MAX Lab

Laboratory Investigation Report

Patient Name	Centre
Age/Gender	OP/IP No/UHID
MaxID/Lab ID	Collection Date/Time
Ref Doctor	Reporting Date/Time

Clinical Biochemistry

SIN No:B2B1917538

Kidney Function Test (KFT) Profile with Calcium, Uric Acid*, Serum

Date	13/Oct/2022 12:16PM	Unit	Bio Ref Interval
Urea Urease, UV	21.5	mg/dL	10.8 - 38.4
Blood Urea Nitrogen Calculated	10.05	mg/dL	7.9 - 20.0
Creatinine Rate-Jaffe	0.5	mg/dl	0.3 - 0.7
eGFR MDRD	270.43	ml/min/1.73 m²	
Bun/Creatinine Ratio Calculated	**20.10**	Ratio	12:1 - 20:1
Uric Acid Uricase, Colorimetric	**3.4**	mg/dL	3.5 - 7.2
Calcium (Total) Arsenazo III	9.0	mg/dL	8.8 - 10.8
Sodium ISE Indirect	**135.0**	mmol/L	138 - 145
Potassium ISE indirect	4.03	mmol/L	3.5 - 5.1
Chloride ISE indirect	104	mmol/L	101 - 109
Bicarbonate Colorimetric, PEPC	**19.0**	mmol/L	21 - 31

Interpretation **Ref. Range**

eGFR - Estimated Glomerular Filteration Rate is calculated by MDRD equation which is most accurate for GFRs ≤ 60ml / min /1.73 m².MDRD equation is used for adult population only.
<60ml / min / 1.73 m² - Chronic Kidney Disease
<15 ml / min /1.73 m² - Kidney failure

BUN/Creatinine Ratio :-

Increased in reduced renal perfusion (e.g. dehydration, Hypovolemic shock, Congestive Heart Failure) or Obstructive uropathy. Decreased in Acute Renal Tubular necrosis.

Kindly correlate with clinical findings

***** End Of Report *****

Test Performed at :910 - Max Hospital - Saket M S S H, Press Enclave Road, Mandir Marg, Saket, New Delhi, Delhi 110017
Booking Centre :3281 - Max Lab Sector 14 Faridabad, Scf 142, 8287623233
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Helpline No. 7982 100 200 www.maxlab.co.in feedback@maxlab.co.in

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Principal Director-
Max Lab & Blood Bank Services

Dr. Dilip Kumar M.D.
Associate Director &
Manager Quality

Dr. Nitin Dayal, M.D.
Principal Consultant & Head,
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Molecular Diagnostics

SIN No:B2B1917538

BAL H1N1/Swine Flu, RT PCR*,

Sample Type :

Test	Result
Influenza A/B	Negative
H1N1 (Swine Flu)	Negative

Note:
In Case of Positive H1N1, Kindly consult referring Physician/Autorized Govt. Hospital for appropriate treatment and follow up.

Comments:

- The Kit constitutes ready-to-use systems for the detection of influenza A and B viral RNA and novel influenza A (H1N1) viral RNA (2009 H1N1 virus) using reverse transcription–polymerase chain reaction (RT-PCR).
- Acceptable specimens are respiratory samples such as broncheoalveolar lavage, tracheal aspirate, sputum, nasopharyngeal or oropharyngeal aspirate or washes and nasopharyngeal or oropharyngeal swab.
- It is possible that some samples may fail to give positive reactions due to low cell numbers in original clinical sample.
- The test result should be used in conjunction with clinical presentation and other laboratory markers.

Comment **Note:**
In Case of Positive H1N1, Kindly consult referring Physician/Autorized Govt. Hospital for appropriate treatment and follow up.

Comments:

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Molecular Diagnostics

SIN No:B2B1917538

Kindly correlate with clinical findings

***** End Of Report *****

Dr. Bansidhar Tarai, M.D
Associate Director
Microbiology & Molecular Diagnostics

Dr. Sonu Kumari Agrawal, MD
Associate Consultant
Microbiology

Dr Nidhi Malik, MD
Consultant Microbiology

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SIN No:B2B1917538

Serology

Test Name	Result	Unit	Bio Ref Interval
Typhi Dot Test (IgM & IgG)*, Serum			
Immunochromatography			
Typhidot(IgG)	Negative		
Immunochromatography			
Typhidot(IgM)	Negative		
Immunochromatography			

Interpretation

- This is rapid card test, based on lateral flow chromatographic immunoassay.
- This is a screening test and definite clinical diagnosis should not be based on this single test result.
- The result is to be confirmed by other supplemental tests like blood culture and widal test.
- Positive result (IgM response) can vary according to time elapsed from the onset of fever and immunocompetence status.
- A negative result does not rule out recent or current infection. If S.typhi infection is still suspected, a repeat sample is advised after 5-7 days.
- False positive result can be seen in patients having high titer of rheumatoid factor.

Advise:

- First week of fever: Blood culture
- Second week of fever: Widal Tube test

Kindly correlate with clinical findings

***** End Of Report *****

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Clinical Biochemistry

SIN No:B2B1917538

Liver Function Test (LFT), Serum

Date	13/Oct/2022 12:16PM	09/Oct/22 03:39PM	03/Oct/22 02:20PM	Unit	Bio Ref Interval
Total Protein Biuret	6.90	7.50	7.30	g/dL	5.7 - 8.0
Albumin Bromcresol Green (BCG)	3.9	4.0	4.3	g/dL	3.5 - 5.2
Globulin Calculated	3.0	3.5	3.0	g/dl	2.3 - 3.5
A.G. ratio Calculated	1.3	**1.1**	1.4		1.2 - 1.5
Bilirubin (Total) DPD	0.3	0.3	0.3	mg/dL	0.3 - 1.2
Bilirubin (Direct) Diazotization	0.05	0.05	0.05	mg/dL	0.0 - 0.2
Bilirubin (Indirect) Calculated	0.25	0.25	0.25	mg/dL	0.1 - 1.0
SGOT- Aspartate Transaminase (AST) UV without P5P	48	**58**	42	IU/L	< 50
SGPT- Alanine Transaminase (ALT) UV without P5P	38	48	17	IU/L	< 50
AST/ALT Ratio Calculated	1.26	1.21	2.47	Ratio	
Alkaline Phosphatase PNPP, AMP Buffer	168	157	177	IU/L	86 - 315
GGTP (Gamma GT), Serum Enzymatic Rate	12.0	11.0	9.0	IU/L	3-22

Interpretation **AST/ALT Ratio : -**

In Case of deranged AST and/or ALT, the AST/ALT ratio is < 2.0 in alcoholic liver damage and > 2.0 in non – alcoholic liver damage

Kindly correlate with clinical findings

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Hematology

SIN No:B2B1917538

CBC (Complete Blood Count), Whole Blood EDTA

Date	13/Oct/2022 12:16PM	09/Oct/22 03:39PM	03/Oct/22 02:20PM	Unit	Bio Ref Interval
Haemoglobin	12.0	12.8	13.4	g/dl	11.5 - 15.5
Packed Cell, Volume Calculated	37.8	38.9	**42.2**	%	35-45
Total Leucocyte Count (TLC) Electrical Impedance	**3.9**	**4.6**	**4.21**	10~9/L	5.0-13.0
RBC Count Electrical Impedance	4.80	4.97	5.09	10~12/L	4.0-5.2
MCV Electrical Impedance	78.7	78.3	82.9	fL	77-95
MCH Calculated	25.1	25.7	26.4	pg	25-33
MCHC Calculated	31.9	32.8	31.9	g/dl	31.0-37.0
Platelet Count Electrical Impedance	218	202	281	10~9/L	170-450
MPV Calculated	8.9	9.5	10.4	fl	7.8-11.2
RDW Calculated	14.4	14.3	14.1	%	11.5-14.5
Differential Cell Count VCS / Light Microscopy					
Neutrophils	**70.5**	39.8	**68.7**	%	20-45
Lymphocytes	**19.5**	51.5	**24.1**	%	40-75
Monocytes	9.5	5.2	6.5	%	2-10
Eosinophils	**0.1**	3.1	**0.3**	%	1-6
Basophils	0.4	0.4	0.4	%	0-2
Absolute Leukocyte Count Calculated from TLC & DLC					
Absolute Neutrophil Count	2.75	**1.83**	2.89	10~9/L	2.0-8.0
Absolute Lymphocyte Count	**0.8**	2.4	**1.0**	10~9/L	1.0-5.0
Absolute Monocyte Count	0.37	0.24	0.27	10~9/L	0.2-1.0
Absolute Basophil Count	0.02	0.02	0.02	10~9/L	0.02-0.1

Kindly correlate with clinical findings

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Serology

Test Name	Result	Unit	Bio Ref Interval
Widal Test (Slide), Serum			
Slide Agglutination			
Salmonella typhi, (O)	<1:80	Titre	<1:80
Slide Agglutination			
Salmonella typhi, (H)	<1:80	Titre	<1:160
Slide Agglutination			
Salmonella paratyphi (AH)	<1:80	Titre	<1:160
Slide Agglutination			
Salmonella paratyphi (BH)	<1:80	Titre	<1:160
Slide Agglutination			

Interpretation

1. This is slide agglutination test. Widal test by tube method is more specific and recommended test.
2. This is only screening test and definite diagnosis should not be based upon this single test.
3. 'H' titre > 1:160 and 'O' titre > 1:80 are positive however the treatment should be started based upon the clinical symptoms and other supplemental tests like blood culture and Widal tube method.

Advice:

1. First week of fever: Blood Culture.
2. Second week of fever: Widal tube test.

Kindly correlate with clinical findings

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