


Precision

Compassion

Punctual

Sample ID :


Name : ANANTRAI BHALODIYA

Patient ID : PI-1139-26

Age / Sex : 68 Years / Male

Registration : 27/05/2026 08:27

Ref. by : SELF

Sample Collection : 27/05/2026 08:27

Source : Lab

Reported : 27/05/2026 10:28

COMPLETE BLOOD COUNT

Sample Type: **EDTA**

Test Name	Result	Units	Biological Reference Interval
ERYTHROCYTES:			
Haemoglobin :	13.0	g/dl	13.5 - 18.0
Total RBC Count :	4.75	mill/cumm	4.7 - 6.0
PCV :	41.3	%	42 - 52
MCV :	86.9	fl	78 - 100
MCH :	27.4	pg	27 - 31
MCHC :	31.5	g/dl	32 - 36
RDW :	12.6	%	11.5 - 14.0
LEUCOCYTES:			
Total WBC Count :	6510	/cumm	4000 - 10500
Neutrophils :	69	%	40 - 70
Lymphocytes :	24	%	20 - 40
Eosinophils :	03	%	1 - 6
Monocytes :	04	%	2 - 8
Basophils :	00	%	0 - 01
Absolute Netrophil Count (ANC) :	4491.9	/cumm	1600 - 7000
Absolute Lymphocyte Count :	1562.4	/cumm	800 - 4000
Absolute Eosinophil Count :	195.3	/cumm	00-450
Absolute Monocyte Count :	260.4	/cumm	200 - 1000
PLATELETS:			
Platelet Count :	289000	/cumm	1,50,000 - 4,50,000
PCT	0.281	%	
MPV	9.7	fL	7.5-11.5
PDW	14.6	fL	10 - 17.9
P-LCR	35.5		

Instrument: Fully Automated 5 part Hematology Cell Counter Erba Mannheim H560 from Germany

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LIVER FUNCTION TEST

Sample Type: Serum

Test Name	Result	Units	Biological Reference Interval
SGPT (ALT) : (Modified IFCC)	37.8	U/L	0 - 40
SGOT (AST) : (Modified IFCC)	22.5	U/L	0 - 37
Alkaline Phosphatase (ALP) : (IFCC method)	106.4	U/L	40 - 130
Bilirubin Total : (Diazo method)	0.35	mg/dl	0.2 - 1.0
Bilirubin Direct : (Diazo method)	0.16	mg/dl	0 - 0.6
Bilirubin Indirect : (Calculated)	0.19	mg/dl	0 - 0.5
SERUM PROTEINS			
Total Protein: (Biuret method)	6.37	gms/dl	6.4 - 8.3
Albumin: (BCG method)	3.7	gms/dl	3.8 - 4.4
Globulins : (Calculated)	2.67	gms/dl	2.3 - 3.5
A/G Ratio : (Calculated)	1.39		0.9 - 2.9

Instrument: Fully Automated BioChemistry Analyser Resposns 910 Diaysis from Germany

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RENAL FUNCTION TEST

Sample Type: Serum

Test Name	Result	Units	Biological Reference Interval
Urea : (GLDH method)	15.76	mg/dl	10 - 50
Bun : (Calculated)	7.4	mg/dl	0 - 18
Creatinine (Enzymatic method) :	0.8	mg/dl	0.6 - 1.3
e-GFR	101	ml/min/1.73 sq.m	90 - 130 ml/min/1.73 sq.m
Interpretation:	eGFR >90 Normal eGFR 60 - 90 Mild decrease in GF eGFR 30 - 59 Mild decrease in GFR / stage 3 CKD eGFR 15 - 29 Mild decrease in GFR / stage 4 CKD eGFR <15 End stage renal/ stage 5 CKD		
BUN CREATININE RATIO			
UREA CRETININE RATIO			
Uric acid : (Uricase method)	5.17	mg/dl	3.5 - 7.2

Instrument: Fully Automated BioChemistry Analyser Respons 910 Diaysis from Germany

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URINE ANALYSIS

Sample Type: **Urine**

Test Name	Result	Units	Biological Reference Interval
Physical Examination			
Quantity :	25	ml	0 - 500 ml
Colour :	Pale Yellow		Pale Yellow
Transparency :	Clear		Clear
Reaction :	Acidic		4.6 - 8.0
Specific Gravity :	1.015		1.016 - 1.022
Sediment :	Absent		
Chemical Examination			
Albumin :	Absent		Absent
Sugar :	Absent		Absent
Acetone :	Absent		Absent
Blood	Absent		Absent
Bile Salts :	Absent		Absent
Bile Pigments :	Absent		Absent
Urobilogen :	Absent		Absent
Nitrites :	Absent		Absent
Microscopic Examination			
Red blood Cells :	Absent	/h.p.f	Absent
Pus Cells :	Occasional	/h.p.f	Absent
Epithelial Cells :	Occasional	/h.p.f	< 10.0
Amorphous :	Absent	/h.p.f	Absent
Bacteria :	Absent	/h.p.f	Absent
Crystals :	Absent	/h.p.f	Absent
Casts :	Absent	/h.p.f	Absent
Fungus :	Absent	/h.p.f	Absent

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ENZYME ESTIMATION

Sample Type: Serum

Test Name	Result	Units	Biological Reference Interval
LDH,	131.8	IU/L	135 - 225

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SERUM ELECTROLYTES

Sample Type: Serum

Test Name	Result	Units	Biological Reference Interval
Sodium :	137.4	mEq/L	135 - 150
Potassium :	3.94	mEq/L	3.5 - 5.1
Chloride :	100.9	mEq/L	94 - 110

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BIOCHEMISTRY

Sample Type: Serum

Test Name	Result	Units	Biological Reference Interval
Inorganic Phosphorous : (Phosphomolybdate method)	4.79	mg/dl	2.5 - 4.5

Instrument: Fully Automated BioChemistry Analyser Respons 910 Diaysis from Germany

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CA 19.9

Sample Type: Serum

Test Name	Result	Units	Biological Reference Interval
CA 19.9:	52.14	U/ml	< 27

Note

- CA 19-9 is a modified Lewis (a) blood group antigen and has been used as a tumor marker.
- This assay, regardless of level, should not be interpreted as absolute evidence for the presence or absence of malignant disease.
- The assay value should be used in conjunction with findings from clinical evaluation and other diagnostic procedures.
- Persistently elevated CA 19.9 levels are usually indicative of progressive malignant disease and poor therapeutic response

Clinical use

- Aid in Detection, diagnosis, and prognosis of pancreatic cancer.
- Monitor response to therapy
- May be a useful adjunct to CEA for diagnosis and to detect early recurrence of certain cancers.
- May indicate development of cholangiocarcinoma in patients with primary sclerosing cholangitis.

Positivity Percentage of CA 19.9 seen in different diseases are Pancreatic cancer(80%), Hepatobiliary cancer(22-51%), Gastric cancer(42%), Hepatocellular cancer(30-50%), Colorectal cancer(20%), Pancreatitis(10-20%), Benign Gastrointestinal diseases(10-20%).

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PLASMA GLUCOSE ANALYSIS

Sample Type: Serum

Test Name	Result	Units	Biological Reference Interval
Fasting Plasma Glucose : (GOD _ POD Method)	108.5	mg/dl	Normal : <100 Pre - Diabetes : 100-125 Diabetes : >126
Post Prandial Plasma Glucose: After 2hr. (GOD _ POD Method)	100.3	mg/dl	Normal : <140 Pre - Diabetes : 140-200 Diabetes : >200

Reference: American Diabetes Association

Note:
 -Additional test available for monitoring patients with Diabetes are PPBS, Glycated Hemoglobin HbA1c, Microalbumin creatinine ratio urine
 -The diagnosis of Diabetes requires a Fasting plasma glucose >126 mg/dL, or a random /2 hour plasma glucose value > 200 mg/dL, with symptoms of diabetes mellitus
 -Very high glucose levels (450 mg/dl, in adults) may result in Diabetic Ketoacidosis
 -Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying & brisk glucose absorption. Elevated glucose levels (hyperglycemia) may also occur with pancreatic neoplasm, hyperthyroidism, and adrenal cortical hyper function as well as other disorders Decreased glucose levels (hypoglycemia) may result from excessive insulin therapy insulinoma, or various liver diseases

Instrument: Automated Clinical Chemistry Analyser Chem 7 from Germany

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