



SOFTEAZY PATHOPRO

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Mr. SoftEazy PathoPro

Age/Sex : 21Y/Male

Referred By : SELF

Sample ID : 2030



Report ID : RID2025003289

Collection Date : 08-04-2025 01:22 PM

Report Date : 14-04-2025 03:37 PM



KIDNEY FUNCTION TEST(KFT)

Investigation	Result	Ref. Range	Unit
Blood Urea <i>Method: Enzymatic</i>	35	10 - 50	mg/dL
Serum Creatinine <i>Method: Jaffe/Enzymatic</i>	1.1	0.7 - 1.3	mg/dL
Blood Urea Nitrogen (BUN) <i>Method: Calculated</i>	16.345	7 - 20	mg/dL
Uric Acid <i>Method: Uricase</i>	4.6	3.5 - 7.2	mg/dL
Sodium <i>Method: Ion-Selective Electrode (ISE)</i>	135	136 - 145	mmol/L
Potassium <i>Method: Ion-Selective Electrode (ISE)</i>	4.7	3.5 - 5.5	mmol/L
Chloride <i>Method: Ion-Selective Electrode (ISE)</i>	103	98 - 106	mmol/L
Calcium <i>Method: Arsenazo III</i>	11.9	8.2 - 10.4	mg/dL
Phosphorus <i>Method: Colorimetric</i>	3.9	2.5 - 4.5	mg/dL
eGFR <i>Method: Estimated</i>	75	90 - 120	mL/min/1.73m ²

Interpretation:

- Calcium** : Elevated calcium levels (hypercalcemia) can indicate hyperparathyroidism, malignancy, or excessive vitamin D intake. It may also result from bone resorption in conditions like osteoporosis or prolonged immobilization. High calcium can disrupt neuromuscular and cardiac function, requiring further evaluation and management.
- eGFR** : Estimated Glomerular Filtration Rate (eGFR) values suggest early-stage kidney disease or normal age-related decline in kidney function. The eGFR is a key measure of kidney function, and a decrease in eGFR over time may indicate progressive kidney disease.

Dr. SoftEazy
M.B.B.S (New Delhi)SoftEazy PathoPro
Lab Technician

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• This report is not valid for medical legal purpose

MONDAY TO SATURDAY: 8:00AM TO 8:00PM
SUNDAY: 8:00AM TO 2:00PM

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**BIOCHEMISTRY
LIVER FUNCTION TEST (LFT)**

Investigation	Result	Ref. Range	Unit
S. Bilirubin (Total) <i>Method: Diazo Method</i>	0.9	0 - 1.2	mg/dl
S. Bilirubin (Direct) <i>Method: Diazo Method</i>	0.3	0 - 0.4	mg/dl
S. Bilirubin (Indirect) <i>Method: Calculated</i>	0.6	0 - 0.8	mg/dl
Total Protein <i>Method: Biuret Method</i>	9.1	6 - 7.8	g/dl
Albumin <i>Method: BCG Method</i>	4.1	3.2 - 4.5	g/dl
Globulin <i>Method: Calculated</i>	5	2.3 - 3.5	g/dl
A/G Ratio <i>Method: Calculated</i>	0.82	1 - 2.3	ratio
SGPT (ALT) <i>Method: IFCC Without P-5-P</i>	45	7 - 56	IU/L
SGOT (AST) <i>Method: IFCC Without P-5-P</i>	23	5 - 40	IU/L
Alkaline Phosphatase <i>Method: PNPP Kinetic</i>	112	25 - 147	IU/L
Gamma G.T. <i>Method: IFCC Kinetic</i>	67	30 - 50	U/L

Interpretation:

- Total Protein** : Increased total protein levels may point to chronic inflammation, infections, or hematologic conditions such as multiple myeloma, requiring clinical assessment.
- Globulin** : High globulin levels can be seen in chronic inflammatory conditions, infections, or liver disorders such as cirrhosis, demanding thorough investigation. **Urgent check-up advised.**
- A/G Ratio** : A low A/G ratio is commonly associated with liver disease, nephrotic syndrome, or autoimmune disorders.
- Gamma G.T.** : Elevated Gamma G.T. levels may suggest liver disease, bile duct obstruction, or alcohol-induced liver injury. Immediate medical evaluation is advised. **Urgent check-up advised.**

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**HAEMATOLOGY
COMPLETE BLOOD COUNT (CBC)**

Investigation	Result	Ref. Range	Unit
Haemoglobin	12.67	13 - 17	g/dL
Total Leucocyte Count (TLC)	9873	4000 - 11000	/cumm
Differential Leucocyte Count			
Neutrophil	50	40 - 70	%
Lymphocyte	35	20 - 45	%
Eosinophil	8	1 - 6	%
Monocyte	5	1 - 5	%
Basophil	2	0 - 1	%
RBC COUNT			
RBC Count	4.67	4.5 - 6	mill/cumm
PCV	39	34 - 38	%
MCV	83.512	80 - 110	fl
MCH	27.131	22 - 33	pg
MCHC	32.487	32 - 36	%
RDW-CV	32	10 - 28	%
RDW-SD	51	35 - 56	fl
PLATELETS INDICES			
Platelet Count	4.11	1.5 - 4.5	Lack/cumm
MPV	7.92	6.5 - 12	fl
PDW	11.45	9 - 17	%
PCT	0.326	0.108 - 0.282	%
Erythrocyte Sedimentation Rate (ESR)			
ESR	12	0 - 15	mm/h

Interpretation:

- Haemoglobin:** Low hemoglobin suggests anemia, blood loss, or nutritional deficiencies.
- Eosinophil:** High eosinophil levels suggest allergies, parasitic infections, or autoimmune disorders. **Urgent check-up advised.**
- Basophil:** High basophil levels may suggest allergies, chronic inflammation, or myeloproliferative disorders. **Urgent check-up advised.**
- PCV:** High PCV suggests dehydration, polycythemia, or chronic hypoxia.
- RDW-CV:** High RDW-CV suggests anisocytosis, seen in iron deficiency anemia or mixed deficiencies.
- PCT:** High PCT levels indicate systemic inflammation, sepsis, or bacterial infection.

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**SEROLOGY & IMMUNOLOGY
WIDAL TEST**

Investigation	Result	Ref. Range	Unit
S.Typhy O	1/160		
S.Typhy H	1/160		
S.Paratyphy A (H)	1/80		
S.Paratyphy B (H)	1/40		
Result	Positive		

Interpretation:

- S.Typhy O:** A titre of 1/160 suggests a possible Salmonella Typhi infection. While it may indicate an early or resolving infection, it is not definitive on its own. Clinical correlation with symptoms such as fever, gastrointestinal distress, and recent travel history to endemic areas is essential. Repeat testing in 7–10 days may help determine rising titres, which are more indicative of an active infection.
- S.Typhy H:** A titre of 1/160 in the S. Typhi H antigen test suggests prior infection or the convalescent phase of an infection. This titre alone is not diagnostic of an active infection but may indicate immune memory from a previous infection or vaccination. Additional diagnostic tests are required to confirm active disease.
- S.Paratyphy A (H):** A titre of 1/80 may suggest early-stage infection, past exposure, or a non-specific immune response. While not diagnostic, monitoring for a fourfold increase in titre over time can be useful in determining clinical significance.
- S.Paratyphy B (H):** A titre of 1/40 is generally considered insignificant. It may represent past exposure, cross-reactivity, or baseline antibody presence. If symptoms persist, further testing is advised.
- Result:** Suggests a current or recent Salmonella infection; rising titres and clinical correlation are essential for confirmation.

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**BIOCHEMISTRY EXAMINATION
TROPONIN**

Investigation	Result	Ref. Range	Unit
TROPONIN I	0.08	0 - 0.1	ng/mL
TROPONIN T	0.11	0 - 0.01	ng/mL

Interpretation:

- TROPONIN I:** **Troponin I (TnI) Interpretation:** If Troponin I is elevated, it usually signals heart muscle damage, often due to a heart attack or other cardiac conditions. Troponin I is a protein released into the bloodstream when the heart muscle is injured, and its presence is used to diagnose heart-related issues.
 - What It Means:** Elevated levels of Troponin I, particularly >0.01 ng/mL, suggest potential heart injury. This could indicate a heart attack, heart failure, or other myocardial damage. The higher the Troponin I level, the more significant the heart injury.
 - Clinical Significance:** High Troponin I levels, especially with symptoms such as chest pain, shortness of breath, or fatigue, are strongly suggestive of an acute myocardial infarction (heart attack). Troponin I is commonly used to diagnose and assess the extent of heart damage. It can also be elevated in cases of myocarditis, severe infection, or after cardiac surgery. Immediate evaluation and follow-up tests are crucial for accurate diagnosis and treatment.
 - Note:** Troponin I levels should always be interpreted alongside clinical symptoms and other diagnostic tests like ECG and imaging. Elevated Troponin I levels do not exclusively indicate a heart attack and may be elevated in other conditions as well. Repeat testing is often required for monitoring and confirming diagnosis.
- TROPONIN T:** **Troponin T (TnT) Interpretation - If High:** Elevated levels of Troponin T typically indicate heart muscle damage, often associated with conditions like a heart attack or heart failure. Troponin T is a highly sensitive marker for myocardial injury.
 - What It Means:** High Troponin T levels, especially >0.03 ng/mL, suggest heart muscle injury, which may be caused by acute myocardial infarction (heart attack), heart failure, or myocarditis. Elevated levels reflect the degree of heart muscle damage.
 - Clinical Significance:** High Troponin T levels, particularly when accompanied by symptoms like chest pain, shortness of breath, and fatigue, strongly suggest a heart attack. It also indicates other forms of cardiac stress or injury, such as heart failure or cardiac trauma. Immediate evaluation, including ECG, imaging, and additional troponin tests, is essential for accurate diagnosis and treatment.
 - Note:** Elevated Troponin T levels must be interpreted in conjunction with clinical symptoms, patient history, and other diagnostic findings. Elevated levels do not exclusively indicate a heart attack and may be seen in other conditions like myocarditis or severe cardiac stress. Repeated testing and additional tests may be needed for proper diagnosis. **Urgent check-up advised.**

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