

PATIENT NAME	: MR. AMIT AGHI	Mobile No	: 8667676295
UHID NO	: 39304	IPD No, AGE	: 43 Y / Male
ADDRESS	: SUSHMA GRANDE	SAMPLE DATE	: 08-03-2025 09:29AM
DOCTOR	: Self	PRINT DATE	: 09-03-2025 05:59AM

Test Name	Result	Units	Biological Ref. Interval
<b>BLOOD GLUCOSE - FASTING</b> <i>METHOD :Method: GOD POD</i>	95.2	mg/dL	70 - 110
<b>BLOOD GLUCOSE - PP</b> <i>METHOD :Method: GOD POD</i>	107.4	mg/dl	100 - 140
<b>BLOOD GROUP ABO</b>	B		
BLOOD GROUP "RH"	POSITIVE		
<b>COMPLETE HEMOGRAM WITH ESR</b>			
HAEMOGLOBIN (HB) <i>METHOD :Method: SPECTROPHOTOMETER / AUTOMATED CELL COUNTER</i>	14.3	gm/dl	13.0 - 18.0
TOTAL LEUCOCYTE COUNT (TLC) <i>METHOD :Method: Impedance/Automated cell counter</i>	<b>3430</b>	/cmm	4000 - 11000
NEUTROPHILS	55	%	45 - 75
LYMPHOCYTE	34	%	20 - 45
EOSINOPHIL	05	%	0.00 - 6
MONOCYTE	06	%	0 - 10
BASOPHIL	00	%	0.00 - 3.00
E.S.R. (WESTERGREEN METHOD)	08	mm	0.00 - 15.0
RBC (RED BLOOD CELLS) <i>METHOD :Method: Impedance/Automated cell counter</i>	4.73	Millions/cmm	3.8 - 6.0
PLATELET COUNT <i>METHOD :Method: Impedance/Automated cell counter</i>	<b>1.30</b>	Lakh/cmm	1.50 - 4.5
PCV <i>METHOD :Method: Calculation/Automated cell counter</i>	43.1	%	38 - 54
MCV(MEAN CELL VOLUME) <i>METHOD :Method: Calculation/Automated cell counter</i>	91.1	fL	80 - 100



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MCH(MEAN CELL HAEMOGLOBIN) <i>METHOD :Method: Calculation/Automated cell counter</i>	30.2	picogram	27 - 31
MCHC <i>METHOD :Method: Calculation/Automated cell counter</i>	33.2	g / dL	33 - 37
RDW-CV <i>METHOD :Method: SPECTROPHOTOMETER / AUTOMATED CELL COUNTER</i>	14.5	%	10.0 - 15.0
PLCC(PLATELET LARGE CELL COEFFICIENT ) <i>METHOD :Method : Impedance/Automated cell counter</i>	64	/cmm	30 - 90
PLCR(PLATELET LARGE CELL RATIO) <i>METHOD :Method : Impedance/Automated cell counter</i>	<b>49.4</b>	%	11.0 - 45.0

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Test Name	Result	Units	Biological Ref. Interval
<b>GLYCOSYLATED HB (HBA1C)</b>			
GLYCOSYLATED Hb	4.2	%	<5.7 Non-diabetic, 5.7-6.4 Pre-diabetes, >=6.5 Diabetes
MEAN BLOOD SUGAR	73.84		

**Therapeutic goals for glycemc control :**

Good Control : < 7.0  
Fair Control : 7.0 - 8.0  
Poor Control : > 8.0

**REMARKS:**

In vitro quantitative determination of HbA1C in whole blood is utilized in long term monitoring of glycemia .

The HbA1C level correlates with the mean glucose concentration prevailing in the course of the patient's recent history (approx - 6-8 weeks) and therefore provides much more reliable information for glycemia monitoring than do determinations of blood glucose or urinary glucose. It is recommended that the determination of HbA1C be performed at intervals of 4-6 weeks during Diabetes Mellitus therapy. Results of HbA1C should be assessed in conjunction with the patient's medical history, clinical examinations and other findings.

**LIPID PROFILE**

TOTAL CHOLESTEROL	168.0	mg/dL	Desirable Cholesterol level : < 200 , Borderline High Cholesterol : 200 - 239, High : >= 240
<i>METHOD :Method : Enzymatic</i>			
TRIGLYCERIDES	144.6	mg /dl	Normal : <150 , Borderline :150 -199 , High : 200 - 499 , Very High : >= : 500
<i>METHOD :Method : GPO/PAP</i>			
H D L CHOLESTEROL	<b>33.9</b>	mg/dL	35.3 - 79.5
<i>METHOD :Method : End Point, Phosphotungstic Acid</i>			
L D L CHOLESTEROL	105.1	mg/dL	100 - 190
<i>METHOD :Method : Calculated</i>			
V L D L	28.92	mg/dL	7.00 - 35.0
<i>METHOD :Method : Calculated</i>			
TOTAL CHOLESTEROL/HDL RATIO	4.95		0.0 - 4.97
<i>METHOD :Method : Calculated</i>			



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LDL/HDL CHOLESTEROL <i>METHOD :Method : Calculated</i>	3.10		0.0 - 3.5
<b>LIVER FUNCTION TEST [LFT]</b>			
TOTAL BILIRUBIN <i>METHOD :Method : Diazo</i>	<b>2.80</b>	mg/dl	0.2 - 1.2
CONJUGATED (D. Bilirubin) <i>METHOD :Method : Diazo</i>	<b>0.87</b>	mg/dl	0.1 - 0.4
UNCONJUGATED (I.D.Bilirubin) <i>METHOD :Method : Calculated</i>	<b>1.9</b>	mg/dl	0.2 - 1.0
AST / SGOT <i>METHOD :Method : IFCC</i>	18.5	IU/L	00 - 35
ALT/SGPT <i>METHOD :Method : IFCC</i>	22.4	U/L	00 - 45
ALKALINE PHOSPHATASE <i>METHOD :Method : ALP-AMP</i>	81.0	U/L	53 - 128
TOTAL PROTEIN <i>METHOD :Method : Biuret</i>	6.98	g/dl	6.40 - 8.30
SERUM ALBUMIN <i>METHOD :Method : Bromocresol Green</i>	4.26	g/dl	3.50 - 5.20
GLOBULIN <i>METHOD :Method : Calculated</i>	2.72	gm/dl	1.5 - 3.0
A/G RATIO <i>METHOD :Method : calculated</i>	1.56		1.2 - 2.0
GGT <i>METHOD :Method : Glupa C</i>	12.2	U/L	00 - 38.0
<b>RFT PANEL 1</b>			
BLOOD UREA <i>METHOD :Method : Urease-GLDH</i>	24.4	mg /dl	18 - 55
SERUM CREATININE <i>METHOD :Method : Enzymatic</i>	0.86	mg /dl	0.70 - 1.30
SERUM URIC ACID <i>METHOD :Method : Uricase-POD</i>	5.7	mg/dl	3.5 - 7.2

### TOTAL THYROID PROFILE (TFT)



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Test Name	Result	Units	Biological Ref. Interval
TOTAL T3 <i>METHOD :Method : C.L.I.A</i>	1.29	ng/mL	0.69 - 2.15
TOTAL T4 <i>METHOD :Method : C.L.I.A</i>	7.84	ug/dl	5.00 - 12.00
THYROID STIMULATING HORMONE (TSH) <i>METHOD :Method : C.L.I.A</i>	0.43	ullu/ml	0.35 - 5.50

**Useful For:**

A thyroid panel may be ordered as part of a health checkup or when symptoms suggest hypo-or hyperthyroidism due to a condition affecting the thyroid. Signs and symptoms of hypothyroidism may include: Weight gain, Dry skin, Constipation, Cold intolerance, Puffy skin, Hair loss, Fatigue, Menstrual irregularity in women.

**Interpretation:**

If the feed back system involving the thyroid gland is not functioning properly due to one of a variety of disorders, then increased or decreased amounts of thyroid hormones may result. When TSH concentrations are increased, the thyroid will make and release in appropriate amounts of T4 and T3, and the person may experience symptoms associated with hyperthyroidism. If there is decreased production of thyroid hormones, the person may experience symptoms of hypothyroidism.

TSH	T4	T3	INTERPRETATION.
High	Normal	Normal	Mild (subclinical) hypothyroidism
High	Low	Low or normal	Hypothyroidism
Low	Normal	Normal	Mild (subclinical) hyperthyroidism
Low	High or normal	High or normal	Hyperthyroidism
Low	Low or normal	Low or normal	Nonthyroidal illness; rare pituitary (secondary) hypothyroidism

URINE SUGAR FASTING NIL

-----End of Report-----



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