



SUPPER

PATHOLOGY LABORATORY

FAST : ACCURATE : RELIABLE

Reg. No. MCVC/0086/2024

LABORATORY TEST REPORT

NAME :- **B/O KISHORI MANE [I]**

REF. BY :- Dr. VIJAY MALI MBBS,MD[PED]

LAB NO. :- 23 050826

Sample Collected Outside the Laboratory

AGE/GENDER :- 1. Days / M

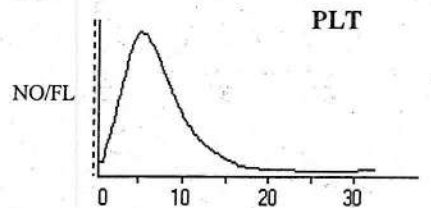
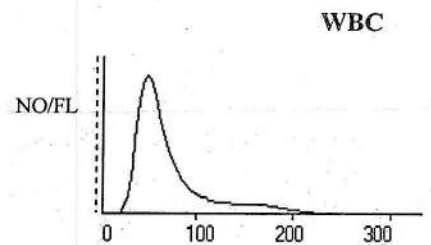
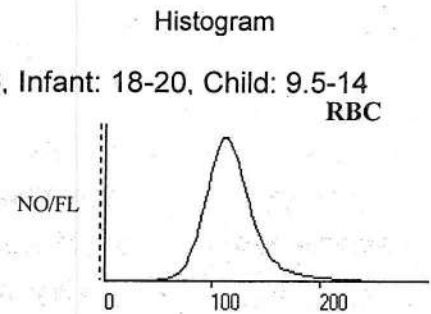
REGISTERED ON :- 05/08/2026

COLLECTED ON :- 05/08/2026

PRINTED ON :- 05/08/2026 3:50 PM

HAEMOGRAM

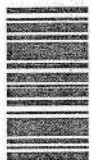
Test	Result	Units	Normal Range
Haemoglobin	- 16.0	gms%	M: 13.5-18, F: 11-16, Infant: 18-20, Child: 9.5-14
RBC Count	- 4.01	millions / uL	3.2 - 5.2
PCV	- 46.1	%	M: 40-54, F: 38-47
MCV	- 115	fL	80 - 99
MCH	- 39.9	Pg	23 - 34
MCHC	- 34.7	g/dl	30 - 36
RDW CV	- 14.8	%	11.0 - 14.5
RDW SD	- 58.9	fL	35 - 56
WBC Count	- 6100	cells/cumm	6000 - 18000
Neutrophils	- 21	%	40 - 75
Lymphocytes	- 71	%	20 - 45
Eosinophils	- 01	%	1 - 6
Monocytes	- 07	%	2 - 10
Basophils	- 00	%	0 - 1
Platelet Count	- 166000	/cumm	150000 - 450000
PCT	- 1.33	%	0.08 - 1.0
MPV	- 8.0	fL	7.4 - 10.4
PDW	- 16.8	%	10 - 15



RBC Morphology - MACROCYTOSIS +
WBC Morphology - RELATIVE LYMPHOCYTOSIS.
Platelets - ADEQUATE ON SMEAR.

* BLOOD GROUP - B Rh POSITIVE


DR. SHUBHANGI M. PATIL.
MD. [Path]



📍 Opp. Daiv Hospital, 4th lane, Rajarampuri, Kolhapur.

☎ 9273821169, 7058562003.

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PROCALCITONIN

PROCALCITONIN : 0.58 ng/ml

Biological Reference Interval :

Low Risk of severe sepsis and/or septic shock: < 0.5

High Risk of severe sepsis and/or septic shock: > 2

INTERPRETATION:

1. PCT is the prohormone of calcitonin secreted by different types of cells from numerous organs in response to proinflammatory stimulation, particularly bacterial stimulation.

2. Depending upon clinical background, PCT > 0.1 can indicate clinically relevant bacterial infection, requiring antibiotic treatment.

3. PCT is an important marker enabling specific differentiation between bacterial infection and other causes of inflammatory reactions

4. Resorption of septic infection is accompanied by decreases in PCT concentration which returns to normal with half life of 24 hours

5. in certain situations (newborns, polytrauma, burns, major surgery, prolonged or severe cardiogenic shock etc) PCT elevation may be independent of any infectious aggression.

The return to normal values is usually rapid

----- END OF REPORT -----



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LABORATORY TEST REPORT

NAME :- **B/O KISHORI MANE { I }**

REF. BY :- Dr. VIJAY MALI MBBS,MD[PED]

LAB NO. :- 8 070826

AGE/GENDER :- 3. Days / F

REGISTERED ON :- 07/08/2026

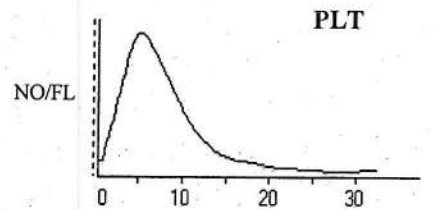
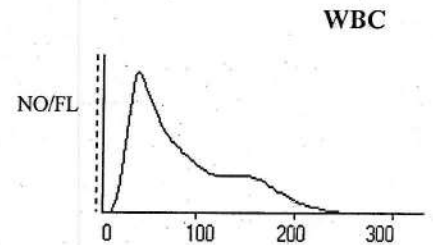
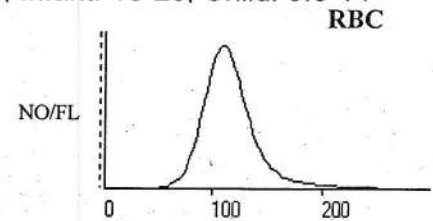
COLLECTED ON :- 07/08/2026

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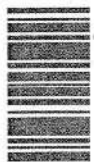
HAEMOGRAM

Test	Result	Units	Normal Range
Haemoglobin	- 16.1	gms%	M: 13.5-18, F: 11-16, Infant: 18-20, Child: 9.5-14
RBC Count	- 3.96	millions / uL	3.2 - 5.2
PCV	- 44.5	%	M: 40-54, F: 38-47
MCV	- 112.4	fL	80 - 99
MCH	- 40.7	Pg	23 - 34
MCHC	- 36.2	g/dl	30 - 36
RDW CV	- 15.1	%	11.0 - 14.5
RDW SD	- 58.5	fL	35 - 56
WBC Count	- 6500	cells/cumm	6000 - 18000
Neutrophils	- 54	%	40 - 75
Lymphocytes	- 41	%	20 - 45
Eosinophils	- 02	%	1 - 6
Monocytes	- 03	%	2 - 10
Basophils	- 00	%	0 - 1
Platelet Count	- 273000	/cumm	150000 - 450000
PCT	- 2.29	%	0.08 - 1.0
MPV	- 8.4	fL	7.4 - 10.4
PDW	- 17.5	%	10 - 15
E.S.R.	- QNS	At the end of 1 Hr	0 - 20
(By Westergren Method)			
RBC Morphology	- MACROCYTOSIS +		
WBC Morphology	- WITHIN NORMAL LIMITS		
Platelets	- ADEQUATE ON SMEAR		

Histogram



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NAME :- B/O KISHORI MANE { I }

REF. BY :- Dr. VIJAY MALI MBBS,MD[PED]

LAB NO. :- 8 070826

AGE/GENDER :- 3.0Days / F

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				Normal Range
BLOOD UREA	:	27.82	mg/dl	20 - 40
BLOOD UREA NITROGEN	:	12.99	mg/dl	5 - 21
SERUM CREATININE	:	0.69	mg/dl	0.8 - 1.5
<u>SERUM BILIRUBIN</u>				
BILIRUBIN TOTAL	:	8.91	mg/dl	1 - 12
BILIRUBIN DIRECT	:	1.13	mg/dl	0 - 0.2
BILIRUBIN INDIRECT	:	7.78	mg/dl	0 - 0.8

C-REACTIVE PROTEIN QUANTITATIVE TEST

CRP TEST : NEGATIVE

PATIENTS VALUE : 2.53 mg/L 0 - 6

[BY TURBIDIMETRY MEHTOD]

(NOTE : Concentration more than 6 mg/l is positive)

INTERPRETATION :-

- 1) VALUE UPTO 6 mg/lit - NEGATIVE
- 2) VALUE ABOVE 6 mg/lit - POSITIVE

NOTE - VIRAL AND MILD BACTERIAL INFECTION WILL GENERALLY GIVE LOW TO MODERATE INCREASE IN CRP CONCENTRATION (UPTO 50 mg/lit) , WHILE EXTENSIVE BACTERIAL INFECTION USUALLY GIVE RISE TO MORE PRONOUNCED (ABOVE 50 mg/lit)

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THYROID STIMULATING HORMONES

THYROID STIMULATING HORMONE. : **1.05** mIU/ml **Normal Range** 0.52 - 16.0

Done by FLUORESCENCE IMMUNOASSAY TECHONOLOGY.

HYPOTHYROIDISM

• Lethargy • Weight gain • Cold intolerance • Constipation • Hair-loss • Dry skin • Depression • Bradycardia • Memory impairment • Menorrhagia

HYPERTHYROIDISM

• Tachycardia • Palpitations • Hyperactivity • Weight loss with increased ap • Heat intolerance • Sweating | Diarrhea | Fine tremor Hyper reflexia
| Goitre • Palmar erythema • Onycholysis • Musle weakness and wasting • Oligomenorrhea / amenorrhoea

----- END OF REPORT -----

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