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KIDS CLINIC INDIA LTD.
Plot No 6B, Community Center, Mandawali
Fazalpur, I. P Extn, New Delhi East -110092.
Phone : 99729 99729
www.cloudninecare.com

LABORATORY REPORT

Patient Name:	**.HITANSH GOYAL**	Collected :	**06 Aug 25 11:32**
Gender:	**Male**	Received:	**06 Aug 25 11:33**
Age:	**1 Y 0 M 3 D**	Reported:	**06 Aug 25 17:19**
MPID:	**1000000102121229**	Report Status:	**Final Report**
Referred by:	**Dr. Kumari Gunjan**	Visit ID/Ref No:	**OPD/EDH/2625020**

Department- BIOCHEMISTRY

Liver Function Test

Test Name	Result	Your Value	Reference Range
Bilirubin, Total, mg/dL [Method: Colorimetric End-Point]	0.30		
Bilirubin, Direct, mg/dl	0.10		
Bilirubin, Indirect, mg/dl	0.20		
Aspartate Aminotransferase (AST) SGOT, U/L [Method: Colorimetric Rate]	**46.2**	High	0 - 33
Alanine Amino-transferase (ALT) SGPT, U/L [Method: IFCC, with Pyridoxal phosphate]	19.6	Normal	0 - 50
Total Protein, g/dL [Method: Colorimetric End-Point]	6.90	Normal	6.7 - 8.3
Albumin, g/dL [Method: Bromocresol Green]	4.00	Normal	3.97 - 4.94
Globulin, g/dL [Method: Calculated]	2.90	Normal	2 - 3.5
A/G RATIO	1.38		
Gamma Glutamyl Transferase (GGT), U/L [Method: Enzymatic colorimetric]	11	Normal	10 - 71
Alkaline Phosphatase (ALP), U/L	265.0	Normal	<409

Interpretation:

1. In an asymptomatic patient, Non-alcoholic fatty liver disease (NAFLD) is the most common cause of increased AST, ALT levels. NAFLD is considered as hepatic manifestation of metabolic syndrome.
2. In most type of liver disease, ALT activity is higher than that of AST; exception may be seen in Alcoholic Hepatitis, Hepatic Cirrhosis, and Liver neoplasia. In a patient with Chronic liver disease, AST: ALT ratio>1 is highly suggestive of advanced liver fibrosis.
3. In known cases of Chronic Liver disease due to Viral Hepatitis B & C, Alcoholic liver disease or NAFLD, Enhanced liver fibrosis (ELF) test may be used to evaluate liver fibrosis.

Barcode No : EDH0032662
Sample Type : SERUM

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Department- BIOCHEMISTRY

4. In a patient with Chronic Liver disease, AFP and Des-gamma carboxyprothrombin (DCP)/PIVKA II can be used to assess risk for development of Hepatocellular Carcinoma.

Kidney Function Test

Test Name	Result	Your Value	Reference Range
Urea, mg/dL [Method: Kinetic Urease/GLDH]	**12.3**	Low	19 - 43
Creatinine, mg/dl	0.30	Normal	0.2-0.6
Blood Urea Nitrogen (BUN), mg/dl [Method: Kinetic Urease]	5.8	Normal	5.0-18.0
Uric Acid, mg/dL [Method: Colorimetric End-Point]	4.50	Normal	3.4 - 7
Calcium, mg/dL [Method: Colorimetric End-Point]	9.5	Normal	8.4 -10.2
Phosphorus, mg/dL [Method: Colorimetric End-Point]	**5.50**	High	2.6 - 4.4
Sodium, mmol/L [Method: Potentiometric]	136.00	Normal	136 -149
Potassium, mmol/L [Method: Potentiometric]	4.5	Normal	3.5 - 5.1
Chloride, mmol/L [Method: Ion-selective Electrode]	106.0	Normal	98 - 107

Dr. Minakshi Gulia
Consulting Pathologist

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

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Department- HEMATOLOGY

Complete Blood Count (CBC)

Test Name	Result	Your Value	Reference Range
Hemoglobin (Hb), g/dL [Method: Spectrophotometry]	12.1	Normal	11.1-14.1
Red Blood Cell (RBC) Count, Million/cu.mm [Method: Impedence]	4.93	Normal	4.0-5.2
Packed Cell Volume (PCV) / Hematocrit, % [Method: Calculated]	38.3	Normal	34-40
Mean Corpuscular Volume (MCV), fL [Method: Calculated]	77.6	Normal	75-87
Mean Corpuscular Hemoglobin (MCH), pg [Method: Calculated]	24.6	Normal	24-30
Mean Corpuscular Hb Concentration (MCHC), g/dL [Method: Calculated]	31.7	Normal	31-37
Red Cell Distribution Width (RDW), % [Method: Calculated]	**16.0**	High	11.6-14
Total Leucocyte Count (TLC), cells/µL [Method: Impedence]	8,660	Normal	5000 - 15000

Differential Leucocyte Count (DLC)

Neutrophils, %	**26.5**	Low	30 - 40
Lymphocytes, %	66.9	Normal	50 - 75
Monocytes, %	4.7	Normal	3 - 6
Eosinophils, %	1.9	Normal	00 - 06
Basophils, % [Method: Impedence & FCM]	0.0	Normal	1-2

Absolute Leucocyte Count

Barcode No : EDH0032663
Sample Type : WHOLE BLOOD EDTA

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Department- HEMATOLOGY

Neutrophils, Cells/cu.mm [Method: Calculated]	2294.9	Normal	1500-8000
Lymphocytes, Cells/cu.mm [Method: Calculated]	**5,794**	Low	6000-9000
Monocytes, Cells/cu.mm [Method: Calculated]	407	Normal	200-1000
Eosinophils, Cells/cu.mm	165	Normal	10-600
Basophils, Cells/cu.mm [Method: Calculated]	0	Normal	0-100
Platelet Count, 10^3/µl [Method: Impedence]	490	Normal	200-490
Mean Platelet Volume (MPV), fL	8.8	Normal	7.6-9.6

Interpretation:
CBC provides information about red cells, white cells and platelets. Results are useful in the diagnosis of anemia, infections, leukemia's, clotting disorders and many other medical conditions.

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Consulting Pathologist

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Department- IMMUNOASSAYS

Thyroid Stimulating Hormone (TSH)

Test Name	Result	Your Value	Reference Range
Thyroid Stimulating Hormone (TSH), µlU/mL	2.31	Normal	0.7 - 5.97

Interpretation:

Thyroid-stimulating hormone (TSH, thyrotropin) is a glycoprotein hormone secreted by the anterior pituitary. TSH is a very sensitive and specific parameter for assessing thyroid function and is particularly useful for early detection or exclusion of thyroid disorders. Simultaneous measurement of TSH with free T4 is useful in evaluating the differential diagnosis of hypothyroidism and for monitoring thyroid-suppressive therapy. TSH is increased in primary hypothyroidism, patients of hypothyroidism receiving insufficient thyroid hormone replacement therapy, Hashimoto's thyroiditis and certain drugs. TSH is decreased in toxic multinodular goitre, thyroid adenoma, secondary hypothyroidism, over-replacement of thyroid hormone in treatment of hypothyroidism and certain drugs. TSH has a diurnal rhythm, with peaks at 2:00–4:00 AM and troughs at 5:00–6:00 PM with ultradian variations. TSH levels vary diurnally by up to 50% and up to 40% variations on specimens performed serially during the same time of the day.

For diagnostic purposes, the results should always be assessed in conjunction with the patient's medical history, clinical examination and other findings.

Free T4 (FT4)

Test Name	Result	Your Value	Reference Range
Free T4 (FT4), ng/dL [Method: ECL/Competition]	1.32	Normal	0.96-1.77

Interpretation:

Thyroxine (T4) is the main thyroid hormone secreted into the bloodstream by the thyroid gland. It circulates in the bloodstream as an equilibrium mixture of free and serum bound hormone. Free T4 (FT4) is the unbound and biologically active form, which represents only 0.03 % of the total T4. The remaining T4 is inactive and bound to serum proteins. The determination of free T4 has the advantage of being independent of changes in the concentrations and binding properties of these binding proteins. Serum free T4 is used for assessment of thyroid status along with TSH and monitoring thyroid-suppressive therapy.

For diagnostic purposes, the results should always be assessed in conjunction with the patient's medical history, clinical examination and other findings.

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Department- IMMUNOASSAYS

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Consulting Pathologist

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Sample Type : SERUM