# Garg Pathology

Certified by :
National Accreditation Board For Testing & Calibration Laboratories
ISO 9001:2008
Garden House Colony, Near Nai Sarak, Garh Road, Meerut
Ph.: 0121-2600454, 8979608687, 9837772828

DR. MONIKA GARG
M.D. (Path) Gold Medalist
Former Pathologist :
St. Stephan's Hospital, Delhi


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|---|---|---|---|---|---|
| **Lab Ref. No.** | **: 212034011** | **C. NO: 607** | **Collection Time** | **: 13-Nov-2021 10:42AM** |
| **Patient Name** | **: Mrs. RENU RANI 40Y / Female** | | **Receiving Time** | **: 13-Nov-2021 11:23AM** |
| **Referred By** | **: Dr. BANK OF BARODA** | | **Reporting Time** | **: 13-Nov-2021 1:45PM** |
| **Sample By** | **:** | | **Centre Name** | **: Garg Pathology Lab - TPA** |
| **Organization** | **:** | | | |

| Investigation | Results | Units | Biological Ref-Interval |
|---|---|---|---|
| **HAEMATOLOGY (EDTA WHOLE BLOOD)** | | | |
| COMPLETE BLOOD COUNT | | | |
| HAEMOGLOBIN (Colorimetry) | **11.5** | gm/dl | 12.0-15.0 |
| TOTAL LEUCOCYTE COUNT (Electric Impedence) | 7140 | *10^6/L | 4000 - 11000 |
| DIFFERENTIAL LEUCOCYTE COUNT (Microscopy) | | | |
| Neutrophils | 70 | %. | 40-80 |
| Lymphocytes | 27 | %. | 20-40 |
| Eosinophils | 01 | %. | 1-6 |
| Monocytes | 02 | %. | 2-10 |
| Absolute neutrophil count | 5.00 | x 10^9/L | 2.0-7.0(40-80% |
| Absolute lymphocyte count | 1.93 | x 10^9/L | 1.0-3.0(20-40%) |
| Absolute eosinophil count | 0.07 | x 10^9/L | 0.02-0.5(1-6%) |
| Method:-((EDTA Whole blood,Automated / | | | |
| RBC Indices | | | |
| TOTAL R.B.C. COUNT (Electric Impedence) | **3.74** | Million/Cumm | 4.5 - 6.5 |
| Haematocrit Value (P.C.V.) | 35.4 | % | 26-50 |
| MCV (Calculated) | **94.7** | fL | 80-94 |
| MCH (Calculated) | 30.7 | pg | 27-32 |
| MCHC (Calculated) | 32.5 | g/dl | 30-35 |
| RDW-SD (Calculated) | **57.1** | fL | 37-54 |

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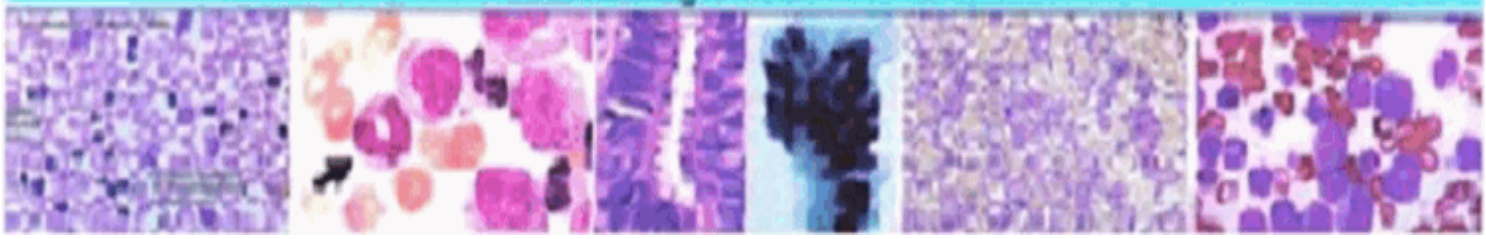
**(Consultant Pathologist)**







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| RDW-CV<br>(Calculated) | 14.4 | % | 11.5 - 14.5 |
| Platelet Count<br>(Electric Impedence) | 2.39 | /Cumm | 1.50-4.50 |
| MPV<br>(Calculated) | **11.8** | % | 7.5-11.5 |
| GENERAL BLOOD PICTURE | | | |
| NLR | 2.59 | | 1-3 |

6-9 Mild stres
7-9 Pathological cause

-NLR is a reflection of physiologic stress,perhaps tied most directly to cortisol and catecholamine levels.
-NLR can be a useful tool to sort out patients who are sicker, compared to those who are less sick (its not specific to infection).
-NLR has proven more useful than white blood cell count (WBC) when the two are directly compared. Ultimately, NLR may be a logical replacement for the WBC. In some situations, NLR is competitive with more expensive biomarkers (e.g. procalcitonin,lactate).
-With specific clinical contexts (e.g. pancreatitis, pulmonary embolism), NLR may have surprisingly good prognostic value.

***THIS TEST IS UNDER NABL SCOPE**

| | | | |
|---|---|---|---|
| Erythrocyte Sedimentation Rate end of 1st | **26** | mm | 0-20 |
| BLOOD GROUP | "A" POSITIVE | $ | $ |

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| **GLYCATED HAEMOGLOBIN (HbA1c)** | 4.9 | % | 4.3-6.3 |
| ESTIMATED AVERAGE GLUCOSE | 93.9 | mg/dl | |

EXPECTED RESULTS :

---

Non diabetic patients & Stabilized diabetics : 4.3% to 6.30%
Good Control of diabetes : 6.4% to 7.5%
Fair Control of diabetes : 7.5% to 9.0%
Poor Control of diabetes : 9.0 % and above

-Next due date for HBA1C test : After 3 months
-High HbF & Trig.level, iron def.anaemia result in high GHb
-Haemolyic anemia, presence of HbS, HbC and other Haemoglobinopathies may produce low values. three months.

INTERPRETATION: HbA1c is an indicator of glycemic control.HbA1c represents average glycemia over the past six to eight weeks.Glycation of hemoglobin occurs over the entire 120 day life span of the red blood cell, but with in this 120 days. Recent glycemia has the largest influence on the HbA1c value. Clinical studies suggest that a patient in stable control will have 50% of their HbA1c formed in the month before sampling, 25% in the month before that, and the remaining 25% in months two to four. Mean Plasma Glucose mg/dl = (HbA1c x 35.6) - 77.3) Correlation between HbA1c and Mean Plasma Glucose (MPG) is not "perfect" but rather only this means that to predict or estimate average glucose from Hb-A1c or vice-versa is not "perfect" but gives a good working ballpark estimate. Afternoon and evening results correlate more closely to HbA1c than morning results, perhaps because morning fasting glucose levels vary much more than daytime glucose levels, which are easier to predict and control.
As per IFCC recommendations 2007, HbA1c being reported as above maintaining traceability to both IFCC (mmol/mol) & NGSP (%) units.

## BIOCHEMISTRY (FLORIDE)

| | | | |
|---|---|---|---|
| **PLASMA SUGAR FASTING** | 84.8 | mg/dl | 70 - 110 |
| (GOD/POD method) | | | |

***THIS TEST IS UNDER NABL SCOPE**

## BIOCHEMISTRY (SERUM)

| | | | |
|---|---|---|---|
| **BLOOD UREA** | 28.0 | mg/dl | 10 - 50 |
| (Urease method) | | | |
| BLOOD UREA NITROGEN | 13.08 | mg/dl | 8-23 |

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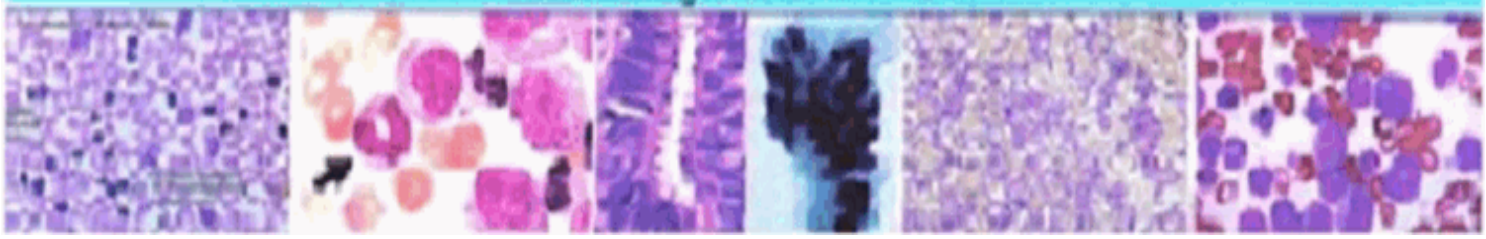

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| Investigation | Results | Units | Biological Ref-Interval |
|---|---|---|---|
| **SERUM CREATININE** | 0.8 | mg/dl | 0.6-1.4 |
| (Enzymatic) | | | |

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| **LIPID PROFILE** | | | |
| SERUM CHOLESTEROL* (CHOD - PAP) | 160.0 | mg/dl | 150-250 |
| SERUM TRIGYCERIDE* (GPO-PAP) | 120.7 | mg/dl | 10-190 |
| HDL CHOLESTEROL (PRECIPITATION METHOD) | 43.1 | mg/dl | 30-60 |
| VLDL CHOLESTEROL (Calculated) | 24.1 | mg/dl | 10-30 |
| LDL CHOLESTEROL (Calculated) | 92.8 | mg/dL. | 0-100 |
| LDL/HDL RATIO (Calculated) | 02.2 | ratio | <3.55 |
| CHOL/HDL CHOLESTROL RATIO (Calculated) | **3.7** | ratio | 3.8-5.9 |

Interpretation :
*Paitient Should be Fast overnight For Minimum 12 hours and normal diet for one week*

NOTE :
Lipid Profile Ranges As PER NCEP-ATP III :
SERUM CHOESTEROL : Desirable : < 200 Borderline : 200 - 239 Elevated :> 240 mg/dl
HDLCHOLESTEROL : Desirable : > 60 Borderline : 40- 60 Decreased :< 40 mg/dl
LDL CHOLESTEROL : Desirable : 100 mg/dl, Borderline : 100- 159 Elevated : >160 mg/dl
Triglycerides : Desirable : 150 Borderline : 150- 199 High : 200 - 499 Very High :>500

Friedwald Equation, VLDL & LDL values are not applicable for triglyceride > 400 mg/dl.

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| THYRIOD PROFILE | | | |
| Triiodothyronine (T3) (ECLIA) | 1.056 | ng/dl | 0.79-1.58 |
| Thyroxine (T4) (ECLIA) | 7.658 | ug/dl | 4.9-11.0 |
| THYROID STIMULATING HORMONE (TSH) (ECLIA) | 2.815 | uIU/ml | 0.38-5.30 |

Hyperthyroid patient have suppressed TSH values, with the exception of those few individuals whos have hyperthyroidism caused by TSH producing pituitary tumor or other rare disordes such as pituitary resistance to thyroid hormones. Subclinical hyperthyroidism is defined as low TSH with levels of T4 and T3 within the reference interval. In most patients with hypothyroidism,serum TSH results are markedly elevated, but results are low in individuals with hypothyroidism caused by pituitary or hypothalamic disorders. An important cause of both incresed and decreased TSH results is NTI. Patients with NTI tend to have low TSH results during their acute illness ,then TSH rises to within or above the reference range with resolution of the underlying illness,and finally returns to within the reference range. The situation is complicated because drugs,including glucagon and dopamine,suppress TSH . Sensitive TSH assays are helpful in evaluation of treatment with thyroid hormone both for replacement therapy and suppressive doses for malignant thyroid disease.

## BIOCHEMICAL EXAMINATION

| | | | |
|---|---|---|---|
| URIC ACID | 3.8 | mg/dL. | 2.5-6.8 |

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.

MEDICAL EXAMINATION OK

**EEG**

**ECHO** OK

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| **ELECTROCARDIOGRAM (E.C.G)** | OK | | |

**OBSERVATION:**

Heart Rate: 75/ Min.

No evidence of enlargedment seen.

Sinus rhythum

***OPINION:**

***IMPRESSION:**

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| | **X-RAY** | | |
| **X-RAY CHEST P.A (VIEW)** | OK | | |
| | **ULTRA SOUND** | | |
| **USG Whole Abdomen (M)** | OK | | |

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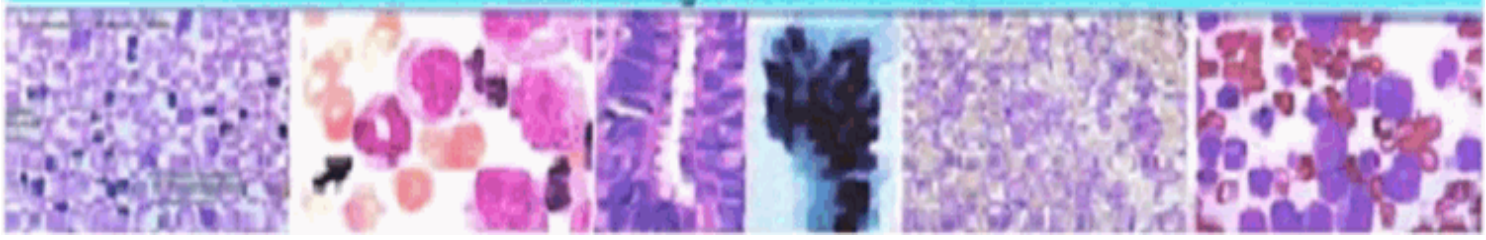

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|---|---|---|---|
| **URINE** | | | |
| PHYSICAL EXAMINATION | | | |
| Volume | 30 | ml | |
| Colour | P.Yellow | | |
| Appearance | Clear | | Clear |
| Specific Gravity | 1.020 | | 1.000-1.030 |
| PH ( Reaction ) | Acidic | | |
| BIOCHEMICAL EXAMINATION | | | |
| Protein | Nil | | Nil |
| Sugar | Nil | | Nil |
| MICROSCOPIC EXAMINATION | | | |
| Red Blood Cells | Nil | /HPF | Nil |
| Pus cells | 2-3 | /HPF | 0-2 |
| Epithilial Cells | 3-4 | /HPF | 1-3 |
| Crystals | Nil | | |
| Casts | Nil | | |
| @ Special Examination | | | |
| Bile Pigments | Absent | | |
| Blood | Nil | | |
| Bile Salts | Absent | | |

**----------{END OF REPORT }----------**

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