



Reg. No. /NH/101/Apr. - 08

L. N. MEDICAL COLLEGE & J. K. HOSPITAL

(AN ISO 9001:2008 Certified Hospital)



MC-5516

CLINICAL BIOCHEMISTRY LABORATORY**PATHOLOGY REPORT**

Name	INDRESH	Age/sex	47Y/M	Date	17/2/2025
Ref by	OPD	OPD NO.	66415	LAB NO	02
TEST	RESULT	REFERENCE INTERVAL *			
<u>PLASMA GLUCOSE</u>					
Fasting	91	70 - 110 mg/dL			
Postprandial	117	< 140 mg/dL			
Random		60 - 145 mg/dL			
<u>RENAL FUNCTION TESTS</u>					
Serum Urea	15	15 - 39 mg/dL			
Serum Creatinine	0.60	0.55 - 1.30 mg/dL			
<u>SERUM ELECTROLYTES</u>					
Sodium	148	135 - 145 mmol/L			
Potassium	4.6	3.5 - 5.0 mmol/L			
Chloride	106	98 - 110 mmol/L			
<u>SERUM LIVER FUNCTION TESTS</u>					
Total Bilirubin	1.3	0.2 - 1.0 mg/dL			
Direct Bilirubin	0.44	0.0 - 0.2 mg/dL			
Indirect Bilirubin	0.86	0.1 - 0.9 mg/dL			
SGOT/AST	18	15 - 37 U/L			
SGPT/ALT	24	12 - 78 U/L			
Alkaline Phosphatase	69	46 - 116 U/L			
Total Protein	6.4	6.4 - 8.2 g/dL			
Albumin	4.2	3.1 - 5.0 g/dL			
Globulin	2.2	2.3 - 4.1 g/dL			
Albumin/Globulin Ratio	1.9	> 0.85			
<u>SERUM LIPID PROFILE</u>					
Total Cholesterol	177	< 200 mg/dL			
Triglycerides	67	< 150 mg/dL			
HDL-Cholesterol	46	< 40 (low); > 60 mg/dL (high)			
LDL-Cholesterol	141	< 130 mg/dL			
VLDL-Cholesterol	13	< 30 mg/dL			
<u>CARDIAC MARKERS</u>					
Serum CK-MB		< 5.1 ng/mL			
Troponin -I		< 0.04 ng/ml (-ve); ≥ 0.04 ng/ml (+ve)			
<u>OTHERS</u>					
Serum Total Calcium		8.5 - 10.1 mg/dL			
Serum Uric Acid		2.6-6(F); 3.5-7.2 mg/dL (M)			
Serum Amylase		25-115 U/L			
Serum Lipase		≤ 60 U/L			
CRP		< 5.0 mg/L			
LDH		130-250 U/L			

*Reference interval given is of adults

TECHNICIAN

Provisional Report
 Department of Biochemistry
CLINICAL BIOCHEMIST
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PATHOLOGY REPORT

DEPARTMENT OF HAEMATOLOGY

NAME:	INDRASH KUMAR	AGE / SEX	47Y/M	DATE	17/02/2025
REF BY:	OPD	OPD / IPD NO:	66415	LAB NO:	02

HAEMATOLOGY

TEST :	TEST VALUE	UNITS	NORMAL VALUE
HAEMOGLOBIN	14.2	Gm%	M: 13.0-17.0, F :12.0-15.0
E.S.R. (Wintrobe)		Mm/FHR	M: 0-9 , F: 0-20
TOTAL LEUCOCYTE COUNT	6.0	10 ⁹ /L	4.0-11.0
DIFFERENTIAL			
POLYMORPHS	65	%	40-80
LYMPHOCYTES	30	%	20-40
MONOCYTES	03	%	2-10
EOSINOPHILS	02	%	1-6
BASOPHILS	00	%	0-1
PLATELET COUNT:	275	10 ⁹ /L	150-450

Due to technical limitation please correlate clinically. Not for medical legal purpose.

TECHNICIAN

PATHOLOGIST

(TUTOR)



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CLINICAL BIOCHEMISTRY LABORATORY



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PATHOLOGY REPORT

NAME	INDRESH	AGE/SEX	47Y/M	DATE	17.02.2025
REF BY	OPD	IPD/OPD NO.	100049	LAB NO.	02

THYROID PROFILE, TOTAL, SERUM (CLIA- Chemiluminescent immunoassy)

TEST NAME	RESULTS	UNITS	REF. RANGE
T3	1.29	ng/mL	0.58 – 1.62
T4	13.39	µg/dL	5.00 – 14.5
TSH	2.49	µIU/mL	0.35 – 5.10

Interpretation

PREGNANCY	REFERENCE RANGE for TSH in µIU/ml (As per American Thyroid Association)
1 st Trimester	0.10-2.50
2 nd Trimester	0.20-3.00
3 rd Trimester	0.30-3.00

Note :-

1. TSH levels are subjected to circadian variation, reaching peak levels between 2-4 a.m. and at a minimum between 6-10p.m. The variation is of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations.
2. Fasting sample is desirable for serum TSH estimation.
3. Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
4. Physiological rise in Total T3 /T4 levels is seen in pregnancy and in patients on steroid therapy.

Clinical Use

- Primary Hypothyroidism
- Hyperthyroidism
- Hypothalamic – Pituitary hypothyroidism
- Inappropriate TSH secretion
- Non thyroidal illness
- Autoimmune thyroid disease
- Pregnancy associated thyroid disorders
- Thyroid dysfunction in infancy and early childhood.

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**PATHOLOGY REPORT****CENTRAL BIOCHEMISTRY LABORATORY**

NAME	INDRESH	AGE / SEX	47Y/M	DATE	17.02.2025
REF BY	OPD	OPD / IPD NO.	100049	LAB NO.	02

TEST NAME	RESULTS	UNITS	REF. RANGE
PSA, TOTAL (ELFA)	1.23	ng/ml	<40 yrs : 0.21 – 1.72 40 – 49 yrs : 0.27 – 2.19 50 – 59 yrs : 0.27 – 3.42 60 – 69 yrs : 0.22 – 6.16 >69 yrs : 0.21 – 6.77

Note : PSA levels rise in prostatic pathologies such as benign prostatic hyperplasia (BPH) or prostate cancer. Testing for PSA and its evolution is useful for monitoring and controlling the efficacy of prostatic carcinoma therapy. An elevated PSA level after therapy or a persistently high level during therapy indicates residual or recurrent disease.


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L. N. MEDICAL COLLEGE & J. K. HOSPITALHEMATOLOGY DEPARTMENT
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NAME	INDRUSH	AGE/SEX	47 Y/M	DATE PATHOLOGY REPORT	
REF BY	OPD	OPD No.	100049	LAB NO.	02

TEST NAME	RESULTS	UNITS
HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD (Turbidimetric inhibition immunoassay)	4.6	%

Interpretation

As per American Diabetes Association (ADA)

Reference Group	HbA1c in %
Non diabetic adults > =18 years	4.0 -6.0
At risk	>=6.0 to <= 6.5
Diagnosing Diabetes	> 6.5
Therapeutic goals for glycemic Control	Age > 19 years . Goal of therapy : < 7.0 . Action suggested : > 8.0 Age < 19 years . Goal of therapy: <7.5

Note

1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled.
2. Target goals of < 7.0 % may be beneficial in patient with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal < 7.0 % may not be appropriate.

Comments

HbA1c provides an index of average blood glucose levels over the past 8- 12 weeks and is a much better indicator of long glycemic control as compared to blood and urinary glucose determinations.

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DEPARTMENT OF CLINICAL PATHOLOGY

PATHOLOGY REPORT

NAME:	INDRESH KUMAR VARSHNEY	AGE / SEX	47 Y/M	DATE	17/02/2025
REF BY:	OPD	OPD / IPD NO:	6415	LAB NO:	02

URINE ANALYSIS

PHYSICAL EXAMINATION

VOLUME : 25 ML
COLOUR : PALE YELLOW
APPEARANCE : CLEAR
SP.GRAVITY : 1.015
(pH) : 6.5

CHEMICAL EXAMINATION

ALBUMIN : ABSENT
SUGAR : ABSENT
KETONE : ABSENT
BILE SALT : -----
BILE PIGMENT : -----
OTHERS : ---

MICROSCOPIC EXAMINATION

PUS CELLS : 2-3 /HPF
RBC : ABSENT
EPITH.CELLS : 1-2 /HPF
CRYSTAL : NOT SEEN.
CASTS : NOT SEEN.
BACTERIA : NOT SEEN
FUNGUS : ABSENT
AMORPHOUS MATERIAL : NOT SEEN.
OTHERS : NOT SEEN.

*Due to technical limitation please correlate clinically. Not for medical legal purpose.

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(Signature)

PATHOLOGIST

(TUTOR)



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