



# P K R JAIN HEALTHCARE INSTITUTE

NASIRPUR, Hissar Road, AMBALA CITY- (Haryana)

**A PIONEER DIAGNOSTIC CENTRE**

☎ 0171-2532620, 8222896961 ✉ pkrjainhealthcare@gmail.com

<b>NAME</b>	: Mr. PREM SINGH	<b>PATIENT ID</b>	: 1769594
<b>AGE/ GENDER</b>	: 58 YRS/MALE	<b>REG. NO./LAB NO.</b>	: 122502250014
<b>COLLECTED BY</b>	:	<b>REGISTRATION DATE</b>	: 25/Feb/2025 12:25 PM
<b>REFERRED BY</b>	:	<b>COLLECTION DATE</b>	: 25/Feb/2025 12:58PM
<b>BARCODE NO.</b>	: 12507224	<b>REPORTING DATE</b>	: 25/Feb/2025 02:07PM
<b>CLIENT CODE.</b>	: P.K.R JAIN HEALTHCARE INSTITUTE		
<b>CLIENT ADDRESS</b>	: NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA		

Test Name	Value	Unit	Biological Reference interval
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## HAEMATOLOGY HAEMOGLOBIN (HB)

HAEMOGLOBIN (HB) by CALORIMETRIC	14.6	gm/dL	12.0 - 17.0
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### INTERPRETATION:-

Hemoglobin is the protein molecule in red blood cells that carries oxygen from the lungs to the body's tissues and returns carbon dioxide from the tissues back to the lungs.

A low hemoglobin level is referred to as ANEMIA or low red blood count.

#### ANEMIA (DECREASED HAEMOGLOBIN):

- 1) Loss of blood (traumatic injury, surgery, bleeding, colon cancer or stomach ulcer)
- 2) Nutritional deficiency (iron, vitamin B12, folate)
- 3) Bone marrow problems (replacement of bone marrow by cancer)
- 4) Suppression by red blood cell synthesis by chemotherapy drugs
- 5) Kidney failure
- 6) Abnormal hemoglobin structure (sickle cell anemia or thalassemia).

#### POLYCYTHEMIA (INCREASED HAEMOGLOBIN):

- 1) People in higher altitudes (Physiological)
- 2) Smoking (Secondary Polycythemia)
- 3) Dehydration produces a falsely rise in hemoglobin due to increased haemoconcentration
- 4) Advanced lung disease (for example, emphysema)
- 5) Certain tumors
- 6) A disorder of the bone marrow known as polycythemia rubra vera,
- 7) Abuse of the drug erythropoietin (Epogen) by athletes for blood doping purposes (increasing the amount of oxygen available to the body by chemically raising the production of red blood cells).

**NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD**



  
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REFERRED BY	:	COLLECTION DATE	: 25/Feb/2025 12:58PM
BARCODE NO.	: 12507224	REPORTING DATE	: 25/Feb/2025 03:49PM
CLIENT CODE.	: P.K.R JAIN HEALTHCARE INSTITUTE		
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Test Name	Value	Unit	Biological Reference interval
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## CLINICAL CHEMISTRY/BIOCHEMISTRY

### CREATININE


CREATININE: SERUM  
by ENZYMATIC, SPECTROPHOTOMETRY


1.85<sup>H</sup>

mg/dL

0.40 - 1.40



  
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**REPORTING DATE** : 26/Feb/2025 10:38AM

Test Name	Value	Unit	Biological Reference interval
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## CLINICAL PATHOLOGY PROTEINS: RANDOM URINE

PROTEINS: RANDOM URINE  
by BIURET, SPECTROPHOTOMETRY

284.48<sup>H</sup> mg/dL 5 - 25

### INTERPRETATION:

TYPES OF PROTEINURIA	TOTAL PROTEINS IN mg/24 HOURS	CONDITIONS
MINIMAL PROTEINURIA:	150 - 500 mg/24 hours	Chronic pyelonephritis, Chronic Interstitial Nephritis, Renal Tubular disease, Postural
MODERATE PROTEINURIA:	500 - 1000 mg/24 hours	Nephrosclerosis, Multiple Myeloma, Toxic Nephropathy, Renal Calculi
HEAVY PROTEINURIA:	1000 - 3000 mg/24 hours	Nephrotic Syndrome, Acute Rapidly Progressive & Chronic Glomerulonephritis, Diabetes mellitus, Lupus erythematosus, Drugs like Pencillamine, Heavy metals like Gold & Mercury.

### NOTE:

- Excretion of total protein in individuals is highly variable with or without kidney disease.
- Conditions affecting protein excretion other than kidney disease are urinary tract infection, diet, menstruation & physical activity.

### COMMENT:

- Diagnosis of kidney disease and response to therapy is usually obtained by quantitatively analyzing the amount of protein excreted in urine over a 24 hour period.

NOTE:- IF A PATIENT HAS = 1+ PROTEINURIA (30 mg/dl) BY URINE DIPSTICK (URINEANALYSIS), OVERT PROTEINURIA IS PRESENT AND TESTING FOR MICROALBUMIN IS INAPPROPRIATE. IN SUCH A CASE, URINE PROTEIN:CREATININE RATIO OR 24 HOURS TOTAL URINE MICROPROTEIN IS APPROPRIATE.

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



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