

Patient Name	: Mr.MOHAMMED ZAID	Collected	: 31/Oct/2023 01:11PM
Age/Gender	: 03 Y 10 M 18 D/ M	Received	: 31/Oct/2023 01:42PM
UHID/MR No	: UDID.700836358	Reported	: 31/Oct/2023 02:12PM
Visit ID	: SPATIPV17595	Status	: Final Report
Ref Doctor	: Dr.Dr. STALIN RAMPRAKASH	Client Name	: NA
IP/OP NO	:	Patient location	: BENGALURU, KARNATAKA

#### DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
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#### COMPLETE BLOOD COUNT (CBC) , WHOLE BLOOD EDTA

HAEMOGLOBIN	11.0	g/dL	12-15	CYANIDE FREE COLOURIMETER
PCV	34.70	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.13	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	84.1	fL	83-101	Calculated
MCH	27.8	pg	27-32	Calculated
MCHC	33.1	g/dL	31.5-34.5	Calculated
R.D.W	13.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,410	cells/cu.mm	4000-10000	Electrical Impedance

#### DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	84.2	%	40-80	Electrical Impedance
LYMPHOCYTES	10.1	%	20-40	Electrical Impedance
EOSINOPHILS	0.1	%	1-6	Electrical Impedance
MONOCYTES	5.1	%	2-10	Electrical Impedance
BASOPHILS	0.5	%	<1-2	Electrical Impedance
CORRECTED TLC	6,410	Cells/cu.mm		Calculated

#### ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	5397.22	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	647.41	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	6.41	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	326.91	Cells/cu.mm	200-1000	Electrical Impedance
BASOPHILS	32.05	Cells/cu.mm	0-100	Electrical Impedance
PLATELET COUNT	354000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY



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#### DEPARTMENT OF COAGULATION

Test Name	Result	Unit	Bio. Ref. Range	Method
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#### PROTHROMBIN TIME (PT/INR) , SODIUM CITRATE PLASMA

Prothrombin Time	<b>17.76</b>	Seconds	11-16	Optomechanical clot detection
Control (MNPT)	14.60	Seconds		Optomechanical clot detection
Ratio	1.22			Calculated
Prothrombin Index	82.21	%		Calculated
International Normalized Ratio (INR)	1.22			Calculated

#### Comment:

REFERENCE GROUP	INTERNATIONAL NORMALIZED RATIO (INR)
NORMAL POPULATION	0.9 – 1.1
PATIENTS ON ANTICOAGULANT THERAPY	
· STANDARD DOSE THERAPY	2.0 – 3.0
· HIGH DOSE THERAPY	2.5 – 3.5

INR is the parameter of choice in monitoring adequacy of oral anticoagulant therapy. Marked elevation of INR in patients receiving oral anticoagulant therapy is a marker of excessive anticoagulation and requires prompt action; an INR below 2.0 reflects insufficient anticoagulation.



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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM

BILIRUBIN, TOTAL	0.40	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.30	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.10	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	16	U/L	<35	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	31.0	U/L	14-36	UV with P-5-P
ALKALINE PHOSPHATASE	<b>218.00</b>	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	<b>4.90</b>	g/dL	6.3-8.2	Biuret
ALBUMIN	<b>2.10</b>	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.80	g/dL	2.0-3.5	Calculated
A/G RATIO	<b>0.75</b>		0.9-2.0	Calculated



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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM

CREATININE	0.60	mg/dL	0.5-1.04	Creatinine amidohydrolase
UREA	29.20	mg/dL	15-36	Urease
BLOOD UREA NITROGEN	13.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.40	mg/dL	2.5-6.2	Uricase
CALCIUM	<b>7.10</b>	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	4.20	mg/dL	2.5-4.5	PMA Phenol
SODIUM	<b>122.5</b>	mmol/L	135-145	Direct ISE
POTASSIUM	4.5	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	<b>95</b>	mmol/L	98 - 107	Direct ISE



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Visit ID	: SPATIPV17595	Status	: Final Report
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IP/OP NO	:	Patient location	: BENGALURU, KARNATAKA

DEPARTMENT OF SEROLOGY

COVID-19 ANTIGEN TEST

Test Name	Result	Unit	Bio. Ref. Range	Method
COVID 19 AG TEST , NASOPHARYNGEAL SWAB	NEGATIVE		NEGATIVE	ICT

Comment:

- Covid-19 Ag test is a rapid Immunochromatography test (ICT) for the qualitative detection of specific antigens to SARS-CoV-2 present in human nasopharynx.
- This test is recommended to be performed within 6 days after the onset of symptom.
- COVID-19 Ag test has moderate sensitivity (84.38%) but High specificity (100%) therefore, a positive test should be considered as a true positive whereas all symptomatic individuals testing negative through the rapid antigen test should be confirmed with a real-time PCR test.
- This test is an aid to early diagnosis of SARS-CoV-2 infection in patient with clinical symptoms.
- It provides only an initial screening test result; confirmation of the SARS-CoV-2 infection should be done by RT-PCR.
- Neither the quantitative value nor the rate of SARS-Cov-2 antigen concentration can be determined by this qualitative test.
- A negative result may occur if the level of extracted antigen in a specimen is below the sensitivity of the tests or if a poor quality specimen is obtained.
- A negative result may occur if the concentration of antigen or antibody is below the detection limit of the test or of the specimen was collected or transported improperly, therefore the negative result does not eliminate the possibility of SARS-CoV-2 infection, and should be confirmed by viral culture or molecular assay or ELISA.
- Positive test does not rule out co-infection with other pathogens.
- Children tend to shed virus for longer periods of time than adults, which may result in differences in sensitivity between adults and children.

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



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