

DIUYAMAN HOSPITAL Pvt. Ltd.

Pathology Division



पैथोलॉजी संकाय



Pathological Examination Report



PATIENT NAME	Mrs. SWETA	SAMPLE COLLECTED ON	30-03-2024
AGE / SEX	38 Y / Female	REPORT RELEASED ON	30/03/2024
COLLECTED AT	Inside	REPORTING TIME	12:36:37PM
RECEIPT No.	17,475	PATIENT ID	17505
REFERRED BY Dr.	DMH		

INVESTIGATION COMPLETE BLOOD COUNT, KIDNEY FUNCTION TEST, LIVER FUNCTION TEST, Blood Group (ABO), Blood Sugar Fasting, Lipid Profile, Glycosylated Haemoglobin, T3 Triiodo Thyroid, T4 Thyroxine, TSH, Urine Examination Report,,

Tests	Results	Biological Reference Range	Unit
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HAEMATOLOGY

COMPLETE BLOOD COUNT

Haemoglobin	10.0	Low (Men : 13.5-18.0 G%) (Women : 11.5-16.4 G%)	G%
Total Leukocyte Count (TLC)	9300	(4000-11000 /cumm)	/cumm
Differential Leukocyte Count.(DLC)			
Polymorph	67	(40-80)%	%
Lymphocyte	30	(20-40)%	%
Eosinophil	03	(01-6)%	%
Monocyte	00	Low (02-08)%	%
Basophil	00	(<1%)	%
R. B. C.	2.86	Low (4.2 - 5.5) million/cmm	million/
P. C. V. (hemotocrite)	25.9	Low (36-50) Litre/Litre	/Litre
M. C. V.	90.3	(82-98) fl	fl
M. C. H.	31.3	(27Pg - 32Pg)	Pg
M. C. H. C.	34.6	(21g/dl - 36g/dl)	g/dl
Platelete Count	2.22	(1.5-4.0 lacs/cumm)	/cumm

Page 1 of 6

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For Home Collection Dial : 9076655547

पता : वीर बहादुर सिंह स्पोर्ट्स कॉलेज के सामने, खजांची बरगदवा बाईपास रोड, राप्ती नगर-1, गोरखपुर - 273 003 मो. : 8173006932
Clinical correlation is essential for final diagnosis. In case of disparity test must be repeated. This report is not valid for medicolegal purpose.



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BIOCHEMISTRY

Blood Sugar Fasting 102.9 (70 - 110)mg/dl

Reference Value :

Fasting (Diabetes 110.0 Mg% Or More) (Impaired Glucose Tolerance 110-126 Mg%)
 After 2hrs. Of 75 Gm Glucose (oral) (70-140 Mg%) (Impaired Glucose Tolerance 140-200 Mg%)
 Random/casual (diabetes 200 Mg% Or More, With Presenting Symptoms.)

Lipid Profile.

Total Cholestrol	189.4	125-200mg/dl Normal Value	mg/dL
H D L Cholestrol	47.2	(30-70 mg%)	mg%
Triglyceride	175.2	High (60-165mg/dL)	mg/dL
V L D L	35.04	(5-40mg%)	mg%
L D L Cholestrol	107.16		mg/dl

50 Optimal
50-100 Near/Above Optimal

TC/HDL 4.1 (3.0-5.0)

LDL/HDL 2.2 (1.5-3.5)

Comment/interpretation

Lipid Profile Is A Panel Of Blood Tests That Serves As An Initial Board Medical Screening Tool For Abnormalities In Lipids, The Result Of This Tests Can Identify Certain Genetic Diseases And Can Determine Approximate Risks Of Cardiovascular Diseases, Certain Forms Of Pancreatitis And Other Diseases.

Note::

1. Measurement In The Same Patient Can Show Physiological & Analytical Variations. Three Serial Samples 1 Week Apart Are Recommended For Total Cholesterol, triglycerides, hdl & Ldl Cholesterol.
2. Atp Iii Recommends A Complete Lipoprotein Profile As The Initial Test For Evaluating Cholesterol.
3. Friedewald Equation To Calculate Ldl Cholesterol Is Most Accurate When Triglyceride Level Is <400 Mg/dl. Measurement Of Direct Ldl Cholesterol Is Recommended When Triglyceride Level Is >400 Mg/dl.

Page 2 of 6

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Tests	Results	Biological Reference Range	Unit
<u>LIVER FUNCTION TEST</u>			
Bilirubin (Total)	0.7	(0.10 - 1.20)mg/dl	mg/dl
Bilirubin (Direct)	0.3	(0.00-0.40)mg/dl	mg/dl
Bilirubin (in Direct)	0.4	(0.00-0.70) mg/dl	mg/dl
SGOT (AST)	22.9	0-40	IU/L
SGPT (ALT)	25.6	0.0-42.0	IU/L
Serum Alkaline Phosphatase	161.2	80.0-290.0	U/L
Serum Total Protein	6.3	6.0-7.8	gm/dl
Serum Albumin	4.0	3.5-5.0	gm/dl
Serum Globulin	2.3	2.3-3.5	gm/dl
A/G Ratio	1.74	High	

Comments/interpretation:

-liver Function Test Aid In Diagnosis Of Various Prehepatic, Hepatic And Post Hepatic Causes Of Dysfunction Like Hemolytic Anemias, Viral & Alcoholic Hepatitis And Cholestasis Of Obstructive Causes.
 -the Tests Encompasses Hepatic Excretory, Synthetic Function And Also Hepatic Parenchymal Cell Damage.
 -It Helps In Evaluating Severity, Monitoring Therapy And Assessing Prognosis Of Liver Disease And Dysfunction.

KIDNEY FUNCTION TEST

Blood Urea	27.9	15.0-45.0	mg/dl
Serum Creatinine	0.7	0.7-1.4	mg/dl
Serum Uric Acid	5.2	Male-3.5-7.2 Female-2.5-6.0	mg/dl
Serum Sodium	138.1	136.0-149.0	mmol/L
Serum Potassium	4.0	3.5-5.5	mmol/L
Serum Calcium	8.6	8.0-10.5	mg/dl

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Tests	Results	Biological Reference Range	Unit
Glycosylated Haemoglobin			
HBA1c	5.8	(4.3-6.4)	%

Method: Ion Exchange High Performance Liquid Chromatography By Bio-rad D-10.

Comments/interpretations:

Glycosylated Haemoglobin Is Proportional To Mean Plasma Glucose Level During Previous 6-12 Weeks. For People Without Diabetes, The Normal Range For The Hemoglobin A1c Level Is Between 4% And 5.6%. Hemoglobin A1c Levels Between 5.7% And 6.4% Mean You Have A Higher Chance Of Getting Diabetes. Levels Of 6.5% Or Higher Mean You Have Diabetes. recommended Goal Of Hba1c Is <7%. The Higher The Hemoglobin A1c, The Higher Your Risk Of Having Complications Related To Diabetes. A Combination Of Diet, Exercise, And Medication Can Bring Levels Down. People With Diabetes Should Have An A1c Test Every 3 Months To Make Sure Their Blood Sugar Is In Their Target Range. If Your Diabetes Is Under Good Control, You May Be Able To Wait Longer Between The Blood Tests. But Experts Recommend Checking At Least Two Times A Year. People With Diseases Affecting Hemoglobin, Such As Anemia, May Get Misleading Results With This Test. Other Things That Can Affect The Results Of The Hemoglobin A1c Include Supplements Such As Vitamins C And E And High Cholesterol Levels. Kidney Disease And Liver Disease May Also Affect The Test. People With Diseases Affecting Hemoglobin, Such As Anemia, May Get Misleading Results With This Test. Other Things That Can Affect The Results Of The Hemoglobin A1c Include Supplements Such As Vitamins C And E And High Cholesterol Levels. Kidney Disease And Liver Disease May Also Affect The Test.

SEROLOGY

Blood Group (ABO)

A.B.O. "A"
Rh(D) NEGATIVE



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Tests	Results	Biological Reference Range	Unit
IMMUNOLOGY			
T3 Triiodo Thyroid	1.17	(0.69 - 2.15)	ng/ml
T4 Thyroxine	86.5	(52 - 127) ng/ml	ng/ml
TSH	5.68	High (0.3-4.5) uIU/ml	uIU/ml

Method : Sandwich Chemiluminescence Immunoassay.
Remarks:

- Total Serum T3 And T4 Concentration Is Dependent Upon A Multiplicity Of Factors. Thyroid Gland Function And Its Regulation, Thyroxine Binding Globulin (tbg) Concentration And The Binding Of T3 & T4 To Tbg. Thus, Total T3 & T4 Concentration Alone Is Not Sufficient To Assess The Clinical Status.
- A Decrease In Total Tri - Iodothyronine Values Is Found With Protein - Wasting Diseases, Certain Liver Diseases And Administration Of Testosterone, Diphenylhydantoin Or Salicylates.
- Total Serum Tetra - Iodothyronine Values May Be Elevated Under Conditions Such As Pregnancy Or Administration Of Oral Contraceptives.
- A Decrease In Total Tetra - Iodothyronine Values Is Found With Protein - Wasting Diseases, Certain Liver Diseases And Administration Of Testosterone, Diphenylhydantoin Or Salicylates.
- Serum Tsh Concentration Is Dependent Upon A Multiplicity Of Factors: Hypothalamus Gland Function, Thyroid Gland Function, And The Responsiveness Of Pituitary To Trh. Thus, Tsh Concentration Alone Is Not Sufficient To Assess The Clinical Status.
- Serum Tsh Values May Be Elevated By Pharmacological Intervention, Domperidone, Amiodazon, Iodide, Phenobarbital, Phenytoin Have Been Reported To Increase Tsh Levels.
- A Decrease In Tsh Values Has Been Reported With The Administration Of Propranolol, Methimazol, Dopamine, And D - Thyroxine.
- Genetic Variations Or Degradation Of Intact Tsh Into Subunits May Affect The Binding Characteristics Of The Antibodies And Influence The Final Result. Such Sampes Normally Exhibit Different Results Among Various Assay Systems Due To The Reactivity Of The Antibodies Involved.

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Urine Examination Report

CLINICAL PATHOLOGY

PHYSICAL

Volume	20	-	
Colour	LIGHT YELLOW	-	ml
Appearance	CLEAR	-	-

CHEMICAL

Reaction PH	5.0		
Specific Gravity	1.030	(4.5-8.0)	-
Proteins	NIL	High (1.01-1.025)	-
Sugar	NIL	NIL	-
Blood	NIL	NIL	-
Phosphates/urates	NIL	NIL	-
Ketone Bodies	NIL	NIL	-
Chyle	NIL	NIL	-
Bile Pigment (Bilirubin)	NIL	-	-
Bile Salt	NIL	NIL	-
Urobilinogen	Normal	-	-

MICROSCOPICAL

R B C	Absent		
Pus Cells	3-4	0-2 /hpf	/hpf
Epithelial Cells	1-2	0-5 /hpf	/hpf
Crystals	Nil	-	-
Yeast Cells	Absent	-	-
Casts	Absent	-	-
BACTERIA	Absent	-	-

THANKS FOR REFERENCE

*** End of Report ***

Consultant Pathologist
DR.S. SRIVASTAVA M.D(PATH)

TECHNICIAN
17505

Consultant Pathologist
DR.VASUNDHARA SINGH M.D (PATH)

Page 6 of 6

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