

VID :- E/15350
PID No. :- 20258317132174
Name :- Mr. KISHAN LAL SEN
Age/Sex :- 34 Y / M
Ref. By. :- ARCOFEMI HEALTHCARE LTD

Sample Received on/at :
08/03/2025 1:10PM

Reported on/at
08/03/2025 5:36PM

BIOCHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Range
GGT/GammaGT			
Gamma GT Szasz method	24.5	U/L	11 - 34
BLOOD SUGAR F			
Glucose Fasting	90	mg/dl	60 - 110
BLOOD SUGAR PP			
Glucose PP	110	mg/dl	70 - 140
LFT (LIVER FUNCTION TEST)			
Bilirubin (Total) (Serum, Diazo)	0.46	mg/dL	<1.0
Bilirubin (Direct) (Serum, Diazo)	0.15	mg/dL	0 - 0.3
Bilirubin (Indirect) (Serum, Calculated)	0.31	mg/dL	UPTO 1.0
SGOT (AST) (Serum, Enzymatic)	26	U/L	5 - 37
SGPT (ALT) (Serum, Enzymatic)	33	U/L	10 - 40
Alkaline Phosphatase (Serum, pNPP)	160	U/L	80 - 290
Total Proteins (Serum, Biuret)	7.41	g/dL	6.4 - 8.3
Albumin	4.15	g/dL	3.7 - 5.6
Globulin (Serum)	3.26	g/dL	1.8 - 3.6
A/G Ratio (Serum)	1.27	g/dl	1.1 - 2.2
Gamma GT Szasz method	24.5	U/L	11 - 34

----- End Of Report -----



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M.D. (Pathologist)

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Lipid Profile (Fasting Sample Required)

Cholesterol - Total	122	mg/dL	Desirable <200 Borderline High : 200-239 High :>=240
Triglycerides Level	112	mg/dL	Normal : <150 Borderline High :150-199 High : 200-499 Very High : >=500
HDL Cholesterol	36	mg/dl	Major risk factor for heart Disease :<40 Negative risk factor for heart Disease:>=60
LDL Cholesterol	63.60	mg/dL	Optimal : <100 Near Optimal : 100-129 Borderline High : 130 - 159 High :160 - 189 Very High : >190
VLDL Cholesterol	22.40	mg/dL	6-38
LDL/HDL RATIO	2.39		2.5-3.5
CHOL/HDL RATIO	3.39		3.5 - 5

Note : Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

RFT (RENAL FUNCTION TEST)

Renal (Kidney) Function Test

Urea (Serum)	28.5	mg/dL	15 - 43
Creatinine (Serum, Jaffe)	0.84	mg/dL	0.57 - 1.4
Sodium	140	mmol/L	135 - 145
Potassium	4.26	mmol/L	3.5 - 5.1
Uric Acid (Serum, Uricase)	3.15	mg/dL	2.6 - 6
Chlorides	102	mmol/L	98 - 107

The performance of the Roche cobas c 111 was evaluated using sigma metrics. The calculations were performed using James O. Westgard methodology.[2] This approach uses an assays total allowable error (TEa), accuracy (bias), and precision (SD) to calculate a Sigma metric to characterize the performance of that assay.

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HBA1C

HbA1c Value	4.87	%	4-6=Normal Control 6-7=Good Control 7-8=Fair Control 8-10=Unsatisfactory Control >10%=Poor Control
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Glycosylated Hemoglobin/Glycated Hemoglobin/GlycoHemoglobin/HbA1c. [1]

Its primary use is to monitor diabetic patient's compliance and long term blood glucose level control . It is an index of diabetic control (direct relationship between poor control and development of complications). It predicts development and progression of diabetic microvascular complications.

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CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Range
URINE R/M			
<u>Physical Examination</u>			
Specific Gravity	1.015		1.003-1.030
Appearance	Clear		Clear
Colour	Pale Yellow		Pale Yellow
pH (Reaction)	Acidic		Acidic
PUS CELLS	2-4	/hpf	0-5
Epithelial Cells	1-2	/hpf	0-5
RBC	Absent	/hpf	Absent
Bacteria	Absent		Absent
Crystals	Absent		Absent
Casts	Absent		Absent
<u>Chemical Examination</u>			
Protein	NIL		NIL
Glucose	NIL		NIL
<u>Microscopic Examination</u>			

Test Done by Urisys 1100 (ROCHE) Fully Automatic.

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Complete Blood Count (Haemogram)

Investigation	Observed Value	Unit	Biological Reference Range
CBC			
<u>Erythrocytes</u>			
Haemoglobin (Hb)	16.7	gm/dL	12.5 - 16.5
Erythrocyte (RBC) Count	5.22	mill/cu.mm	4.2 - 5.6
PCV (Packed Cell Volume)	48.3	%	36 - 47
MCV (Mean Corpuscular Volume)	92	fl	78 - 95
MCH (Mean Corpuscular Hb)	31.9	pg	26 - 32
MCHC (Mean Corpuscular Hb Concn.)	34.5	g/dL	32 - 36
RDW (Red Cell Distribution Width)	15.5	%	11.5 - 14
<u>Leucocytes</u>			
Total Leucocytes (WBC) Count	8200	cells/cu.mm	4000 - 11000
Neutrophils	60	%	40 - 75
Lymphocytes.	32	%	20 - 40
Monocytes	06	%	2-10
Eosinophils	02	%	1-6
Basophils	00	%	0 - 1
<u>Platelets-</u>			
Platelet count	131	x10 ⁹ /L	150 - 450
MPV (Mean Platelet Volume)	9.5	fL.	6 - 9.5
PCT (Platelet Haematocrit)	0.125	%	0.15 - 0500
PDW (Platelet Distribution Width)	24.7	%	11 - 18

EDTA Whole Blood - Tests done on Automated ABX Micros ES60(HORIBA) Cell Counter. WBC, RBC & Platelet count by impedance method, WBC differential by VCS technology & other parameters calculated) All abnormal Haemograms are reviewed & confirmed microscopically. Differential count is based on approximately 10,000 cells.

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Hematology

Investigation	Observed Value	Unit	Biological Reference Range
Blood Group & RH Type Screening			
ABO Group	"O"		
Rh Type	"POSITIVE"		

Method: Column agglutination technology (CAT) is an automated. System for blood grouping which is superior in sensitivity to conventional tube method.

ESR

ESR - Erythrocyte Sedimentation Rate (Citrate Blood) Method: Westergren	10	mm at 1hr	0 - 15
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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.

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PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Range
Peripheral Smear - Examination			
<u>PERIPHERAL SMEAR - EXAMINATION</u>			

- RBC: Normocytic Normochromic.
- WBC : Immature Cell Not Seen
- Platelets: Platelets Are Adequate
- Haemoparasite: Not Seen

Urine Sugar Fasting

Urine Sugar (Fasting)	NEGATIVE	Absent
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Thyroid Panel 1 (T3, T4, TSH)

T3	1.06	ng/dl	0.6-1.8
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Remarks :1. Decreased values of T3 (T4 and TSH normal) have minimal clinical significance and not recommended for diagnosis of hypothyroidism 2. Total T3 and T4 values may also be altered in other conditions due to changes in serum proteins or binding sites Pregnancy,Drugs (Androgens,Estrogens,O C pills,Phenytoin),Nephrosis etc. In such cases Free T3 and Free T4 give corrected values.

T4	6.25	ug/dl	4.5-12.6
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Remark:1.Total T3 and T4 values may also be altered in other conditions due to changes in serum proteins or binding sites Pregnancy,Drugs (Androgens,Estrogens,O C pills, Phenytoin) Nephrosis etc. In such cases Free T3 and Free T4 give corrected values.

TSH	2.14	uIU/ml	0.25-5.5
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Remarks : 1.4.51 to 15 μ IU/mL - Suggested clinical co-relation or repeat the test with new sample as physiological factors can give falsely high TSH.

2.TSH values may be transiently altered because of non thyroidal illness like severe infections,liver disease, renal and heart failure,severe burns, trauma and surgery etc

3.Drugs that decrease TSH values e.g:L-dopa,Glucocorticoids Drugs that increase TSH values e.g Iodine,Lithium,Amiodarone

Remark

Method Used : ELFA (Enzyme Linked Fluorescence Assay) on Mini Vidas most Efficient Analyzer Internationally accepted most advanced technology with high quality result.

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