	mg/dL	0.1 - 1.2
DIRECT BILIRUBIN (Conj.) ,Serum DIAZO (WALTER & GERARDE)	0.22	mg/dL	0.0-0.82
INDIRECT BILIRUBIN,Serum Calculated	0.25	mg/dL	0.2 - 0.70
SGOT (AST) ,Serum UV With P5P	24.20	U/L	0-32
SGPT (ALTV), Serum Kinetic WITH PYRIDOXAL 5 PHOSPHATE	18.10	U/L	00-45
TOTAL PROTEIN , Serum Biuret	7.90	g/dL	6.3-8.2
ALBUMIN,SERUM Bromocresol Green	3.93	gm/dL	3.5-5.0
GLOBULIN,Serum Calculated	3.97	gm/dL	2.0-4.0
A/G Ratio ,Serum Calculated	0.99		0.8 - 2.1
ALKALINE PHOSPHATASE ,Serum pNPP/AMP buffer	**122.0**	U/L	35-104
SGOT:SGPT Ratio Calculated	1.34		<1.00

INTERPRETATION

1. In an asymptomatic patient, Non alcoholic fatty liver disease (NAFLD) is the most common cause of increased SGPT, SGOT levels. NAFLD is considered as hepatic manifestation of metabolic syndrome.
2. In most type of liver disease, SGPT activity is higher than that of SGOT; exception may be seen in Alcoholic Hepatitis, Hepatic Cirrhosis, and Liver neoplasia. In a patient with Chronic liver disease, SGOT:SGPT ratio>1 is highly suggestive of advanced liver fibrosis.

This SGOT/SGPT ratio is known as De Ritis Ratio . This Ratio is helpful in diagnosing many liver pathology.

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Test Name	Value	Unit	Bio Ref.Interval
Pathological condition having increased ratio	**(SGOT/SGPT) or(De Ritis Ratio)**		
Drug Hepatotoxicity	>2		
Alcoholic Hepatitis	>2(Highly Suggestive)		
Cirrhosis	1.4-2.0		
Intrahepatic Cholestatis	>1.5		
Hepatocellular Carcinoma & Chronic hepatitis	>1.3(Slightly Increased)		

PROGNOSTIC SIGNIFICANCE

Normal	<0.65
Good Prognostic Sign	0.3-0.6
Poor Prognostic Sign	1.2-1.6

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Test Name	Value	Unit	Bio Ref.Interval
KIDNEY FUNCTION TEST (BASIC)			
UREA ,Serum Urease	18.90	mg/dL	16.6-48.5
CREATININE Enzymatic (creatinine amidohydrolase)	0.74	mg/dl	0.70-1.20
URIC ACID , Serum Uricase	4.60	mg/dL	3.5-7.2

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URINE ROUTINE EXAMINATION, Microscopy

Test Name	Value	Unit	Bio Ref.Interval
PHYSICAL EXAMINATION			
COLOUR	PALE YELLOW		
TRANSPARENCY	SLIGHTLY TURBID		
CHEMICAL EXAMINATION			
pH Double Indicator	6.50		5.0-8.0
SPECIFIC GRAVITY Ionic concentration	1.010		1.000-1.035
URINE SUGAR	NEG		
URINE PROTEIN	NEG		
URINE BILIRUBIN	NEG		
KETONES Nitroprusside reaction	NIL		NIL
UROBILINOGEN Ehrlich s Reaction	NORMAL		
NITRATE	NEG		NIL
MICROSCOPIC EXAMINATION			
PUS CELLS Microscopy	1-2	/HPF	1-2
EPITHELIAL CELLS Microscopy	4-5	/HPF	1-2
RBCs	1-2		
CRYSTALS Microscopy	NIL		NIL
AMORPHOUS SEDIMENTS	NIL		
YEAST CELLS Microscopy	NIL		

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Test Name	Value	Unit	Bio Ref.Interval
TRICHOMONAS	NIL		
BACTERIA Microscopy	NIL		
OTHERS Microscopy	NIL		

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Test Name	Value	Unit	Bio Ref.Interval
	Salmonella TYPHI IgM (Typhidot)		
TYPHIDOT (IGM) RAPID	NEGATIVE	.	Negative

COMMENT:
TYPHI DOT, an enzyme immunoassay for detection of IgM antibodies to Salmonella Typhi.

	MALARIA ANTIGEN	
Plasmodium vivax Sandwich immunoassay	NEGATIVE	NEGATIVE
Plasmodium falciparum Sandwich immunoassay	NEGATIVE	NEGATIVE

Interpretation:
Negative : No detectable pLDH in the sample
P. vivax Positive : pLDH detected
P. falciparum positive : pLDH as well as HRP-II specific for P. falciparum detected

Comments:
The test detects parasitemia levels of 100 - 200 parasites per uL of blood. It detects the presence of Plasmodium lactate dehydrogenase (pLDH), an enzyme produced by all forms of the parasite, using monoclonal antibodies against the enzyme, and HRP-II (Histidine Rich Protein-II) of P. falciparum. This is only a screening test.

Limitations:
The results of the test are to be interpreted within epidemiological, clinical and therapeutic context as rarely false results can occur.

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Test Name	Value	Unit	Bio Ref.Interval

Dengue Ns1 Antigen (Rapid)

Specimen: Serum

DENGUE NS1	NEGATIVE		

Method : By rapid immuno chromatographic

RESULT INTERPRETATION

Dengue viruses, transmitted by the mosquito, Aedes aegypti and Aedes albopictus mosquitoes, are widely distributed throughtout the tropical and subtropical areas of the world. There are four known distinct serotypes (dengue virus 1,2,3 and 4). In children, infection is often subclinical or causes a self -limited febrile disease. However, if the patient is infected a second time with a different serotype, a more severe disease,dengue hemorrhagic fever or dengue shock syndrome, is more likely to occur. Dengue is considered to be the most important arthoropod -borne viral disease due to the human morbidity and mortality it causes.
NS1 is a highly-conserved glycoprotein that is present at high concentrations in the sera of Dengue-infected patients during the early clinical phase of the disease. NS1 antigen is found from the first day and upto 9 days after onset of fever in sample of primary or secondary Dengue NS1 antigen. Usually IgM does not become detectable until 5 to 10 days after the onset of illness in cases of primary Dengue infection and until 4 to 5 days after onset of illness in secondary infections. In primary infections, IgG appears the 14th day and persist for life. Secondary infections show that IgGs rise within 1 - 2 days after the onset of symptoms and induce IgM response after 20 days of infection.

*** End Of Report ***

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