



URMILA HEART & MULTI SPECIALITY HOSPITAL

Address

Naya Tola, Opp. Polytechnic
Muzaffarpur
Ph.: 0621-2222211
0621-2268042
Mob.: 9661179794
9471013402

PATHOLOGY REPORT

Name:- Mr.SUMAN KUMAR	Age :35Y/M	Date :-05/03/2025
Ref. By :- Dr. bank of broda	(E.C.N171488)	Serial number:-0158

CBC (Complete Blood Count)

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
Hb (Haemoglobin)	13.0	gm/dl	12 - 17
Total Leukocyte Count	6,500	/Cumm.	4000 - 11000
RBC Count	4.80	Million/Cumm.	3.8 - 5.8
PCV / Haematocrit	42.7	%	30 - 50
Platelet Count	1.50	Lakhs/c.mm	1.5 - 4.5
MCV	89.1	fl	80 - 100
MCH	28.3	pg	26 - 34
MCHC	32.8	gm/dl	31.5 - 35

Differential Leukocyte Count

Neutrophil	70	%	40 - 70
Lymphocyte	20	%	20 - 40
Monocyte	02	%	02 - 10
Eosinophi	08	%	01 - 06
Basophil	00	%	< 1 - 2 %
ESR	18	mm/ 1 st hrs	00 -20

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Name:- Mr. SUMAN KUMAR	Age :35Y/M	Date :-05/03/2025
Ref. By :- Dr. Bank Of Baroda	(E.C.No171488)	Serial Number :- 0158

KFT (KIDNEY Function Test) – serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Urea	28.0	mg/dl	13 - 45
S. Creatinine	0.98	mg/dl	Male 0.7 - 1.4 Female 0.6 - 1.2
S. BUN	13.07	mg/dl	6.0 - 21
S. Sodium (Na ⁺)	148.4	mmol/ltr	135 - 150
S. Potassium(K ⁺)	4.60	mmol/ltr	3.5 - 5.5
S. Chloride(Cl ⁻)	98.3	mmol/ltr	94 - 110
S. Calcium	9.28	mg/dl	8.7 - 11.0
S. Uric Acid	6.28	mg/dl	Male 3.5 - 7.2 Female 2.5 - 6.2

BLOOD GROUPING

Grouping (ABO)	:	"O" Group
Rh Typing	:	Positive.

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LFT (Liver Function Test) – serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Total Bilirubin	0.75	mg/dl	Adults: 0.1 - 1.2 Infants: 1.2 - 12
S. SGPT (ALT)	53.0	U/L	05 - 40
S. SGOT (AST)	48.0	U/L	05 - 40
S.GGT	27.0	U/L	05 - 45
S. Alkaline Phosphatase	130.0	U/L	Adult – 25 - 140 Children (1 – 12 yrs.) – 104 - 390
S. Total Protein	7.11	g/dl	6.0 - 8.3
S. Albumin	4.03	g/dl	3.2 - 5.0
S. Globulin	3.08	g/dl	2.8 - 4.5
S. A/G Ratio	1.30		

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Lipid Profile - serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Cholesterol	195.0	mg/dl	130 - 200
S. Triglycerides	130.0	mg/dl	Fasting: 25 - 160
S. VLDL-Cholesterol	26.0	mg/dl	10 - 40
S. HDL-Cholesterol	48.0	mg/dl	Male: 30 - 65 Female: 35 - 80
S. LDL-Cholesterol	121.0	mg/dl	60 - 150
Ratio of Cholesterol/HDL	4.06		Low Risk: <3.0 Average Risk: 03 - 5.0 High Risk: >5.0
LDL/HDL Ratio	2.52		1.5 - 3.5

BIOCHEMISTRY

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
P. Glucose Fasting	80.0	mg/dl	70 - 110
P. Glucose-Post Prandial (after 1.30hrs meal)	118.0	mg/dl	80 - 160

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GLYCOSYLATED HEMOGLOBIN

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>
HbA1c	3.98	%

Mean Blood Glucose level (MBG) – 135.3 mg/dl

Normal Reference Values

Normal	:	< 8.0 %
Good Control	:	8.0 - 9.0 %
Fair Control	:	9.0 - 10.0 %
Poor Control	:	> 10.0 %

Summary :- Glycosylated hemoglobin (GHb) reflects the average blood glucose concentration over the preceding several weeks & a sudden fall from high to low glucose concentration will not produce a correspondingly rapid fall in glycosylated hemoglobin. Thus GHb reflects the metabolic control of glucose level over a period of time, unaffected by diet, insulin, other drugs or exercise on the day of testing. GHb is now widely recognized as an important test for the diagnosis of diabetes mellitus and is a good indicator of the efficacy of therapy.

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TEST NAME	METHOD	VALUE	UNITS	NORMAL RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	135.3	ng/dL	(60 - 200)
TOTAL THYROXINE (T4)	C.L.I.A	6.03	µg/dL	(4.5 - 12.0)
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	3.10	µIU/mL	(0.3 - 5.5)

Technology :

- T3 - Competitive Chemi Luminescent Immuno Assay
- T4 - Competitive Chemi Luminescent Immuno Assay
- TSH - Ultra Sensitive Sandwich Competitive Chemi Luminescent Immuno Assay

REMARK :

THYROID HORMONES -Serum TSH is primarily responsible for the synthesis and release of Thyroid hormones is an early and sensitive indicator of decrease in thyroid reserve is the diagnostic of primary hypothyroidism.The expected increase in TSH demonstrate the classical feedback mechanism between pituitary and thyroid gland.Additionally TSH measurement is equally important in differentiating secondary and tertiary(hypothalamic) hypothyroidism.The increase in total T4 and T3 is associated with pregnancy,oral contraceptive and estrogen therapy results into masking of abnormal thyroid function only because of alteration of TBG concentration,which can be monitored by calculating Free Thyroxine Index(FTI) or Thyroid Hormone Binding Ratio(THBR).a
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Urine Routine And Microscopy

TEST

Physical Examination

Volume

20 ml

Colour

srow

Specific Gravity

1.020

Appearance

Clear

pH

6.0

(Acidic)

Chemical Examination

Protein

Nil

Sugar

Nil

Bile Salts

N/D

Bile Pigments

N/D

Microscopic Examination

Pus Cells

2-3 /hpf

Red Blood Cells

Nil /hpf

Epithelial Cells

Present (+)

Crystal/Cast

Nil

Other

Nil

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