# AMRUT MADIKER

	BEFORE	AFTER GRAD
Hospital Name	Fortis Hospital, Bangalore and then shifted to SDM Hospital, Dharawad	HIIMS Dera Dassi
Medical condition	Dialysis Dependent CKD Patient	Dialysis Free
Medications Taken	Amlong, Pancro Plat, Shelcal, Arkamin, Pan 40	GRAD Therapy 100%, DIP Diet–100%, Amlong
Physical Discomforts/ symptoms	High BP, unable to walk, pain in legs, back pain, Urine -150-200	Nil
Frequency of Dialysis	02 Per week since 25 May to 26 June	Dialysis Free since 26 June 2023
Investigations	Low Hb Creatinine -14.90	Hb – 13, Creatinine -1.94(As Per Telephonic communication), GFR increased-34 % Urine output increased to 1 litre.

RE CLINICAL LAB

abassi, Punjab-140507, Contact No.: +91 98729 96010 wellcareclinicallabd5573@gmail.com



UNATORY REPORT

Patient Name : MR. AMRUT MADIKAR RNO-204 Age / Gender : 33 years / Male

Patient ID : 45792023

**Test Description** 

Source : Wellcare clinical lab



Referral : Dr. HIIMS HOSPITAL CHANDIGARH Collection Time : JUN 05, 2023, 07:37 A.M. Receiving Time : JUN 05, 2023, 07:37 A.M. Reporting Time : JUN 05, 2023, 09:36 A.M.

Sample ID :

#### Value(s) Complete Blood Count(CBC) Reference Range Hemoglobin (HB) Total Leucocytes Count (TLC) 10.0 13.0 - 17.0 g/dL DISSERENTIAL COUNT 5400 4000 - 11000 /cmm Neurophils Lymphocytes 50 40 - 75 % Monocytes 35 20-45 % Eosinophils 10 2-10 % 05 Basophils 1-6 96 00 Total RBC Count 0-1 % 4.05 Mill/Cumm Platelet Count 3.50 - 6.50 2.83 Lacs/Cumm 1.50 - 4.50 PCV/HCT 29.7 35.0 - 47.0 % Red cell distribution width (RDW) 13.6 13.0 - 18.0 % Mean corpuscular volume (MCV) 73.3 76.0 - 96.0 fi. Mean Corpuscular Hemoglobin (MCH) 24.7 27.0 - 32.0 pg Mean Corpuscular Hemoglobin Concentration(MCHC) 33.7 30.0 - 35.0 % Microscopy, Fully Automated Hematology Analyser alfa swelab double chamber 3 Part RENAL FUNCTION TEST (RFT) Blood Urea 87.00 15.0 - 46.0 mg/dl Mind : Method: Urease/ UV Seruin Creatinine 11.50 0.70 - 1.60mg/dL Method : Method: Enzymatic Secure Lice Acid

Method : Method: Uricase/ Peroxidase	0.90	3.0 - 7.2	mg/dL
Electrolytes			
Sodium (NA+) Method: ISE Direct	140.2	136.0 - 146.0	mEq/L
Potassium (K+) Method : Method: ISE Direct	3.69	3.50 - 5.50	mEq/L
Chloride (CL) Method : Method: ISE Direct	101.4	96.0 - 108.0	mEq/L
Method:			
ISE Indirect			

Interpretation

CONDITIONS OF LABORATORY TESTING & REPORTING

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It is Presumed that the tests performed on the specimen belong to the patient: names or identified. 
Results of tests may vary from laboratory to laboratory on also in some parameter from time to time to the patient. 
Only such medical professional who understand reporting units, reference ranges and limitations or technologies should interpret result. 
Reports valid unit stamped by labs authorized reporting units, reference ranges and limitations or technologies should interpret result. 
Reports valid unit stamped by labs authorized reporting units, reference ranges and limitations or technologies should interpret result.

ghway Back Side of Jug 1 No.: +91 98729 96010 Com		Э Э Э Э Э Э Э Э Э Э Э Э Э Э Э Э Э Э Э
Scan to Validate	Referral : Dr. HIIMS HOSP Collection Time : JUN 05, Receiving Time : JUN 05, Reporting Time : JUN 05,	2023, 07:37 A.M. 2023, 07:37 A.M.
	com	Scan to Validate Referral : Dr. HIIMS HOSP

insipidus (chronic excretion of large amounts of dilute urine, accompanied by extreme thirst), adrenal hypertension, Addison's disease (caused by destruction of the adrenal glands), dehydration, inappropriate antidiuretic hormone secretion, or other diseases involving electrolyte imbalance. Potassium measurements are used to monitor electrolyte balance in the diagnosis and treatment of disease conditions metabolic disorders such as cystic fibrosis and diabetic acidos/s

\*\*END OF REPORT\*\*

Apit Aggand.

Dr. Ankit Aggarwal (Consultant Pathologist)

# CARE CLINICAL LAB

rs, Pind Devinagar, Chandigarh - Delhi Highway Back Side of Jugraj Dhaba, rehsil-Derabassi, Punjab-140507, Contact No.: +91 98729 96010 Email : wellcareclinicallabd5573@gmail.com

# LABORATORY REPORT

AMRUT POST

GANS-WCL-2200152 Ro Pagit

INAL LADING CONTRACTOR OF STREET, SAME

Patient Name : MR. AMRUT MADIKAR RNO-204

Age / Gender : 33 years / Male

Patient ID : 45792023

Source : Wellcare clinical lab



Referral : Dr. HIIMS HOSPITAL CHANDIGAR Collection Time : JUN 02, 2023, 06:27 A.M. Receiving Time : JUN 02, 2023, 06:27 A.M. Reporting Time : JUN 02, 2023, 09:35 A.M. Sample ID :

# **Test Description**

	Value(s)	Reference Range	
RFT			
Period Urea	RENAL FUNGT	ON TEST (RFT)	
Cathod : Method: Urease/ UV	95.00	15.0 - 46.0	mg/dl
Serum Creatinine Method : Method: Enzymatic	11.10	0.70 - 1.60	mg/dL
Serum Uric Acid	8.60	3.0 - 7.2	mg/dL
Method : Method: Uncase/ Peroxidase	- 1		
Electrolytes			
Sodium (NA+)	138.6	136.0 - 146.0	mEq/L
Method : Method: ISE Direct			
Potassium (K+) Method : Method: ISE Direct	4.42	3.50 - 5.50	mEq/L

102.8

Chloride (CL) Method : Method: ISE Direct

Method:

**ISE Indirect** 

## Interpretation

Sodium measurements are used in the diagnosis and treatment of aldosteronism (excessive secretion of the hormone aldosterone), diabetes imedus (chronic excretion of large amounts of dilute urine, accompanied by extreme thirst), adrenal hypertension. Addison's disease (caused by destruction of the adrenal glands), dehydration, inappropriate antidiuretic hormone secretion, or other diseases involving electrolyte imbalance. Potassium measurements are used to monitor electrolyte balance in the diagnosis and treatment of disease conditions characterized by low or high blood potassium levels. Chloride measurements are used in the diagnosis and treatment of electrolyte and metabolic disorders such as cystic fibrosis and diabetic acidosis

96.0 - 108.0

\*\*END OF REPORT\*\*

Jusit Aggand

mEq/L

Dr. Ankit Aggarwal (Consultant Pathologist)

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(A Unit of Indian Institute Of Nuclear Medicine & Scanning, Sector 69, Mohali)

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Dr. AWADHESH PANDE Chief Consultant & He Ex. - Faculty N.I.M.S. Hyderaba

Page 2

# IMPRESSION: PROVOCATIVE IMAGING WITH DIURETIC ADMINISTERED 15 MINUTES BEFORE THE STUDY, TO PRECIPITATE EQUIVOCAL OBSTRUCTION, IF ANY, REVEALS: -

LEFT KIDNEY I) SHRUNK IN SIZE ii) SEVERELY COMPROMISED CORTICAL FUNCTION iii) NORMAL DRAINAGE SEEN a) improving on frusemide provocation b) improving as a function of time

RIGHT KIDNEY I) SHRUNK IN SIZE ii) SEVERELY COMPROMISED CORTICAL FUNCTION III) NORMAL DRAINAGE SEEN a) improving on frusemide provocation b) improving as a function of time

- GLOBAL GFR = 6.3 ml/min/ 1.84 sq m BSA ( normal range for BSA and age = 86.0 ml/min + - 17ml/min)

-SPLIT FUNCTION: LEFT KIDNEY = 47.5% RIGHT KIDNEY = 52.5%

REPEAT DTPA SCAN AFTER 3 MONTHS 29/08/2023 TO SEE PROGRESSION OR REGRESSION

Juscithe the Panoley

Dr. AWADHESH PANDE Y Sr. CONSULTANT & HEAD

BASEMENT HIMS HOSPITAL, DEVI NAGAR, DELHI HIGHWAY CHANDIGARH, DERA BAS: MOBILE : 99888 62091

# **INDIAN INSTITUTE OF NUCLEAR MEDICINE & SCANNIN**

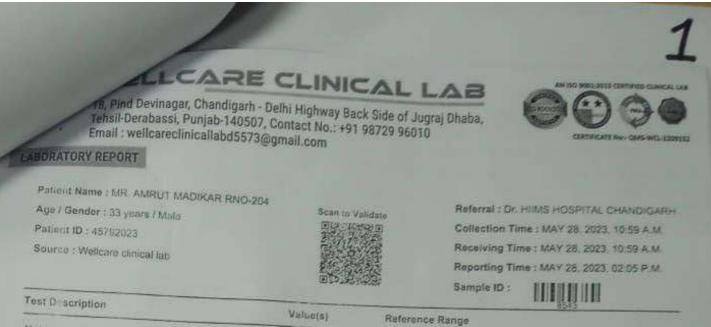
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Dr. AWADHESH PANDE Chief Consultant & He Ex. - Faculty N.I.M.S. Hyderabs

ATTENDING HOSPITAL: HIIMS, DERAL CLINICAL STATUS: CKD, to know functi	UHID-	29/05/2023 45792023 erw and LATION
DYNA	MIC RENAL SCINTIGR	АРНУ
ISOTOPE: 99mTe- DTPA		DOSE: 5 mCi
LEF PERFUSION PHASE	I KIDNEY	RIGHT KIDNEY
VISUALISATION	poor	poor
RELATIVE PERFUSION	poor	poor
UPTAKE PHASE		
SIZE	shrunk	shrunk.
SHAPE	normal	normal
POSITION	normal	normal
CONCENTRATION	poor	poor
CORTICALMARGIN DELINEATION	poorly-defined	poorly defined
SPLIT FUNCTION	47.5%	52.5%
EXCRETORY PHASE		
COLLECTING SYSTEM	normal	normal
DRAINAGE PATTERN	normal	normal
DIURETIC RESPONSE	normal	normal
URETER	normal	normal
GFR	3.0ml/min	3,3ml/min
	cont on page 2	

BASEMENT HIIMS HOSPITAL, DEVI NAGAR, DELHI HIGHWAY CHANDIGARH, DERA BASE MOBILE : 99888 62091



# Noto:

Normal urine color is due to the presence of a pigment called prochigme. Urine color varies based on the urine concentration and chemical

connectition. Normal unne can vary from pale light yellow to a dark under color. Highly concentrated unne has a darker yellow appearance.

"END OF REPORT"

Our my

Dr. Ankit Aggarwal (Consultant Pathologist)

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**ORATORY REPORT** 

Patient Name : MR AMRUT MADIKAR RNO-204

Age / Gender : 33 years / Male

Patient ID : 45792023

Source : Wellcare clinical lab



Referral : Dr. HIMS HOSPITAL CHANDIGARH Collection Time : MAY 28, 2023, 10:59 A.M. Receiving Time : MAY 28, 2023, 10:59 A.M. Reporting Time : MAY 28, 2023, 02:05 P.M.

Test Description

Value(s)

**Reference** Range

NON-REACTIVE

Sample ID :

## HOV RAPID TEST

Hepetitis C Virus Antibody (Anti HCV) Rapid

tormoo Method Raud Troling

lieiscolation.

menative result does not exclude the possibility of infection with HIV. Levels of HIV Antibodies may be undetectable in the window period. Thus sin screening assay, all positive result should be confirmed by other supplementry methods like Western Blot Assay / HIV PCR .--A negative test result does not exclude the possibility of exposure to or infection with Hepatitis B Virus, levels of HbsAg may be undetectable both in early infection and late after infection.

Viral Probability is a systemic disease primarily involving the liver. Most obses of acute viral hepatitis seen in children and adults are caused by Hepatitis A Virus (HAV), Hepatitis B Virus (HBV), or Hepatitis C Virus (HCV), Hepatitis B Virus was discovered by Blumberg, et al. A complex antigen known as the Hepatitis B Surface Antigen (HBsAg) found on the surface of HBV is the first to be detected. The presence of HBsAg in a sorum sample is indicative of an active HBV infection, either acute or chronic,----

HCV C ind Test is a rapid test to qualitatively detect the presence of antipody to HCV in a whole blood serum or plasma specimen. The test util due o combination of recombinant antigen to selectively detect elevated levels of HCV antibodies in whole blood, serum or plasma. If the ambody test is reactive, you need an additional test to see if you currently have Hepatitis C. This test is called a RNA test. Another name used for this test is a PCR test.

## C/E Complete Urine Examination

## URINE ROUTINE AND MICROSCOPIC EXAMINATION

PHYSICAL EXAMINATION:			
Oloui of Urine	Pale Yellow	Straw to Yellow	/HPF
Visually Appearance	Clear	Expected Clear	/HPF
Reaction (pH)	Acidio 5.0	5.0 - 8.0	/HPF
Specif. Gravity	1,005	1.000 - 1.030	THPE
Protect	Present(++)	Expected Absent	THPF
Glucose	Absent	Expected Absent	THPF
MICROSCOPIC EXAMINATION			
Pus Cr. s	1-2	0 - 2	/HPF
Epithol / Cells	2 3	Expected Absent	/HPF
Red Shoul Cells (RBC).	Ausunt	Expected Absent	/HPF
Casts	Absent	Expected Absent	/HPF
Crystale	Absent	Absant	/HPF.
Dihers	Nil	Expected Nil	/HPF

# CONDITIONS OF LABORATORY TESTING & REPORTING

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CERTIFICATE Not- CIME-WOL-2209152

mL/min/1,73 m2

# AGORATORY REPORT

Patient Name : MR. AMRUT MADIKAR RNO-204

Age / Gender : 33 years / Mala

Patient ID: 45792023

Source : Wellcare clinical lab



Referral : Dr. HIIMS HOSPITAL CHANDIGARH Collection Time : MAY 28, 2023, 10:59 A.M. Receiving Time : MAY 28, 2023, 10:59 A.M. Reporting Time : MAY 28, 2023, 02:05 P.M. Sample ID :

The state of the s		the statement of the st
Test Description	Value(s)	Reference Range
	( and a fail	menerense manife

characterized by low or high blood potassium tevels. Chilpride measurements are used in the diagnosis and treatment of electrolyte and melabolic disorders such as cystic fibrosis and diabetic acidosis

2 90.0

# GLOMERULAR FILTRATION RATE (#GFR)

GLOMERULAR FILTRATION RATE (eGFR) 5
Vorted Vorted Compensated Jaffe's reaction, IOMS traceable

REFRANCE RANGE IN DETAIL.

Kild ney Damage with normal or high GER: > 00 ( Presence of Protein, alcumin, cells or casts) Normal Kidney Function: > 90.00 ( No proteinung )

Mild decrease in GFR: 60 - 89

Moderate decrease in GFR: 30 - 59

Severe docrease in GFR: 15 - 29

Kidney failure < 15

Note: 1. Account Kidney Disease Education program recommends the use of MDRD equation to estimate or predict GFR in adults (>=20 yours) with Chronic Kidney Disease (CKD). 2. MDRD equation is most accurate for GFR <=60 mL/min/1.73m2. 3. Recalculation of estimated GFR is required for African American race.

### Interpretation :

Modification of diet in renal disease (MORD) equation is most thoroughly validated and superior to all the other methods for estimation of GFR. If theirs not require weight as a variable and yields an estimated GFR normalized to 1.73m2 body surface area. Using serum creatinine alone gives a poor inference of GFR because they are inversely related and effects of age, sex and race on creatinine production complicate interpret thor. For African American races a modified formula is used for calculation of GFR.

# VIRAL MARKER RAPID TEST

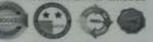
#### HIV RAPID TEST HIV - 1 Altopody Altopod HIV - 2 Altopody Altopod HIV - 2 Altopody Altopod HIV - 2 Altopody Non-REACTIVE HESAG I APID TEST Hepathis 1 Surface Antigen(HBsAg) RAPID Altopod (Method Immunochromaticgraphic NON-REACTIVE

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Value(s)

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CERTIFICATE Non-OMS-WCL-2209112

# BORATORY REPORT

Patient Name : NHT AMRUT MADIKAR RNO-204

Age / Gender : 33 years / Male

Patient ID : 45792023

Source : Willcare immical lab



Reference Range

Referral : Dr. HIMS HOSPITAL CHANDIGARH Collection Time : MAY 28, 2023, 10:59 A.M. Receiving Time : MAY 28, 2023, 10:59 A.M. Reporting Time : MAY 28, 2023, 02:05 P.M. Sample ID :

Test Description

down from other generations of tamily members).

High Density Lipoprotein (HDL) Good cholesterol" High levels link on to a reduced risk of heart and blood vessel disease. The higher your HDL level, the bottleR. This test may be measured any time of the duy without fasting. However, if the test is drawn as part of a total lipid profile it requires a 12-hour fast (no food or drink, except water). For the most accurate results, wait at least two months after a heart attack, index indexing indextent profile it requires a total lipid index of the analysis of profile it requires a total lipid or drink, except water). For the most accurate results, wait at least two months after a heart attack, called "good" choicesterol becourse it removes excess cholesterol from the blood and takes it to the liver. A high HDL level is related to lower hisk if neurr and blood vessel disease,

Low Density Lipoprotein (LDL) Bad cholesterol" High levels are ill wed to an increased risk of heart and blood vossel disease, inicuding curunary anery disease, heart attack and death. Reducing LDL levels is it major treatment target for cholesterol-lowenng medications.Blood should be collected after a 12-hour fast (no food or drink, except water). For the most accurate results, wait at least 2 months after a heart attack, surgery, infection, injury or pregnancy to check LDL levels,LDL is a lipoprotein (a combination of fat and protein) found in the blood. It is cuiled "bad" cholestorol because it picks up cholesterol from the blood and takes it to the cells. A high LDL level is related to a higher risk of hour, and blood vessel.

Triglycerines (TG) Elevated in obese or diabetic patients. Level increases from eating simple sugars or drinking alcohol. Associated with haum and blood vesien disease. Blood should be collected after a 12-nour fast (no food or drink, except water). For the most accurate results, wan at least 2 months after a heart attack, surgery, infection, mury or pregnancy to check triglyceride levels. Triglycerides are a type of fast found in the blood. The blood level of this type of fat is most affected by the foods you eat (such as sugar, fat or alcohol) but can also be high due to being overweight, having thyroid or liver disease and genetic conditions.

### COMENT

Flectrolytes	SAV STATE	Contraction of the second	
Cotium (N4+) Kenter Kethat (SE Devo	138.9	136.0 + 146.0	mEg/L
Potussion (K+) Annod Autod de Oraci	5,31	3.50 - 5.50	mEg/L
Childride (CL.) Menor Menod ISE Direct	98.4	96.0 - 108.0	mEqA
Method:			
ICE MARKET			

AND HEALING AND A

Interpretation

Solution in consurements are used in the diagnosis and treatment of class-aronism (excessive secretion of the hormone aldesterone), diabetes instalidus retironic excretion of large amounts of dilute urine, accompanied by extreme thirst), adrenal hypertension. Addison's disease (caused by destruction of the adrenal glands), dehydration, in appropriate antidiuretic hormone secretion, or other diseases involving electrolyte imbalance. Potassium measurements are used to monitor electrolyte balance in the diagnosis and treatment of disease conditions.

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# **URATORY REPORT**

Patient Name : MR AMRUT MADIKAR RNO-204 Age / Gender : 33 years / Male

Patient ID: 45792023

Source : Wellcare clinical lab

Span	10.V	olidat	Ø,
田田	通行	房里	
認	44	<b>新型</b>	
影	品品	54.7	
AST.		1.65	
10150	Gipta:	-	

Referral : Dr. HIIMS HOSPITAL CHANDIGARH Collection Time : MAY 28, 2023, 10:59 A.M. Receiving Time : MAY 28, 2023, 10:59 A.M. Reporting Time : MAY 28, 2023, 02:05 P.M. Sample ID :

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S CERTIFICED CLIMICAL LAB

CHARLEN WITH MARKED AND AND AND AND AND AND AND AND AND AN			1000008543 000000	
Test Description	Value(s)	Reference Range		
ALT (SGPT)	23.60	15.0 - 50.0	IU/L	
Alkaline Phosphatase (ALP)	114.30	0.00 - 150.0	IU/L U/L	
Total Protein	7.60	6.4 - 8.2	g/dL	
bumin	4.45	3,4 - 5.0	gidL	
Skopulin	3,15	1.8 - 3.8	g/dL	
A.C. Ratio	1.41	0.9 - 1.8		
Interpretation:		States and a		

Enhanced liver fibrosis (ELF) test is used to evaluate liver fibrosis in patients with suspected chronic liver disease due to Viral Hepatitis B & C. Alcoholic liver disease and Non alcoholic fatty liver disease

Lipid Profile			
	COMPLETE L	IPID PROFILE	
7 n.u Cholesterol	228.60	Desirable : Upto 200 Bordenine: 200 - 239	mg/dL
HDL Cholesterol	45.8	High :>/= 240 Major risk factor for heart disease < 40	mg/dL
		Negative risk factor for heart disease:	> 60
Triglycerides	248.40	Normal : < 150 Bordenline : 150 - 199	mg/dL
		High : 200 - 499 Very High : >/= 500	
L13. Gholesterol	133.32	Optimal : < 100 Near optimal: 100 - 129 Borderline : 130 - 159	mg/dL
A.D. Chalesterol	49.68	High 160 - 189 Very High : >1= 190 6.0 - 38.0	mg/dL
CHOL / HDL Ratio mpression:	5.01	3.5 - 5.0	Ratio

# Total Cholestrol

Directly linked to risk of heart and blood vessel disease. Cholesterol is a type of fall found in your blood, It is produced by your body and also comes from the foods you eat (animal products). Cholesterol is needed by your body to maintain the health of your cells. Too much chclesterol leads to coronary artery disease. Your blood cholesterol level is related to the foods you eat or to genetic conditions (passed

tation of the referring doctor only. . If the result of the test (s) are store

The seporting result are for the infor

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# RATORY REPORT

Patient Name : MR, AMRUT MADIKAR RND-204

Age / Gender : 33 years / Mate Patient ID : 45792020

Source : Vielicare clinical tap

Scan to Validate 国民の認知を設定

Reference Range

Referral : Dr. HIIMS HOSPITAL CHANDIGARH Collection Time : MAY 28, 2023, 10 59 A.M. Receiving Time : MAY 28, 2023, 10:59 A.M. Reporting Time : MAY 28, 2023, 02:05 P.M. Sample ID : 

VERI LAR

rest description	Value(s)
Complete Blood Count/CBC)	

Hemodiable (HB)	COMPLETE BLC	DOD COUNT(CBC)	
	10.0	13.0 - 17.0	g/dL
Total Leucocytes Count (TLC)	5300	4000 - 11000	7cmm
DIFFERENTIAL COUNT			
Neutrophits	65	40 - 75	94
Lyniphocytes	25	20 - 45	96
Monocytes	06	2 - 10	96
Eosinophila	04	1-6	%
Basophilis	00	0 - 1	55
Total RBC Count	3.69	3 50 + 6.50	Mill/Cumm
Pialotet Count	3.65	1.50 - 4.50	Lacs/Cumm
PCUHCT	27.8	35.0 - 47.0	%
Rem cell distribution width (RDW)	13.4	13.0 - 18.0	%
fean corpuscular volume (MCV)	75.4	76.0 - 96.0	1
Iean Corpuscular Hemoglobin (MCH)	27.1	27.0 - 32.0	pg
Ioun Corputoular Hemoglobin Concentration(MCHC)	36.0	30.0 - 35.0	96

matology Analyser alla swelap double chamber 3 Part

RET			
	RENAL FUNC	TION TEST (RFT)	
Blood Ures Method America UV	69.00	15.0 - 46.0	mgidi
Serum Creatinine	12.10	0.70 - 1.60	mg/dL
Serum Unit Acid Center Matter Leitake Perondelet	7.60	3.0 - 7.2	mg/dL

# Liver Function Test (LFT)

	LIVER FUNCT	TION TEST(LFT)	
Total Bilinoon	0.60	0.20 - 1.00	ma/dL
Direct Billinghin	0.28	0.00 - 0.60	mg/dL
Ind root Bilirubin	0.22	0.00 - 0.80	mg/dL
AST (SGOT)	26.40	15.0 - 50.0	IU/L

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WELLCARE 18. Pind Devinagar, Chandigarh Tehsil-Derabassi, Punjab-140507 Email : wellcareclinicallabd5573 LABORATORY REPORT	Dethi Highway Ba	ick Side of Jugraj Dł 1 98729 96010	AN BO WOLLERS CENTRED CLINICAL LAS haba, MRut Pore Report
Patient Name : MR: AMRUT MADIKAR RNO-204 Age / Gender : 33 years / Male Patient ID : 45792023 Source : Wellcare clinical Jab	Scan to V Butter Butter Butter Butter	falldate Set ©	Referral : Dr. HIIMS HOSPITAL CHANDIGARH Collection Time : MAY 31, 2023, 06:10 A M Receiving Time : MAY 31, 2023, 06:10 A.M. Reporting Time : MAY 31, 2023, 08:52 A.M. Sample ID :
Test Description	Value(s)	Reference Rat	8599 nge
RFT			
Blood Urea - Mehod: Urease/UV Serum Creatinine Metod: Method: Endymatic Serum Uric Acid Method: Method: Uricase/Perceidase	RENAL FUNCTION 102.00 ( 5 14.90 9.60		mg/dl mg/dL mg/dL
lectrolytes	120		
odium (NA+) Method: Method: ISE Drect otassium (K+)	137.9	136.0 - 146.0	mEq/L
A REAL PROPERTY AND A REAL	5.00	3.50 - 5,50	mEq/L
Mathat Method ISE Direct			
Wernet : Method: ISE Direct Worlde (CL) Mathod: Method: ISE Direct ethod:	98.7	96.0 - 108.0	mEq/L

ds), dehydration, inappropriate antidiuretic hormone secretion, or other diseases involving electrolyte imbalance. Potassium measurements are used to monitor electrolyte balance in the diagnosis and treatment of disease conditions characterized by low or high blood potassium levels. Chloride measurements are used in the diagnosis and treatment of electrolyte and metabolic disorders such as cystic fibrosis and diabetic acidosis

\*\*END OF REPORT\*\*

Dist Aggand Dr. Ankit Aggarwal (Consultant Pathologist)

# CONDITIONS OF LABORATORY TESTING & REPORTING

The reporting result are for the information and for environment of the reflecting doctor only. • If the result of the test possible remedial advice. • This results at each call for medico-legal purposes. • Welcase Divide Lub not its employees assur-1 11 11 11 12 12 11 (1) 1 o as a result of pr the meaning or contents of the report + 1 is Presumed that the tests performed on the special e tallates and limit of or springer time to time for the same patient. Only such medical pl stational who unterstand repo TIMINGS : 8.00 AM TO 8.00 PM Dana 1 of 1