H·O·D
HOUSE of DIAGNOSTICS

MC-2853

Patient Name :	Jhanvi	**Lab No :**	KKD2403394330
Age / Sex :	11 Y / F	**Registration On :**	27-Mar-24 11:22
Referred By :	Dr. KANAV ANAND	**Patient ID :**	UKKD.0000165337
Centre :	HARGOVIND ENCLAVE		

Serum Sample

Accession No: CL01800232 **Collected On:** 27-Mar-24 11:22 **Received On:** 27-Mar-24 11:22 **Approved On:** 27-Mar-24 14:12

Observation	Result	Unit	Biological Ref. Interval	Method
Total Cholesterol	189	mg/dL	<200	Enzymatic (CHE/CHO/POD)

Sample Type: Serum
Technology: Dry Chemistry (Vitros MicroSlide, MicroSensor, Intellicheck Technology)
Analyzer: VITROS 5600 System

Remarks: Please correlate results with clinical conditions.

Shipra Singh
Dr. Shipra Singh
Consultant – Pathologist
M.B.B.S., M.D., D.N.B. (Pathology)
UPMC Reg. No.: 57266

In case of any unexpected or alarming results, please contact us immediately for re-confirmation, clarifications, and rectifications, if needed.

Serum Sample

Accession No: CL01800232 **Collected On:** 27-Mar-24 11:22 **Received On:** 27-Mar-24 11:22 **Approved On:** 27-Mar-24 13:14

Observation	Result	Unit	Biological Ref. Interval	Method
Amylase	**256**	U/L	30 - 110	Amylopectin, Colorimetric

Clinical Significance :- Amylase is an enzyme that helps digest carbohydrates. It is produced in the pancreas and the glands that make saliva. When the pancreas is diseased or inflamed, amylase releases into the blood. This test is used along with lipase to diagnose acute or chronic pancreatitis. In acute pancreatitis serum amylase is 4-6 times higher within 12-72 hours of pancreatic injury and returns to normal in a few days. In chronic pancreatitis amylase levels are initially moderately high. Increased levels seen in pancreatic duct obstruction and carcinoma of pancreas. Increased blood amylase with low urinary amylase indicates the presence of macroamylase. Peritoneal fluid amylase raised in acute pancreatitis, inteastinal obstruction or intestinal infarct.
Increased blood amylase levels may occur due to:
· Acute pancreatitis
· Cancer of the pancreas, ovaries, or lungs
· Cholecystitis
· Gallbladder attack caused by disease
· Gastroenteritis (severe)
· Infection of the salivary glands (such as mumps) or a blockage
· Intestinal blockage
· Macroamylasemia
· Pancreatic or bile duct blockage
· Perforated ulcer
· Tubal pregnancy (may have burst open)
Decreased amylase levels may occur due to:
· Cancer of the pancreas
· Damage to the pancreas
· Kidney disease
· Toxemia of pregnancy

Sample Type: Serum
Technology: Dry Chemistry (VITROS Microslide, MicroSensor & Intellicheck)
Analyzer: Fully Automated Biochemistry and Immunology Analyzer : VITROS 5600

Advise: *Please correlate results with clinical conditions*

Ruhani Kanwar
Dr. Ruhani Kanwar
Consultant Pathologist
M.B.B.S., M.D. (Pathology)
DMC Reg. No.: 88891

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Patient Name :	Jhanvi	**Lab No :**	KKD2403394330
Age / Sex :	11 Y / F	**Registration On :**	27-Mar-24 11:22
Referred By :	Dr. KANAV ANAND	**Patient ID :**	UKKD.0000165337
Centre :	HARGOVIND ENCLAVE		

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Kidney Function Test

Serum Sample

Accession No: CL01800232 **Collected On:** 27-Mar-24 11:22 **Received On:** 27-Mar-24 11:22 **Approved On:** 27-Mar-24 15:17

Observation	Result	Unit	Biological Ref. Interval	Method
Blood Urea	**44**	mg/dL	15-36	Urease, Colorimetric
Blood Urea Nitrogen	**20.56**	mg/dL	7 - 17	Calculated
Estimated GFR	62.80	mL/min/1.73m2		Calculated By CKD-EPI(2021)
Creatinine	**1.3**	mg/dL	0.5-1.04	Enzymatic
Uric Acid	5.5	mg/dL	2.5 - 6.2	Uricase , Colorimetric
Calcium	9.4	mg/dL	8.4 - 10.2	Arsenazo III
Phosphorus	**5.4**	mg/dL	2.5 - 4.5	Phosphomolybdate reduction
BUN/Creatinine Ratio	15.82	Ratio		Calculated
Urea/Creatinine Ratio	33.85	Ratio		Calculated
Sodium	140	mmol/L	137-145	ISE Direct
Potassium	5.0	mmol/L	3.5 - 5.1	ISE Direct
Chloride	**111**	mmol/L	98 - 107	ISE Direct

Technology: Dry Chemistry (VITROS MicroSlide, MicroSensor and Intellicheck Technology)
Analyzer: Fully Automated Biochemistry and ImmunoAssay Analyzer: VITROS 5600

Remarks: Please correlate results clinically.

Shipra Singh

Dr. Shipra Singh
Consultant – Pathologist
M.B.B.S., M.D., D.N.B. (Pathology)
UPMC Reg. No.: 57266

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Serum Sample

Accession No: CL01800232 **Collected On:** 27-Mar-24 11:22 **Received On:** 27-Mar-24 11:22 **Approved On:** 27-Mar-24 13:12

Observation	Result	Unit	Biological Ref. Interval	Method
Lipase	130	U/L	23 - 300	Enzymatic With Colipase

Clinical Significance Of Lipase:
Lipases are enzymes, produced in the pancreas and also in small amounts by the salivary glands, gastric, pulmonary and intestinal mucosa.In acute pancreatitis the lipase concentrations rise to 2-50 fold the upper reference limit within 4-8 hours after the beginning of abdominal pain peaking at 24 hours and decrease within 8 to 14 days. Elevated lipase values can also be observed in chronic pancreatitis and obstruction of the pancreatic duct.

Reference Range Suggested from: VITROS® MicroSlide Assay Summary Pub. No. J23323_EN 2020-02-21

Sample Type: Serum
Technology: Dry Chemistry (VITROS Microslide, MicroSensor & Intellicheck)
Analyzer: Fully Automated Biochemistry and Immunology Analyzer : VITROS 5600

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Centre :	HARGOVIND ENCLAVE		

Advise: *Please correlate results with clinical conditions*

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Urine R/M

Urine Sample Sample

Accession No: CP00393676 **Collected On:** 27-Mar-24 11:22 **Received On:** 27-Mar-24 11:22 **Approved On:** 27-Mar-24 14:44

Observation	Result	Unit	Biological Ref. Interval	Method
Urine Quantity	7.5	mL	7 - 8	Physical Examination
Urine Colour	Pale Yellow		Pale Yellow	Physical Examination
Urinary Transparency	Clear		Clear	Physical Examination
Urinary pH	7.0	pH	6 .0 - 8.0 pH	bromothymol blue
Urinary Specific Gravity	1.015		1.005 - 1.030	Ethyleneglycol-bis t.a.a.
Urinary Protein	2+		Negative	Tetrachlorophenol
Urinary Glucose	Negative		Negative	glucose-oxidase-peroxidase
Urinary Ketones	Negative		Negative	Sodium Nitroprusside
Urobilinogen	Negative		Negative	Methoxybenzene Diazonium
Urine Bilirubin	Negative		Negative	Dichlorobenzene-diazonium
Urinary Nitrites	Negative		Negative	hydroxy
Blood [In Urine]	Negative		Negative	Tetramethylbenzidine
Leukocyte esterase	Negative		Negative	indoxyl-ester-diazonium
Pus Cells [In Urine]	1-2	/HPF	1 - 2 /HPF	Flow Micro Imaging
Epithelial Cells (Squamous)	1-2	/HPF	0-2/HPF	Flow Micro Imaging
Epithelial Cells (Non-Squamous)	NIL	/HPF	0-2/HPF	Flow Micro Imaging
Urinary RBC	NIL	/HPF	NIL /HPF	Flow Micro Imaging
Hyaline Casts	NIL	/LPF	0-2/LPF	Flow Micro Imaging
Pathological Casts	NIL	/LPF	0-1/LPF	Flow Micro Imaging
Yeast Cells	NIL	/HPF	0-1/HPF	Flow Micro Imaging
Crystals	NIL	/HPF	NIL/HPF	Flow Micro Imaging
Other Morphology	NIL		NIL	Microscopy

Remarks on Sample Quantity: The Urine quantity is observed after transfer to a VACUETTE® Urinalysis Vacutainer Tube for preservation of sample.
Microscopy: Microscopy may have supplemented automated measurements, wherever necessary.

Advise: *Please correlate results clinically.*

In case of any unexpected or alarming results, please contact us immediately for re-confirmation, clarifications, and rectifications, if needed.

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Centre :	HARGOVIND ENCLAVE		

Total Protein

Serum Sample

Accession No: CL01800232 **Collected On:** 27-Mar-24 11:22 **Received On:** 27-Mar-24 11:22 **Approved On:** 27-Mar-24 15:26

Observation	Result	Unit	Biological Ref. Interval	Method
Total Protein	6.6	g/dL	6.5-8.2	Biuret, No Serum Blank
Albumin	**3.6**	g/dL	4.1 - 5.1	Bromocresol Green
Globulin	3.00	gm/dL	2.0-3.5	Calculated
A/G Ratio	**1.2**	Ratio	1.5-2.5	Calculated

Sample Type: Serum
Technology: Dry Chemistry (VITROS Microslide, MicroSensor & Intellicheck)
Analyzer: Fully Automated Biochemistry and ImmunoAssay Analyzer: Vitros 5600

Remarks: Please correlate results clinically

Dr. Ruhani Kanwar
Consultant Pathologist
M.B.B.S., M.D. (Pathology)
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Centre :	HARGOVIND ENCLAVE		

Bicarbonate

Serum Sample

Accession No: CL01800232 **Collected On:** 27-Mar-24 11:22 **Received On:** 27-Mar-24 11:22 **Approved On:** 27-Mar-24 14:12

Observation	Result	Unit	Biological Ref. Interval	Method
Bicarbonate	24	mmol/L	22-30	Enzymatic Endpoint

Clinical Significance of Bicarbonate:
Bicarbonate is the second largest fraction of anions in the plasma. At the physiological pH of blood, the concentration of carbonate is 1/1000 that of bicarbonate. This test is a significant indicator of electrolyte dispersion and anion deficit. An abnormal bicarbonate means a metabolic rather than a respiratory problem.

Increased Levels
· Acute Metabollic alkalosis
· Chronic Metabolic alkalosis

Decreased Levels
· Acute Metabolic acidosis
· Compensated Metabolic acidosis

Sample Type: Serum
Technology: Dry Chemistry (VITROS Microslide, MicroSensor & Intellicheck)
Analyzer: Fully Automated Biochemistry and Immunology Analyzer : VITROS 5600

Advise: *Please correlate results with clinical conditions*

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Conditions Of Reporting

- The report results are for information and interpretation for your referring doctor. Reports are to be correlated with the patient's clinical history.
- Biological Reference Range/Interval is suggested for your Gender and Age on the basis of available literature. All reference ranges are to be reconsidered by physician's advice for your specific care.
- This Medical Report is a professional opinion, not a diagnosis.
- The report will carry the name and age provided at the time of registration. To maintain confidentiality, certain reports may not be e-mailed at the discretion of the management.
- All the notes and interpretation beneath the pathology result in the report provided are for educational purpose only. It is not intended to be a substitute for physician's consultation.
- Results of tests may vary from laboratory to laboratory and in some parameters from time to time for the same patients. Test results and reference range may also vary depending on the technology and methodology used. Laboratory test results may also vary depending on the age, sex, time of the day sample has been taken, diet, medication and limitation of modern technology.
- In case of any unexpected or alarming test results, please contact us immediately for re-confirmation, further discussion, clarifications and rectifications, if needed.
- In case of any discrepancy due to typing error, kindly get it rectified immediately.
- Neither HOD or its employees/representatives assume any liability or responsibility for any loss or damage that may be incurred by any person as a result of interpreting the meaning of this report.
- Test results are not valid for medico legal purposes.
- In case of any issues or suggestions about your test results, please email us on quality@houseofdiagnostics.com
- The courts (forums) at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the tests and the results of the tests. Our liability is limited to the amount of investigations booked with us.

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Facilities Available

Radiology
- 3T MRI & 1.5T MRI
- CT Scan
- Digital X-Ray
- Mammography
- Open / Standing MRI
- Bone DEXA Scan

Pathology
- Biochemistry
- Immunoassay
- Hematology
- Clinical Pathology
- Serology
- Microbiology

Nuclear Medicine
- **India's First** Simultaneous PET-MRI
- Whole Body PET/CT Scan
- DTPA / DMSA Renal Scans
- Thyroid Scan
- Whole Body Bone Scan
- HIDA Scan • Rest MUGA

Cardiology Investigations
- ECG (Electrocardiogram)
- Echocardiography
- TMT
- Stress Echocardiography
- Stress Thallium

Neurology Investigations
- EEG - ElectroEncephaloGram
- EMG - ElectroMyoGraphy
- NCV - Nerve Conduction Velocity
- VEP - Visual Evoked Response
- SSEP

Dental Imaging
- CBCT - Cone Beam CT Scan
- OPG - OrthoPantomoGram

Other Tests
- PFT

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