



Printed Date/Time

DR. CHARU KOHLI'S CLINIC

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21/04/2023 18:32:03

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Registration No.	10231369	Mobile No.	9968255997
Patient Name	Mr. OMENDRA KUMAR	Registration Date/Time	21/04/2023 08:47:07
Age / Sex	42 Yrs Male	Sample Collected Date/Time	21/04/2023 11:40:14
Ref By / Hospital	MEDIWHEEL	Report Date/Time	21/04/2023 13:34:19

Test Name Value Unit Biological Ref Interval

HAEMATOLOGY

Complete Blood Count (CBC)

DCKC

Collected At

Haemoglobin (Hb) ,EDTA Method: Colorimetric	12.3	g/dL	13.0 - 17.0
Total Leucocyte Count (TLC) ,EDTA Method : Electric impedence	08.4	10^9 /L	04.0 - 11.0
Red Blood Cell (RBC) ,EDTA Method : Electric impedence	4.24	10^6 /uL	4.50 - 5.50
Hematocrit (HCT /PCV) ,EDTA Method : Pulse height detection	37.0	%	40.0 - 50.0
Mean Corp Volume (MCV) ,EDTA Method : Calculated	87.2	fL	83.0 - 101.0
Mean Corp Hb (MCH) ,EDTA Method: Calculated	28.9	pg	27.0 - 32.0
Mean Corp Hb Conc (MCHC) ,EDTA Method : Calculated	33.2	g/dL	31.5 - 34.5
Platelet Count(PLT) ,EDTA Method: Electric impedence/Microscopy	205.00	10^3 /uL	150.00 - 410.00
	205.00 13.3	10^3 /uL %	150.00 - 410.00 11.6 - 14.0
Method : Electric impedence/Microscopy			
Method : Electric impedence/Microscopy RDW- CV% ,EDTA Differential Leucocyte Count			
Method: Electric impedence/Microscopy RDW- CV% ,EDTA Differential Leucocyte Count Method: Microscopy	13.3	%	11.6 - 14.0
Method: Electric impedence/Microscopy RDW- CV% ,EDTA Differential Leucocyte Count Method: Microscopy Neutrophil ,EDTA	13.3 57.0	%	11.6 - 14.0 40.0 - 80.0
Method: Electric impedence/Microscopy RDW- CV%, EDTA Differential Leucocyte Count Method: Microscopy Neutrophil, EDTA Lymphocyte, EDTA	13.3 57.0 35.0	% % %	11.6 - 14.0 40.0 - 80.0 20.0 - 45.0
Method: Electric impedence/Microscopy RDW- CV% ,EDTA Differential Leucocyte Count Method: Microscopy Neutrophil ,EDTA Lymphocyte ,EDTA Eosinophil ,EDTA	13.3 57.0 35.0 2.0	% % % %	11.6 - 14.0 40.0 - 80.0 20.0 - 45.0 1.0 - 6.0

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Test Name Value Unit **Biological Ref Interval**

"A" Blood Group ABO ,EDTA Method: Forward Grouping

Rh Typing ,EDTA **POSITIVE** Method : Forward Grouping

HbA1c ,EDTA 5.8 %

Method: Photometric method

INTERPRETATIONS:-

NORMAL RANGE 4.00 - 5.60 %

Pre Diabetic/ Higher chance of getting diabetes	5.70	- 6.20	%
Good Diabetic Control	6.20 -	6.80	%
Fair Diabetic Control	6.80 -	7.60	%
Uncontrolled Diabetes -action suggested	>7.6		%

Note:-

Glycosylated Haemoglobin is a specific component of HBA1C and is the blood glucose bound to it. This test is an index of carbohydrate in balance during the preceding two months. The estimation is of greater importance for specific group of patient. This result are not affected by time, meal intake exercise, diabetic drugs, emotional Stress etc. HbA1c should be routinely monitored ideally at least every 3 months.

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Checked By:-**POOJA** DR.NEELU CHHABRA

MD. PATHOLOGIST





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Test Name Unit Value **Biological Ref Interval**

BIOCHEMISTRY

LIPID PROFILE

Total Lipids ,Serum Plain	286	mg/dl	400 - 700
Serum Cholesterol ,Serum Plain Method : CHOD-POD	107	mg/dl	0 - 200
Serum Triglycerides ,Serum Plain Method : GOD-POD	72	mg/dl	60 - 165
Serum HDL Cholesterol ,Serum Plain Method : Direct Method	44.0	mg/dl	40.0 - 70.0
Serum LDL Cholesterol ,Serum Plain Method : Calculated	49.0	mg/dl	30.0 - 100.0
Serum VLDL Cholesterol ,Serum Plain Method : Calculated	14.0	mg/dl	24.0 - 45.0
Total CHO/HDLCholesterol Ratio ,Serum Plain Method : Calculated	2.43		
LDL/HDL Cholesterol Ratio ,Serum Plain Method: Calculated	1.11		

Guidelines for Total Blood Cholestrol Levels on 11 to 12 hour fasting samples.

Desirable : Less than 200 mg/dl

Borderline High Risk : 200 to 239 mg/dl

High Risk : 240 mg/dl and over, on repeated values Optimal Level for Cardiac Patients : Less than 200 mg/dl

HDL-C: High HDL has generally been found to be protective, decreasing the risk of coronary Artery disease (CAD) in most people. However, some recent studies have shown that in some people with high HDL, the HDL is not protective and may, in fact result in higher risk for CAD than in people with normal HDL levels. In one study it was shown that people with CAD and high HDL had underlying genetic anomalies in enzymes important in lipid turnover. Another study showed that high levels of abnormally large HDL particles were associated with increased risk of CAD. Factors that elevate HDL concentrations include chronic alcoholism, treatment with oral estrogen replacement therapy, extensive aerobic exercise, and treatment with niacin, statins, or fibrates. Smoking reduces levels of HDL cholesterol, while quitting smoking leads to a rise in the plasma HDL level.

Triglycerides Female 40 - 140 Male 60 - 165

Adult levels: Optimal <100 mg/dL Near Optimal/ above optimal 100 -129 mg/dL Borderline high 130 - 159 mg/dL 160 - 189 mg/dL High Very High >=190 mg/dL

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Ref By / Hospital	MEDIWHEEL	Report Date/Time	21/04/2023 13:29:46
Collected At	DCKC	Printed Date/Time	21/04/2023 18:32:03

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE / LFT			
Serum Bilirubin (Total) ,Serum Plain Method : DSA Method	0.34	mg/dl	0.00 - 1.20
Serum Bilirubin (Direct) ,Serum Plain Method : DSA Method	0.17	mg/dl	0.00 - 0.30
Serum Bilirubin (Indirect) ,Serum Plain Method : Calculated Parameter	0.17	mg/dl	0.00 - 0.60
SGOT ,Serum Plain Method : IFCC/KINETIC	25.6	IU/l	Males : Upto 46 IU/l Females : Upto 40 IU/l
SGPT ,Serum Plain Method : IFCC/KINETIC	36.1	IU/l	Upto 49 IU/l
Serum Alkaline Phosphatase ,Serum Plain Method : DEA Method	80.0	IU/l	30.0 - 120.0
SerumTotal Protein ,Serum Plain Method : Biuret Method	7.00	gm/dl	6.00 - 8.50
Serum Albumin ,Serum Plain Method: BCG Method	4.24	gm/dl	3.20 - 5.50
Globulin ,Serum Plain Method : Calculated	2.80	gm/dl	2.00 - 4.10
A/G Ratio ,Serum Plain Method : Calculated	1.51		1.00 - 2.10
Serum GGTP ,Serum Plain Method: G-Glutamyl Transferase	37.0	U/L	0.0 - 50.0

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Test Name	Value	Unit	Biological Ref Interval
Blood Sugar (Fasting) ,Plasma F Method : GOD POD	99.9	mg/dl	70.0 - 110.0
Blood Sugar (PP) ,Plasma PP Method : GOD POD Comment :-	159.9	mg/dl	70.0 - 140.0

Excluding alimentary hypoglycemia, renal glycosuria, hereditary fructose intolerance and galactosemia. possible cause of PP reactive hypoglycemia (PRH) (low post prandial glucose level) include high senstivity, exaggerated response to insulin like peptide -1, defect in counter regulation very lean ar anxious individuals, after massive weight reduction and women with lower body over weight etc..

Serum Creatinine ,Serum Plain Method : Mosified Jaffe's	0.67	mg/dl	0.40 - 1.50
Serum Uric Acid ,Serum Plain Method: Uricase- POD	4.80	mg/dl	3.40 - 7.00
Blood Urea Nitrogen ,Serum Plain Method : Calculated	7.59	mg/dl	0.00 - 20.00

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Patient Name	Mr. OMENDRA KUMAR	Registration Date/Time	21/04/2023 08:4	

21/04/2023 08:47:07 Registration Date/Time Sample Collected Date/Time 21/04/2023 11:40:14 Age / Sex 42 Yrs Male Ref By / Hospital **MEDIWHEEL** Report Date/Time 21/04/2023 16:47:11 Collected At **DCKC** Printed Date/Time 21/04/2023 18:32:03

Test Name Unit Value **Biological Ref Interval**

IMMUNOASSAY

TOTAL THYROID PROFILE

TSH		5.28	uIU/ml	0.30 - 4.50
Total T4	Serum Plain	9.20	ug/dl	5.20 - 12.70
Total T3	Serum Plain	1.32	ng/mL	0.69 - 2.15

Comment : Age Group	Biological	Reference Range
1-2 Days	3.2-3.43	uIU/ml
3-4 Days	0.7-15.4	uIU/ml
15 Days - 5 Months	1.7-9.1	uIU/ml
5 Months - 2 Years	0.7-6.4	uIU/ml
2 Years - 12 Years	0.64-6.27	uIU/ml
12 Years - 18 Years	0.51-4.94	uIU/ml
> 18 Years	0.35-5.50	uIU/ml

Adults

Note: TSH levels are subject to circadian variation, rising several hoursbefore the onset of sleep, reaching peak levels between 11 pm to 6 am. Nadir concentrations are observed during the afternoon. Diurnal variation in TSH level approximates + 50 %, hence time of the dayhas influence on the measured serum TSH concentration Although elevated TSH levels are nearly always indicative of primary hypothyroidism, and may be seen in secondary thyrotoxicosis.

In a very low birth weight baby (particularly premature neonates) immaturity of the hypothalamic-pituitary - thyroid axis may mask primary congenital hypothyroidism. It is recommended that the test be repeated two weeks after birth in babies 1000-1500 gm and at four weeks in those < 1000 gm. Specimen collection prior to 24 hours of age, after blood transfusion and prematurity can affect this.

Nearly 90% of CH cases are detected by newborn screening. A small number of children may test normal on the newborn screen but later develop hypothyroidism.

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DR.NEELU CHHABRA MD. PATHOLOGIST

At Your Home: Collection of Blood Samples, ECG, Digital X-Ray Occupational Health Service - Diagnostic & Preventive - Health Assessment - Periodic Preventive Health Camps - Corporate Health Checks





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Test Name Value Unit Biological Ref Interval
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Total PSA ,Serum Plain

0.89

ng/ml

0.00 - 4.00

INTERPRETATION

Prostate-specific antigen (PSA), a glycoprotein is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. Normally, very little PSA is secreted in the blood. Increases in glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels. PSA exists in serum in multiple forms: complexed to alpha-1-anti-chymotrypsin (PSA-ACT complex), unbound (free PSA), and enveloped by alpha-2-macroglobulin (not detected by immunoassays). When total PSA concentration is <2.0 ng/ml, the probability of prostate cancer in asymptomatic men is low, further testing and free PSA may provide little additional information. When total PSA concentration is >10.0 ng/mL, the probability of cancer is high and prostate biopsy is generally recommended. The total PSA range of 4.0 to 10.0 ng/ml has been described as a diagnostic "gray zone," in which the free:total PSA ratio helps to determine the relative risk of prostate cancer. Therefore, some urologists recommend using the free:total ratio to help select which men should undergo biopsy. However even a negative result of prostate biopsy does not rule-out prostate cancer. Up to 20% of men with negative biopsy results have subsequently been found to have cancer. Higher total PSA levels and lower percentages of free PSA are associated with higher risks of prostate cancer. Based on free:total PSA ratio: the percent probability of finding prostate cancer on a needle biopsy by age in years:

Free PSA as a percent of Total PSA	Probabilty of carcinoma prostate
	when
	Total PSA is 4.1 - 10.0 ng / ml
>=	26 8 %
20 - 25	16 %
15 - 20	20 %
10 - 15	28 %
0 - 10	56 %

Comments:-

False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy.PSA total and free levels may appear consistently elevated / depressed due to the interference by heterophilic antibodies and nonspecific protein binding.Results obtained with different assay kits cannot be used interchangeably.All results should be corelated with

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Detient Name	M. OMENIDDA KIIMAD	Designation Data/Time	21/04/2022 00.	

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Test Name Value Unit Biological Ref Interval

CLINICAL PATHOLOGY

URINE ROUTINE EXAMINATION

URE PHYSICAL EXAMINATION

Colour ,URINE	Pale Yellow	Pale Yellow	
Volume ,URINE	30	mL	
Appearance ,URINE	Clear		Clear
URE CHEMICAL EXAMINATION			
Reaction ,URINE	Acidic		Acidic
Ph (Strip Method) ,URINE	6.0		5.0 - 8.0
Specific Gravity ,URINE	1.030		1.001 - 1.035
Protein (Strip Method) ,URINE	Nil		Not-Detected
Glucose (Strip Method) ,URINE	Nil		Nil
URE MICROSCOPY EXAMINATION			
Pus Cells ,URINE	1 - 2	/HPF	0 - 2
Epithelial Cells ,URINE	1 - 2	/HPF	0 - 2
RBC's ,URINE	NIL	/HPF	0 - 2
Casts ,URINE	Nil		
Crystals ,URINE	Nil		
Bacteria ,URINE	Absent		Absent
Mucus Thread ,URINE	Nil		Nil
Other ,URINE	Nil		

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Test Name Value Unit Biological Ref Interval

STOOL ANALYSIS

STOOL MICROSCOPIC EXAMINATION

OTHERS ,STOOL

SNR

Nil

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URE SUGAR (FASTING) ,URINE

NIL

*** End of Report ***

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