

Patient Name : JHANVI
 Age / Sex : 11 Y / F
 Referred By : Dr. KANAV ANAND
 Patient ID : UKKD.0000165337
 Centre : HARGOVIND ENCLAVE

Lab No. : KKD2403387942
 Registration On : 05-03-2024
 Collection Date : 05/Mar/2024 04: 53PM
 Received Date : 05/Mar/2024 06: 03PM
 Approved Date : 05/Mar/2024 07: 01PM

Test Name	Result	Biological Ref. Interval	Method
Kidney Function Test , Serum			
Blood Urea	153 mg/dL	15-36	Urease, Colorimetric
Blood Urea Nitrogen	71.5 mg/dL	7 - 17	Calculated
Creatinine	1.8 mg/dL	0.5-1.04	Enzymatic
Uric Acid	10.2 mg/dL	2.5 - 6.2	Uricase , Colorimetric
Calcium	9.3 mg/dL	8.4 - 10.2	Arsenazo III
Phosphorus	6.4 mg/dL	2.5 - 4.5	Phosphomolybdate reduction
BUN/Creatinine Ratio	39.72 Ratio		Calculated
Urea/Creatinine Ratio	85 Ratio		Calculated
<u>Electrolytes</u>			
Sodium	132 mmol/L	137-145	ISE Direct
Potassium	4.7 mmol/L	3.5 - 5.1	ISE Direct
Chloride	99 mmol/L	98 - 107	ISE Direct

The laboratory is NABL Accredited for tests in KFT

Technology: Dry Chemistry (VITROS MicroSlide, MicroSensor and Intellicheck Technology)

Sample Type: Serum

Analyzer: Fully Automated Biochemistry and ImmunoAssay Analyzer: VITROS 5600

Remarks: Please correlate results clinically.

Vitamin D, 25 - Hydroxy , Serum

25-OH Vitamin D (Total)	23.8 ng/mL	20 - 100	ECLIA
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The laboratory is NABL Accredited for the Vitamin D (Total-25, Hydroxy)

Sample Type: Serum

Method: ECLIA (Enhanced Chemi-Luminescence ImmunoAssay)

Technology: VITROS Microwell, Microsensor, and Intellicheck Technology

Analyzer: Fully Automated Integrated Biochemistry and ImmunoAssay: VITROS 5600

Clinical Significance: The major circulating form of vitamin D is 25-hydroxyvitamin D (25(OH)D); thus, the total serum 25(OH)D level is currently considered the best indicator of vitamin D supply to the body from cutaneous synthesis and nutritional intake. The reference range of the total 25(OH)D level is 20-100 ng/mL.

There are two principal forms of vitamin D: D2 and D3. Many of the currently available assays measure and report on both vitamin D2 and D3 metabolites. This can be useful in studies evaluating the contribution of vitamin D2 and D3 to overall vitamin D status. 25-hydroxyvitamin D (25(OH)D) is the major circulating form of vitamin D; thus, the total serum 25(OH)D level is currently considered the best indicator of vitamin D supply to the body from cutaneous synthesis and nutritional intake.

One exception is that 25(OH)D levels do not indicate clinical vitamin D status in patients with chronic renal failure or type 1 vitamin D-dependent rickets or when calcitriol (1,25-dihydroxy vitamin D) is used as a supplement. Interpretation of 25(OH)D can be challenging owing to wide variability in patient's weight, ethnicity, assays, laboratory procedures and validation of reference ranges.

Vitamin D deficiency is defined by most experts as a serum 25(OH)D level of less than 20 ng/mL.

Vitamin D insufficiency has been defined as a serum 25(OH)D level of 20-29 ng/mL.

Vitamin D sufficiency has been defined as serum 25(OH)D levels of 30-100 ng/mL.

Vitamin D toxicity is observed when serum 25(OH)D levels are greater than 100 ng/mL.

Remarks: Please correlate results clinically.

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H.O.D

HOUSE of DIAGNOSTICS



MC-2853



MIS-2016-0027

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Test Name	Result	Biological Ref. Interval Method
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*** End Of Report ***

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DMC Reg. No.: 55900

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SIN No:CL01752916

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Test Name	Result	Biological Ref. Interval	Method
C-Reactive Protein , Serum			
CRP [Quantitative]	<0.300 mg/L	<5.0	Immunoturbidimetric

Clinical Significance of CRP:

C-reactive protein (CRP) is a serum protein, which is synthesized in the liver. Its rate of synthesis and secretion increases within hours of an acute injury or the onset of inflammation and may reach as high as 20 times the normal levels. Elevated serum concentration of CRP indicates active tissue damage process and CRP measurement thus provides a simple screening test for organic disorders. Clinical Significance of CRP stands important for

- Inflammatory disorders
- Management of neonatal septicemia and meningitis
- Postoperative surveillance
- Myocardial infarction
- CRP is found to be present after the first trimester of pregnancy and persists until delivery.
- CRP levels increase in women who are on oral contraceptives.
- CRP response is not affected by the commonly used anti-inflammatory or immunosuppressive drugs, including steroids, unless the disease activity is affected.

Advise for CRP:

Since CRP production is a non-specific response to tissue injury, it is recommended that results of the test should be correlated with clinical findings to arrive at the final diagnosis. In cases where an increase in CRP levels is suspected, but the screening tests shows negative results, semiquantitation should be done to rule out prozone effect.

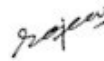
Sample Type: Serum

Technology: VITROS MicroTip, MicroSensor & Intellicheck

Analyzer: Fully Automated Biochemistry and Immunology Analyzer : VITROS 5600

Advise: Please correlate results with clinical conditions

*** End Of Report ***



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Test Name	Result	Biological Ref. Interval	Method
Amylase , Serum	236 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, intestinal 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

Lipase , Serum	350 U/L	23 - 300	Enzymatic With Colipase
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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

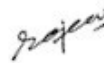
Sample Type: Serum

Technology: Dry Chemistry (VITROS Microslide, MicroSensor & Intellicheck)

Analyzer: Fully Automated Biochemistry and Immunology Analyzer : VITROS 5600

Advise: Please correlate results with clinical conditions

*** End Of Report ***



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Test Name	Result	Biological Ref. Interval	Method
Bicarbonate , Serum			
Bicarbonate	22.0 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 Metabolic alkalosis
- Chronic Metabolic alkalosis

Decreased Levels

- Acute Metabolic acidosis
- Compensated Metabolic acidosis

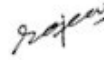
Sample Type: Serum

Technology: Dry Chemistry (VITROS Microslide, MicroSensor & Intellicheck)

Analyzer: Fully Automated Biochemistry and Immunology Analyzer : VITROS 5600

Advise: Please correlate results with clinical conditions

*** End Of Report ***



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CBC , EDTA Whole Blood

Hemoglobin	13.1 gm/dL	11.5 - 15.5	Photometric Measurement
Total RBC	4.89 million/ μ L	4.0 - 5.2	Coulter Principle
Platelet Count	209 X 10^3 / μ L	150 - 410 x 10^3 / μ L	Impedance
Total Leucocyte Count (WBC)	4.59 X 10^3 / μ L	5.0 - 14.0	Coulter Principle

Differential Leucocyte Count (DLC)

Neutrophils	35 %	32 - 62	Flow Cytometry
Lymphocytes	60 %	28 - 48	Flow Cytometry
Monocytes	04 %	0 - 4	Flow Cytometry
Eosinophils	01 %	0 - 3	Flow Cytometry
Basophils	00 %	0 - 1	Flow Cytometry
Absolute Neutrophil Count	1.61 X 10^3 / μ L	2.0 - 7.5	Flow Cytometry
Absolute Lymphocyte Count	2.75 X 10^3 / μ L	1.0 - 4.0	Flow Cytometry
Absolute Monocyte Count	0.18 X 10^3 / μ L	0.2 - 1.0	Flow Cytometry
Absolute Eosinophil Count	0.05 X 10^3 / μ L	0.04 - 0.44	Flow Cytometry
Absolute Basophil Count	0.01 X 10^3 / μ L	0.00 - 0.30	Flow Cytometry

Indices

Hematocrit	37.5 %	35 - 45	Calculated
Mean Corpuscular Volume (MCV)	76.7 fL	77 - 95	Calculated
Mean Corp. Hemoglobin (MCH)	26.8 pg	25 - 33	Calculated
MCH Concentration (MCHC)	34.9 g/dl	31 - 37	Calculated
Red Cell Dist. Width (RDW-CV)	13.8 %	11.5 - 15.0	Calculated
Red Cell Dist. Width (RDW-SD)	38.9 fL	39 - 46	Calculated
Mean Platelet Volume (MPV)	10.7 fL	7-5 - 12.0	Calculated
Neutrophil-Lymphocyte Ratio (NLR)	0.58 Ratio		Calculated
Mentzer Index	15.69 Index		Calculated

Remarks: Please correlate with clinical conditions.

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Peripheral Smear , EDTA Whole Blood

Peripheral Smear Examination

RBC Series: Normocytic Normochromic.

WBC Series: Slightly decreased in number, with normal morphology and distribution.

Platelets Series: Adequate on smear and normal in morphology.

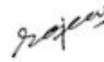
Parasite: No Haemoparasite seen.

Impression: Normocytic normochromic blood picture with mild Leukopenia.

Advise: Please Correlate Clinically.

*** End Of Report ***

In case of any discrepancy due to typing error, kindly get it rectified immediately. This is professional opinion, not a diagnosis.



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Result(s) Pending :

- Digital X-Ray Chest PA

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SIN No:ED00875506

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.

DOC#COR20200707

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