



# Dr Narayan Pathlabs

www.drnarayanpathlabs.com

(A Unit of Narayan Biologicals Pvt. Ltd.)

|              |                                 |              |                       |
|--------------|---------------------------------|--------------|-----------------------|
| Visit ID     | : NRN52630                      | Registration | : 24/Feb/2026 10:25PM |
| UHID/MR No   | : NRN.0000049088                | Collected    | : 24/Feb/2026 10:34PM |
| Patient Name | : Master.YATHARTH               | Received     | : 24/Feb/2026 10:36PM |
| Age/Gender   | : 3 Y 0 M 0 D /M                | Reported     | : 25/Feb/2026 03:17PM |
| Ref Doctor   | : Dr.A.K SHUKLA                 | Status       | : Final Report        |
| Client Name  | : DR NARAYAN PATH LABS (KANPUR) | Client Code  | : DN1212              |
| Client Add   | :                               | Barcode No   | : 10112498            |



## DEPARTMENT OF BIOCHEMISTRY

| Test Name | Result | Unit | Bio. Ref. Range |
|-----------|--------|------|-----------------|
|-----------|--------|------|-----------------|

### SERUM URIC ACID

Sample Type : Serum

SERUM URIC ACID  
URICASE

4.2

mg/dl

3.50-7.20



रिपोर्ट की वैधता जानने के लिए ऊपर दिए गए QR कोड को स्कैन करें।

4/466 VijayantKhand, Gomti Nagar

Lucknow - 226010

Dr. Balendra S Sodhi  
MBBS, MD

Consultant Pathologist  
Reg.No: 15-18652

9161-333-033  
 0522 - 4581574

This report is not valid for medical purpose.



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## DEPARTMENT OF HAEMATOLOGY

Test Name Result Unit Bio. Ref. Range

### CBC

#### Sample Type : WHOLE BLOOD EDTA

|                                  |      |                           |             |
|----------------------------------|------|---------------------------|-------------|
| HAEMOGLOBIN (HB)                 | 12.8 | gm/dl                     | 11.10-14.10 |
| Non-Cyanidehemoglobin            |      |                           |             |
| PCV/HAEMATOCRIT                  | 35.5 | %                         | 40-50       |
| DC Detection                     |      |                           |             |
| MCV                              | 76.3 | fL                        | 77-95       |
| Calculated                       |      |                           |             |
| MCH                              | 27.5 | pg                        | 25-33       |
| Calculated                       |      |                           |             |
| MCHC                             | 36.1 | g/dl                      | 31-37       |
| Calculated                       |      |                           |             |
| RDW-CV                           | 12.8 | %                         | 11.5-14.5   |
| Calculated                       |      |                           |             |
| PLATELET COUNT                   | 365  | 10 <sup>3</sup> /uL       | 150 - 450   |
| DC Detection                     |      |                           |             |
| RBC COUNT (RED BLOOD CELL COUNT) | 4.65 | million/cmm               | 4.50-5.50   |
| DC Detection                     |      |                           |             |
| TOTAL LEUCOCYTE COUNT (TLC)      | 16.1 | 10 <sup>3</sup> /uL       | 5.0-15.0    |
| DC Detection                     |      |                           |             |
| DLC (Microscopy)                 |      |                           |             |
| NEUTROPHIL                       | 47   | %                         | 15-70       |
| LYMPHOCYTE                       | 44   | %                         | 20-70       |
| EOSINOPHIL                       | 08   | %                         | 00-04       |
| MONOCYTE                         | 01   | %                         | 0-10        |
| BASOPHIL                         | 00   | %                         | 00-02       |
| RDW-SD                           | 38.3 | fL                        | 39-46       |
| Calculated                       |      |                           |             |
| PDW                              | 16.7 | fL                        | 8.30-25.00  |
| Calculated                       |      |                           |             |
| MPV                              | 12.3 | fL                        | 8.60-15.50  |
| Calculated                       |      |                           |             |
| PCT                              | 0.45 | %                         | 0.15-0.62   |
| ABSOLUTE NEUTROPHIL COUNT        | 7.57 | x10 <sup>3</sup> Cells/uL | 1.5-8.5     |



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## DEPARTMENT OF HAEMATOLOGY

| Test Name                 | Result | Unit                   | Bio. Ref. Range |
|---------------------------|--------|------------------------|-----------------|
| Automated Calculated      |        |                        |                 |
| ABSOLUTE LYMPHOCYTE COUNT | 7.08   | $\times 10^3$ Cells/uL | 4.0-10.5        |
| Automated Calculated      |        |                        |                 |
| ABSOLUTE EOSINOPHIL COUNT | 1.29   | $\times 10^3$ Cells/uL | 0.1-1.0         |
| Automated Calculated      |        |                        |                 |
| ABSOLUTE MONOCYTE COUNT   | 0.16   | $\times 10^3$ Cells/uL | 0.2-1.0         |
| Automated Calculated      |        |                        |                 |
| ABSOLUTE BASOPHIL COUNT   | 0.0    | $\times 10^3$ Cells/uL | 0.02-0.2        |
| Automated Calculated      |        |                        |                 |



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## DEPARTMENT OF HORMONE ASSAYS

Test Name Result Unit Bio. Ref. Range

### 25 HYDROXY VITAMIN D

#### Sample Type : SERUM

1,25 HYDROXY VITAMIN D RIA **22.90** ng/mL Deficiency < 10~Insufficiency 10-29~Sufficiency 30-100~Toxicity >100

#### INTERPRETATION:

| LEVEL                          | REFERENCE RANGE |
|--------------------------------|-----------------|
| Deficiency (serious deficient) | < 10 ng/ml      |
| Insufficiency (Deficient)      | 10-30 ng/ml     |
| Sufficient (adequate)          | 30-100 ng/ml    |
| Toxicity                       | > 100 ng/ml     |

#### DECREASED LEVELS:

- Deficiency in children causes Rickets and in adults leads to Osteomalacia. It can also lead to Hypocalcemia and Tetany.
- Inadequate exposure to sunlight.
- Dietary deficiency.
- Vitamin D malabsorption.
- Severe Hepatocellular disease.
- Drugs like Anticonvulsants.
- Nephrotic syndrome.

#### INCREASED LEVELS:

- Vitamin D intoxication.

#### COMMENTS:

- Vitamin D (Cholecalciferol) promotes absorption of calcium and phosphorus and mineralization of bones and teeth. Vitamin D status is best determined by measurement of 25 hydroxy vitamin D, as it is the major circulating form and has longer half life (2-3 weeks) than 1, 25 Dihydroxy vitamin D (5-8 hrs).
- The assay measures D3 (Cholecalciferol) metabolites of vitamin D.
- 25 (OH) D is influenced by sunlight, latitude, skin pigmentation, sunscreen use and hepatic function.
- Optimal calcium absorption requires vitamin D 25 (OH) levels exceeding 75 nmol/L.
- It shows seasonal variation, with values being 40-50% lower in winter than in summer.
- Levels vary with age and are increased in pregnancy.
- This is the recommended test for evaluation of vitamin D intoxication.

Dr. Nirbhay Pratap Singh

PHD (Medical Biochemistry)  
Consultant Biochemist



Dr. Vinod Kumar Varma

MBBS MD (SGPGI)  
Consultant Pathologist  
Reg.No: 54060

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