

Sd/Dr

Age - 43

BP - 100/90
P - 100 bpm
M - 182 cm
wt - 86 kg



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0771 4033341/42

EXAMINATION OF EYES :- (BY OPHTHALMOLOGIST)

Patient Name Mr. Saurav

Date.....

Sex/Age 33/M

MR No

Employee Id

EXTERNAL EXAMINATION				
SQUINT	- No			
NYSTAGMUS	- No			
COLOUR VISION	- normal			
FUNDUS:(RE):-	well	(LE):-	well	
INDIVIDUAL COLOUR IDENTIFICATION				
DISTANT VISION:(RE):-	6/6	(LE):-	6/6	
NEAR VISION:(RE):-	- No	(LE):-	No	
NIGHT BLINDNESS				
	SPH	CYL	AXIS	ADD
RIGHT	-	-	-	-
LEFT	-	-	-	-
<p>REMARKS :-</p> <p>Nn 6/6 6/6 No - (BE)</p>				

Dr. V. S. Anshu
MBBS, MS (Ophthalmologist)
Reg. No. CGMC 624/2006



Patient Name : Mr. MR SAURAV KUMAR
UHID/ MR No : 7473
Visit Date : 04/11/2023
Sample Collected On : 04/11/2023 03:11PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 43 Y. Male
OP Visit No : OPD-UNIT-II-1
Reported On : 05/11/2023 11:51AM

HAEMATOTOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
CBC - COMPLETE BLOOD COUNT			
Haemoglobin(HB) Method: CELL COUNTER	14.1	gm/dl	12 - 17
Erythrocyte (RBC) Count Method: CELL COUNTER	4.69	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	42.30	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	90.2	fL	75.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	30.1	pg	26 - 34
MCHC (Mean Corpuscular Hb Concn.) Method: CELL COUNTER	33.3	g/dl	32 - 35
RDW (Red Cell Distribution Width) Method: CELL COUNTER	11.9	%	11- 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	7.24	cells/cumm	3.50 - 10.00
Neutrophils Method: CELL COUNTER	60	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	30	%	15.0 - 45.0
Monocytes	06	%	4.0 - 12.0
Eosinophils Method: CELL COUNTER	04	%	1-6%
Basophils Method: CELL COUNTER	00	%	0.0 - 2.0

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
path

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Dhananjay
DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Patient Name : Mr. MR SAURAV KUMAR
UHID/ MR No : 7473
Visit Date : 04/11/2023
Sample Collected On : 04/11/2023 03:11PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 43 Y Male
OP Visit No : OPD-UNIT-II-2
Reported On : 05/11/2023 11:51AM

HAEMATOLOGY


Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count Method: CELL COUNTER	167	lacs/cu.mm	150-400

- As per the recommendation of International council for Standardization in Hematology, the differential leucocyte counts are additionally being reported as absolute numbers of each cell in per unit volume of blood.
- Test conducted on EDTA whole blood.

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HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
ESR- Erythrocyte Sedimentation Rate Method: Westergren's Method	10	mm /HR	0 - 10

1. It indicates presence and intensity of an inflammatory process, never diagnostic of a specific disease. Changes are more significant than a single abnormal test.
2. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis polymyalgia rheumatica.
3. Also increased in pregnancy, multiple myeloma, menstruation & hypothyroidism


Blood Group (ABO Typing)

Blood Group (ABO Typing) A
RhD factor (Rh Typing) POSITIVE

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BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
Glucose Random	201.0	mg/dl	70.0-140.0
Method: REAGENT GRADE WATER			


KFT - RENAL PROFILE - SERUM

BUN-Blood Urea Nitrogen	09	mg/dl	7 - 20
METHOD: Spectrophotometric			
Creatinine	0.87	mg/dl	0.6-1.4
METHOD: Spectrophotometric			
Uric Acid	3.6	mg/dL	2.6 - 7.2
Method: Spectrophotometric			

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BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAGE)			
Cholesterol - Total	150.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	204.0	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotometric HDL Cholesterol	38.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotometric LDL Cholesterol	71.20	mg/dl	Optimal:< 100 Near Optimal :100 – 129 Borderline High : 130-159 High : 150-199 Very High : >=190
Method: Spectrophotometric VLDL Cholesterol	40.80	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	3.95		3.5-5
Method: Spectrophotometric			

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BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIVER FUNCTION TEST			
Bilirubin - Total Method: Spectrophotometric	0.8	mg/dl	0.1- 1.2
Bilirubin - Direct Method: Spectrophotometric	0.2	mg/dl	0.05-0.3
Bilirubin (Indirect) Method: Calculated	0.60	mg/dl	0 - 1
SGOT (AST) Method: Spectrophotometric	50	U/L	0 - 40
SGPT (ALT) Method: Spectrophotometric	60	U/L	0 - 41
ALKALINE PHOSPHATASE	85	U/L	25-147
Total Proteins Method: Spectrophotometric	6.7	g/dl	6 - 8
Albumin Method: Spectrophotometric	4.2	mg/dl	3.4 - 5.0
Globulin Method: Calculated	2.5	g/dl	1.8 - 3.6
A/G Ratio Method: Calculated	1.68	%	1.1 - 2.2

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DR DHANANJAY RAMCHANDRA PRASAD
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Visit Date : 04/11/2023
Sample Collected On : 04/11/2023 03:11PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 43 Y Male
OP Visit No : OPD-UNIT-II-2
Reported On : 05/11/2023 11:51AM

CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
URINE ROUTINE EXAMINATION			
Physical Examination			
Volum of urine	30ML		
Appearance	Clear		Clear
Colour	Pale Yellow		Colourless
Specific Gravity	1.020		1.001 - 1.030
Reaction (pH)	6.0		
Chemical Examination			
Protein(Albumin) Urine	Absent		Absent
Glucose(Sugar) Urine	Absent		Absent
Blood	Absent		Absent
Leukocytes	Absent		Absent
Ketone Urine	Absent		Absent
Bilirubin Urine	Absent		Absent
Urobilinogen	Absent		Absent
Nitrite (Urine)	Absent		Absent
Microscopic Examination			
RBC (Urine)	NIL	/hpf	0 - 2
Pus cells	2-4	/hpf	0 - 5
Epithelial Cell	Occasional	/hpf	0 - 5
Crystals	Not Seen	/hpf	Not Seen
Bacteria	Not Seen	/hpf	Not Seen
Budding yeast	Not Seen	/hpf	

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
 path



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DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

Patient Name : Mr.SAURAV KUMAR	Collected : 05/Nov/2023 11:20AM
Age/Gender : 43 Y 0 M 0 D /M	Received : 05/Nov/2023 12:46PM
UHID/MR No : DSUS.0000005437	Reported : 05/Nov/2023 01:20PM
Visit ID : DSUSOPV6278	Status : Final Report
Ref Doctor : APOLLO CLINIC	Client Name : PUP APOLLO CLINIC SAMRIDDI AR
IP/OP NO :	Patient location : Raipur,Raipur

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	7.3	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	163	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 - (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

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Patient Name : Mr.SAJRAV KUMAR	Collected : 05/Nov/2023 11:20AM
Age/Gender : 43 Y 0 M 0 D /M	Received : 05/Nov/2023 12:14PM
UHID/MR No : DSUS.0000005437	Reported : 05/Nov/2023 02:25PM
Visit ID : DSUSOPV6278	Status : Final Report
Ref Doctor : APOLLO CLINIC	Client Name : PUP APOLLO CLINIC SAMRIDDI AR
I/OP NO :	Patient location : Raipur,Raipur

DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

TRI-IODOTHYRONINE (T3, TOTAL)	1.58	ng/mL	0.6-1.81	CLIA
THYROXINE (T4, TOTAL)	9.20	µg/dL	3.2-12.6	CLIA
THYROID STIMULATING HORMONE (TSH)	3.380	µIU/mL	0.35-5.5	CLIA

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH
2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

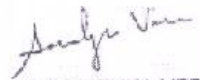
TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma


Patient Name : Mr.SAURAV KUMAR	Collected : 05/Nov/2023 11:20AM
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DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.950	ng/mL	0-4	CLIA

*** End Of Report ***


Dr. SANDHYA VERMA
MBBS, MD,(Pathology)
Consultant Pathologist


DR. MAIKHAL KUJUR
M.B.B.S, M.D(Pathology)
Consultant Pathologist



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