

## AYUSHKAMA HEALTHCAR

🗣 WZ - 717/3, 2nd Floor, Gopal Nagar, Jheel Road, Tilak Nagar, New Delhi - 110018





Patient Name : Mrs. ASHA DEVI DHOOT Registration No: 5

: 26/Nov/2021 Age/Sex : 62 Y/Female Registered

Patient ID : 012111260003 Collection : 26/Nov/2021 08:05PM Barcode : 2506569 Received : 26/Nov/2021 08:06PM Ref. By : Self Reported : 26/Nov/2021 08:40PM SRF No. Panel : Ayushkama Healthcare

Aadhar No Passport No.

Test Name	Value	Unit	Bio Ref.Interval
	СВС	+ESR	
HAEMOGLOBIN,EDTA	12.30		
RBC COUNT,EDTA	4.55	million/cumm	4.5 - 5.5
Hydro Dynamic Focusing 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 - 3 <mark>4.5</mark>
RDW (CV) ,EDTA	12.80	%	11.6 - <mark>14.0</mark>
RDW-SD	45.00	fL	35-56
TLC(TOTAL LEUCOCYTE COUNT Flow Cytometry	13,600.00	/cumm	400 <mark>0 - 1</mark> 1000
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	84.0	%	40-80
BY LASER BASED FLOWCYTOMETRY & MICROSCO 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 & MICROSCO		X10^3uL	1.6-8.0
ABSOLUTE LYMPHOCYTE COUNT	3.25	X10^3uL	1.0-3.0
$\sim$			

Dr. Sangeeta B

DCP, DNB (PATHOLOGY)

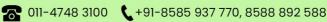
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Test Name	Value	Unit	Bio Ref.Interval
BY LASER BASED FLOWCYTOMETRY & MICROSCO	PY		
ABSOLUTE EOSINOPHIL COUNT	0.39	X10^3uL	0.0-0.4
BY LASER BASED FLOWCYTOMETRY & MICROSCO	PY		
ABSOLUTE MONOCYTE COUNT	0.49	X10^3uL	0.15-1.50
BY LASER BASED FLOWCYTOMETRY & MICROSCOI	· · · · · · · · · · · · · · · · · · ·		
ABSOLUTE BASOPHIL COUNT	0.00	X10^3uL	0.00-0.10
BY LASER BASED FLOWCYTOMETRY & MICROSCO		4000/	450 450
PLATELET COUNT, EDTA	290.00	1000/cumm	150 - 450
Hydro Dynamic detection  ESD (MESTED OPEN) No Citroto	28	mm/1st	0 - 10
ESR (WESTERGREN) Na-Citrate westerngreen	20	Tilli/TSt	0 - 10
PDW-SD	17.20	fL	9.3-17.3
ELECTRICAL IMPEDANCE & CALCULATED	17.20	"-	0.0 17.0
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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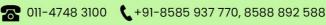
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Test Name	Value	Unit	Bio Ref.Interval	
	LIVER FUNCTION TEST(LFT)			
TOTAL BILIRUBIN ,Serum  Dyphylline	0.47	mg/dL	0.1 - 1.2	
DIRECT BILIRUBIN (Conj.) ,Serum DIAZO (WALTER & GERARDE)	0.22	mg/dL	0.0-0.82	
INDIRECT BILIRUBIN,Serum	0.25	mg/dL	0.2 - 0.70	
SGOT (AST) ,Serum	24.20	U/L	0-32	
SGPT (ALTV), Serum Kinetic WITH PYRIDOXAL 5 PHOSPHATE	18.10	U/L	00-45	
TOTAL PROTEIN , Serum	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	0.99		0.8 - 2.1	
Calculated  ALKALINE PHOSPHATASE ,Serum pNPP/AMP buffer	122.0	U/L	35-104	
SGOT:SGPT Ratio	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.

Dr. Sangeeta B

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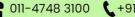
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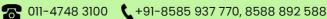




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**Test Name** Value Unit Bio Ref.Interval

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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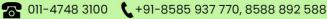
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Value	Unit	Bio Ref.Interval	
KIDNEY FUNCTION TEST (BASIC)			
18.90	mg/dL	16.6-48.5	
0.74	mg/dl	0.70-1.20	
4.60	mg/dL	3.5-7.2	
	18.90 0.74	0.74 mg/dl	

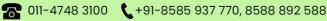
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**Test Name** Value Unit Bio Ref.Interval

### **URINE ROUTINE EXAMINATION, Microscopy**

I III SICAL LAAMIINA IION			
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	NIL		NIL
Nitroprusside reaction 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** NIL Microscopy

**OTHERS** NIL Microscopy



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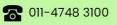
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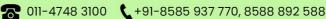




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**Test Name** Value Unit Bio Ref.Interval

Salmonella TYPHI IgM (Typhidot)

**NEGATIVE** TYPHIDOT (IGM) Negative

**RAPID** 

### **COMMENT:**

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

### **MALARIA ANTIGEN**

**NEGATIVE NEGATIVE** Plasmodium vivax

Sandwich immunoassay Plasmodium falciparum **NEGATIVE NEGATIVE** 

Sandwich immunoassay

**Interpretation:** 

No detectable pLDH in the sample Negative

pLDH detected P. vivax Positive

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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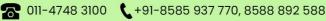




Age/Sex

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**Test Name** Value Bio Ref.Interval Unit

**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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