

Patient Name:	Mrs. Dummy	Registered on:	12/08/2022 02:54 PM
Age / Sex:	34 YRS / F	Collected on:	12/08/2022
Referred By:	Dr. Self	Received on:	12/08/2022
Reg. no. / UHID:	1018 /	Reported on:	12/08/2022 02:54 PM
Investigations:	Preoperative		



1018

**HAEMATOLOGY**  
**COMPLETE BLOOD COUNT (CBC)**

TEST	VALUE	UNIT	REFERENCE
Hemoglobin	13.5	g/dl	12 - 15
Total Leukocyte Count	5,000	cumm	4,000 - 11,000
Differential Leucocyte Count			
Neutrophils	50	%	40 - 80
<b>Lymphocyte</b>	<b>H 45</b>	%	<b>20 - 40</b>
Eosinophils	02	%	1 - 6
Monocytes	03	%	2 - 10
Basophils	00	%	< 2
Platelet Count	2.35	lakhs/cumm	1.5 - 4.5
Total RBC Count	4.0	million/cumm	3.9 - 4.8
Hematocrit Value, Hct	40	%	36 - 46
Mean Corpuscular Volume, MCV	100.0	fL	83 - 101
<b>Mean Cell Haemoglobin, MCH</b>	<b>H 33.8</b>	<b>Pg</b>	<b>27 - 32</b>
Mean Cell Haemoglobin CON, MCHC	33.8	%	31.5 - 34.5
Mean Platelet Volume, MPV	7.0	fL	6.5 - 12
R.D.W. - SD	42	fL	39 - 46
R.D.W. - CV	12.1	%	11.6 - 14
P-LCR	22	%	19.7 - 42.4
P.D.W.	11.5	fL	9.6 - 15.2

LABSMART SAMPLE REPORT

TEST	VALUE	UNIT	REFERENCE
Blood Group & Rh.			
ABO	A		
Rh (ANTI -D)	POSITIVE		
Bleeding Time	3.0	min	2 - 7
Clotting Time	5.2	min	4 - 9

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SAMPLE

Mr. Sachin Sharma  
DMLT, Lab Incharge



*Ak Asthana*  
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Dr. A. K. Asthana  
MBBS, MD Pathologist

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**BIOCHEMISTRY**

**KIDNEY FUNCTION TEST (KFT)**

TEST		VALUE	UNIT	REFERENCE
<b>BUN</b>	<b>L</b>	<b>7.01</b>	<b>mg/dl</b>	<b>7.9 - 20</b>
Serum Urea		15	mg/dl	13 - 40
<b>Serum Creatinine</b>	<b>H</b>	<b>0.9</b>	<b>mg/dl</b>	<b>0.5 - 0.8</b>
Serum Calcium		9.0	mg/dl	8.8 - 10.6
Serum Potassium		3.8	mmol/L	3.5 - 5.1
Serum Sodium		137	mmol/L	136 - 146
<b>Serum Uric Acid</b>	<b>H</b>	<b>7.0</b>	<b>mg/dl</b>	<b>2.6 - 6</b>
Urea / Creatinine Ratio		16.67		
BUN / Creatinine Ratio		7.79		

TEST		VALUE	UNIT	REFERENCE
Random Blood Sugar		97	mg/dl	60 - 160

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### SEROLOGY & IMMUNOLOGY

TEST	VALUE	UNIT	REFERENCE
HIV (Card Test)			
HIV - 1	NEGATIVE		
HIV - 2	NEGATIVE		

1. A negative result implies that no Anti HIV – 1 & HIV - 2 antibodies have been detected in the sample by this method. This means that either the patient has not been exposed to HIV-1 or HIV-2 infection or the sample has been tested during the “WINDOW PHASE” (before the development of detectable levels of antibodies).

2. A positive result suggests the possibilities of HIV-I and / or HIV-II infection. However these results must be verified by a confirmatory test (IFA / WESTERN BLOT I-II) before pronouncing the patient positive for HIV-1 and / or HIV-2 infection.

Hepatitis C Virus, HCV	NEGATIVE
HBsAg	NEGATIVE

A Negative result does not preclude the possibility of infection with HBV. Other clinically available tests are required if questionable result are obtained. As with all diagnostic tests, a definitive clinical diagnosis should not be based on the result of single test, but should only be made by the physician after all clinical and laboratory findings have been evaluated.

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### CLINICAL PATHOLOGY

TEST	VALUE	UNIT	REFERENCE
Urine Routine Examination			
Physical Examination			
Quantity	30	ml	
Colour	Pale Yellow		Pale Yellow
Transparency	Clear		Clear
Specific Gravity	1.020		1.005 - 1.03
pH	6.0		5 - 7
Leukocytes	Absent		Absent
<b>Blood</b>	<b>Present (+)</b>		<b>Absent</b>
Chemical Examination			
Protein / Albumin	Absent		Absent
Sugar / Glucose	Absent		Absent
<b>Ketone Bodies</b>	<b>Present (++)</b>		<b>Absent</b>
<b>Bilirubin</b>	<b>Present (+++)</b>		<b>Absent</b>
<b>Nitrite</b>	<b>Present (++++)</b>		<b>Absent</b>
Microscopic Examination			
R.B.C.	Absent	/HPF	Absent
Pus Cells	Absent	/HPF	Absent
Epithelial Cells	Absent	/HPF	Absent
Casts	Absent		Absent
Crystals	Absent		
Bacteria	Absent		Absent
Others	Absent		

~~~ End of report ~~~

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