



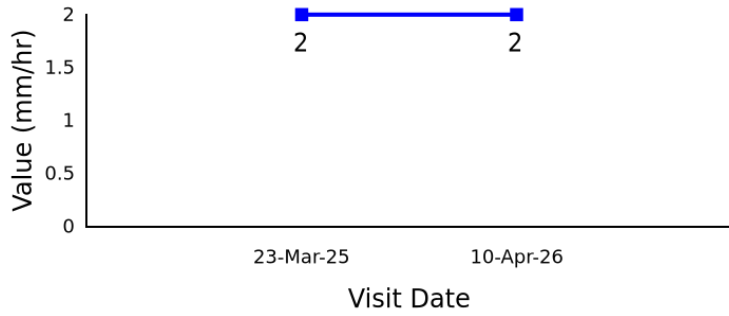
260361516761239

**Name** : Mr. SENTHIL NATHAN M  
**Age / Gender** : 40.10 Year(s)/ Male  
**Contact No.** : +919841326485  
**Address** : VADAPALANI Chennai  
**Pin code** : 600026

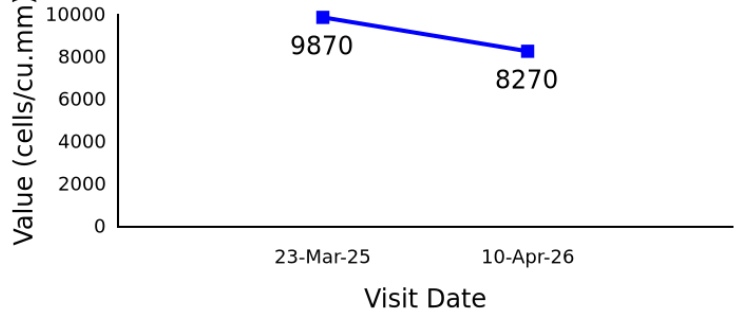
**VID No.** : 260361516761239  
**PID No.** : P41024524048233  
**Referred by** : DR.SARITA VINOD  
**Registered On** : 10/04/2026 1:49 PM  
**Collected On** : 10/04/2026 1:35PM  
**Reported On** : 10/04/2026 7:18 PM

**Result Trend (For selected tests used for followup)**

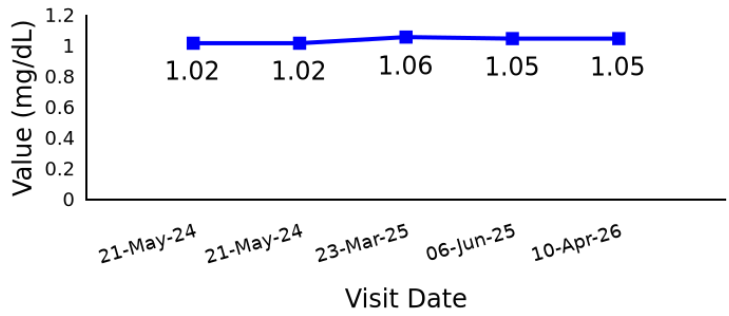
**ESR (Erythrocyte Sedimentation Rate)**



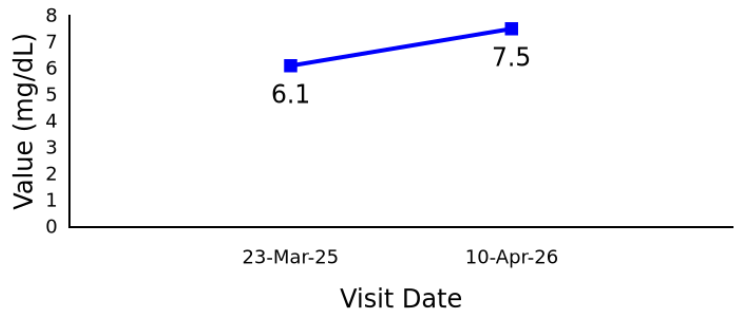
**Total Leucocytes (WBC) Count**



**Creatinine, Serum**



**Uric Acid, Serum**



**MEDICAL LABORATORY REPORT**



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### Investigation

### Observed Value

### Unit

### Biological Reference Interval

#### Urea, Serum

(Serum)

#### **BUN, Serum**

(Calculated)

**Remark:** In blood, Urea is usually reported as BUN and expressed in mg/dl. BUN mass units can be converted to urea mass units by multiplying by 2.14.

#### **Urea Serum**

(Urease)

#### **Creatinine, Serum**

(Serum, Jaffes method)

#### **Calcium, Serum**

(Serum, NM-BAPTA)

#### **Phosphorus, Serum**

(Serum, Molybdate UV)

#### **Uric Acid, Serum**

(Serum, Uricase)

12.90

mg/dL

6-20

27.61

mg/dL

19-44

1.05

mg/dL

0.67-1.17

9.2

mg/dL

8.6-10.0

3.4


mg/dL


2.5-4.5

**7.5**

mg/dL

3.4-7.0

  
Dr Senthamil P  
Ph.D Consultant Biochemist MBBS,DNB Chief of Lab

  
Dr Suja Ramanathan  
Ph.D BCM  
Consultant Biochemist  
Reg no: 23797

### MEDICAL LABORATORY REPORT

**Sample Collected At:**

VADAPALANI PSC, COUNTER 1,NO. 72, 1ST FLOOR, 72, ARCOT RD,  
VELAYUTHAM COLONY, SALIGRAMAM,

**Processing Location :**

Processing Location Metropolis Healthcare Ltd (Hitech Diagnostic  
Centre) GKS Towers PH Road Chennai-84



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## Complete Blood Count with ESR

### CBC Haemogram

#### Investigation

#### Observed Value

#### Unit

#### Biological Reference Interval

#### Erythrocytes

##### Haemoglobin (Hb)

(Sodium lauryl sulfate hemoglobin method (SLS))

##### Erythrocyte (RBC) Count

(Hydro Dynamic Focusing)

##### PCV (Packed Cell Volume)

(Automated - Pulse Height Detection)

##### MCV (Mean Corpuscular Volume)

(Calculated)

##### MCH (Mean Corpuscular Hb)

(Calculated)

##### MCHC (Mean Corpuscular Hb Conc.)

(Calculated)

##### RDW (Red Cell Distribution Width)

(Calculated)

#### Leucocytes

##### Total Leucocytes (WBC) Count

(Flow Cytometry)

##### Absolute Neutrophils Count

(Calculated)

##### Absolute Lymphocyte Count

(Calculated)

##### Absolute Monocyte Count

(Calculated)

##### Absolute Eosinophil Count

(Calculated)

##### Absolute Basophil Count

(Calculated)

##### Neutrophils

(Flow Cytometry)

##### Lymphocytes

(Flow Cytometry)

##### Monocytes

(Flow Cytometry)

##### Eosinophils

(Flow Cytometry)


##### Basophils

(Flow Cytometry)

#### Platelets

##### Platelet count

(Hydro Dynamic Focusing)

  
**Dr. SOWMYA D**  
 MD (Pathology)  
 Consultant Pathologist  
 Reg no.111201

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Investigation	Observed Value	Unit	Biological Reference Interval
<b>MPV (Mean Platelet Volume)</b> (Calculated)	9.5	fL	6-9.5
<b>PDW (Platelet Distribution Width)</b> (Calculated)	9.5	fL	9-17

**All Abnormal Haemograms are reviewed confirmed microscopically.**  
Sample Type : EDTA Whole Blood




**ESR (Erythrocyte Sedimentation Rate)** **2** mm/hr 5-15  
(EDTA Whole Blood, Capillary Photometry)

**Interpretation:**

1. It indicates presence and intensity of an inflammatory process, never diagnostic of a specific disease. Changes are more significant than a single abnormal test.
2. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis, polymyalgia rheumatica.
3. It is also increased in pregnancy, multiple myeloma, menstruation, and hypothyroidism.

**Remark :** ESR Performed using capillary photometric aggregation (for automated analysis) & westergrens (for manual testing).

  
**Dr. SOWMYA D**  
MD (Pathology)  
Consultant Pathologist  
Reg no.111201

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### Investigation

### Observed Value

### Unit

### Biological Reference Interval

**Vitamin D Total - 25 Hydroxy (OH)**  
 (Serum, Electrochemiluminescence immunoassay (ECLIA))

**23.50**

ng/mL

Insufficiency: 20-30  
 Sufficiency: 30-100  
 Hypervitaminosis: > 100  
 Deficiency: < 20

#### Interpretation:

- Vitamin D is a fat soluble vitamin and exists in two main forms as D3 & D2. Both are converted to 25(OH) vitamin D in liver.
- For diagnosis of vitamin D deficiency, it is recommended to have clinical correlation with serum 25(OH)vitamin D, serum calcium, serum iPTH & serum alkaline phosphatase
- During monitoring of oral vitamin D therapy- suggested testing of serum 25(OH) vitamin D is after 12 weeks or 3 months of treatment.

#### Caution:

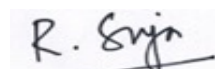
- Patients on Biotin supplement may have interference in some immunoassays. With individuals taking high dose Biotin (more than 5 mg per day) supplements, at least 8-hour wait time before blood draw is recommended.

#### Disclaimer:

- The required dosage of vitamin D supplements & time to achieve sufficient vitamin D levels show significant seasonal(especially winter) & individual variability depending on age, body fat, sun exposure, physical activity, genetic factors(especially variable vitamin D receptor responses), associated liver or renal diseases, malabsorption syndromes and calcium or magnesium deficiency.
- Vitamin D toxicity is known but very rare. Kindly correlate clinically, repeat with fresh sample if indicated.

#### Associated Tests:

- iPTH-Intact Molecule Parathyroid hormone Serum/Plasma (P0114), Calcium(C0017), Vitamin D plus profile(V0016)



**Dr. SUJA RAMANATHAN**  
 DNB (Pathology)  
 Regional Chief Of Lab  
 Reg no. 81281

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### Investigation

### Observed Value

### Unit

### Biological Reference Interval

#### HIV-DUO (IV th Generation test)

(Serum, Chemiluminescent Microparticle Immunoassay (CMIA))

Non Reactive,0.14

S/CO

REACTIVE:  $\geq 1.0$

NON REACTIVE:  $< 1.0$

**Test Description :** The HIV Ag/Ab Combo(HIV DUO) assay is a Screening test for simultaneous qualitative detection of HIV p24 antigen and antibodies to HIV type 1 and/or 2 in human serum or plasma. However, the HIV Ag/Ab Combo result does not distinguish between the detection of HIV p24 antigen, HIV-1 antibody, or HIV-2 antibody separately.

#### Test Interpretation :

- Non Reactive results may not rule-out acute or early HIV infection in the window period. If acute HIV-1 infection is suspected, detection of HIV-1 RNA or HIV proviral is recommended.
- Reactive results suggest possibility of preliminary infection with HIV-1 and/or HIV-2. All reactive samples should be verified by submitting a second serum specimen for repeat testing with screening & supplemental or confirmatory HIV tests (by serology-HIV 1 & 2 western blot or molecular- HIV 1 & 2 PCR). Result Confirmed with ELISA and Instant Method. NOTE : Please confirm with molecular diagnosis,CD4 absolute count and Western Blot, HIV Viral Load by PCR before making a Diagnosis. consult your physician for further counseling and treatment
- For the received samples, it is presumed that patient counselling is done at referring centre or by referring physician.

#### HBsAg Screening

(Serum, Chemiluminescent Microparticle Immunoassay (CMIA))

Non Reactive,0.23

S/CO

Non Reactive:  $< 1$

Reactive:  $\geq 1$

All Reactive results must be confirmed by Neutralizing confirmatory test or by HBV DNA detection assay.

#### HCV (Hepatitis C Virus) - Total antibody, Non Reactive,0.06

##### Serum

(Serum, Chemiluminescent Microparticle Immunoassay (CMIA))

S/CO

Less than 1.0 - Non Reactive

More than 1.0 - Reactive

#### Interpretation :

- This is a screening test detecting anti-HCV antibody.
- The CDC recommendation on anti-HCV testing includes the use of method specific optimal signal-to-cut-off ratio in interpretation & reporting positive results.
- For ECLIA - s/co ratio - between 1 to 5- further supplemental tests are suggested for confirmation, while s/co ratio  $>$  or  $= 5$  associated with 95% or more high probability of being true positive.
- Supplemental testing includes more specific assays like immunoblot or HCV RNA PCR for all positive results for confirmation or to further differentiate past(resolved) and chronic infections.

-- End of Report --



Test Marked with NABL symbol are in the scope of accreditation

*K. Rajalakshmi*

**Dr. K. RAJALAKSHMI**  
MD (Microbiology)  
Consultant Microbiologist  
Reg no.115002

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