

A Venture of Apple Cardiac Care

A-3, Ekta Nagar, Stadium Road,
(Opp. Care Hospital),
Bareilly - 243 122 (U.P.) India
Tel. : 07599031977, 09458888448Reg.NO. : 01
NAME : Mrs. NIHARIKA SINGH
REFERRED BY : Dr. Nitin Agarwal (D M)
SAMPLE : BLOODDATE : 22/07/2023
AGE : 32 Yrs.
SEX : FEMALE

TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
HORMONE			
Triiodothyronine (T3)	0.96	ng/ml	0.60-1.81
Thyroxine (T4)	6.25	ug/dl	5.01-12.45
THYROID STIMULATING HORMONE [TSH.]	2.51	uIU/mL	0.35-5.50

NORMAL RANGE:

Premature babies (TSH is measured 3-4 days after birth): Between 0.8 to 6.9 uIU/mL.
Normal newborn infants (TSH measured 4 days after birth): Between 1.3 to 16 uIU/mL.
Babies (1-11 months): 0.9 to 7.7 uIU/mL.
Kids (1 year till the onset of puberty): 0.6 to 5.5 uIU/mL.
ADULT : 0.21-4.2uIU/mL.

TSH(Thyroid stimulating hormone:Thyrotropin) is a hormone secreted by the anterior pituitary.It is a recommended initial test for the screening and diagnosis of hyperthyroidism and hypothyroidism.It is especially useful in early or subclinical hypothyroidism before the patient develops clinical findings ,goiter,or abnormalities of other thyroid tests.

Thyroxine,(Total T4 Assay) Is a hormone secreted by the thyroid gland which is predominantly bound to carrier proteins,(99%).it is used in the diagnosis of hyperthyroidism when it is increased. It is found decreased in hypothyroidism and hypoproteinemia.Its values are not affected by nonthyroidal iodine.

Triiodothyronine(Total T3 Assay) Is a hormone produced by the thyroid gland (20%) and also from the peripheral deiodination mechanism which converts T4 to T3.As T3 is physiologically more active it plays an important part in maintaing euthyroidism.It is used in T3 thyrotoxicosis ,monitoring the course of hyperthyroidism.

Method : Chemiluminescence Immuno Assays.

--(End of Report)--

Shweta Agarwal
Dr. Shweta Agarwal, M.D.
(Pathologist)

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**APPLE
PATHOLOGY**
TRUSTED RESULT

Reg.NO. : 975
NAME : **Mrs. NIHARIKA SINGH**
REFERRED BY : Dr.Nitin Agarwal (D M)
SAMPLE : BLOOD

DATE : **22/07/2023**
AGE : 32 Yrs.
SEX : FEMALE

TEST NAME

RESULTS

UNITS

BIOLOGICAL REF. RANGE

BLOOD SUGAR P.P.

BIOCHEMISTRY

115

mg/dl

80-160

--{End of Report}--

Dr. Shweta Agarwal
MD (Pathology), Apple Pathology
Bareilly (U.P.)

Report is not valid for medicolegal purpose



Scanned with OKEN Scanner

Lab. Timings : 9.00 a.m. to 8.00 p.m. **Sunday** : 10.00 a.m. to 2.00 p.m.
Home Sample Collection Facility Available

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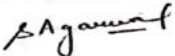


Reg.NO. : 974
NAME : **Mr. PATEL SATYARTHA SINGH**
REFERRED BY : Dr.Nitin Agarwal (D M)
SAMPLE : BLOOD

DATE : **22/07/2023**
AGE : 36 Yrs.
SEX : MALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
	BIOCHEMISTRY		
BLOOD SUGAR P.P.	185	mg/dl	80-160

—{End of Report}—


Dr. Shweta Agarwal
MD (Pathology), Apple, Pathology
Bareilly (U.P.)

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Reg.NO. : 975	DATE : 22/07/2023
NAME : Mrs. NIHARIKA SINGH	AGE : 32 Yrs.
REFERRED BY : Dr.Nitin Agarwal (D M)	SEX : FEMALE
SAMPLE : BLOOD	

TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
HAEMATOLOGY			
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN	11.8	gm/dl	12.0-15.0
TOTAL LEUCOCYTE COUNT	5,300	/cumm	4,000-11,000
DIFFERENTIAL LEUCOCYTE COUNT(DLC)			
Neutrophils	70	%	40-75
Lymphocytes	28	%	20-45
Eosinophils	02	%	01-08
TOTAL R.B.C. COUNT	4.01	million/cumm	3.5-6.5
P.C.V./ Haematocrit value	37.6	%	35-54
M C V	93.8	fL	76-96
M C H	29.4	pg	27.00-32.00
M C H C	31.4	g/dl	30.50-34.50
PLATELET COUNT	2.60	lacs/mm ³	1.50 - 4.50
E.S.R (WINTROBE METHOD)			
-In First hour	14	mm	00- 20
BLOOD GROUP			
Blood Group	O		
Rh	POSITIVE		

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TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
GLYCOSYLATED HAEMOGLOBIN	5.5		

EXPECTED RESULTS :

Non diabetic patients : 4.0% to 6.0%
Good Control : 6.0% to 7.0%
Fair Control : 7.0% to -8%
Poor Control : Above 8%

***ADA: American Diabetes Association**

The glycosylated hemoglobin assay has been validated as a reliable indicator of mean blood glucose levels for a period of 8-12 week period prior to HBA1C determination. ADA recommends the testing twice a year in patients with stable blood glucose, and quarterly, if treatment changes, or if blood glucose levels are unstable.

METHOD : ADVANCED IMMUNO ASSAY.

BIOCHEMISTRY

BLOOD SUGAR F.	98	mg/dl	60-100
BLOOD UREA NITROGEN	21	mg/dL.	5 - 25
URIC ACID	6.5	mg/dl	3.0-6.0

CLINICAL SIGNIFICANCE:

Analysis of synovial fluid plays a major role in the diagnosis of joint disease.

SERUM CREATININE	0.8	mg/dL.	0.5-1.4
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TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
LIVER PROFILE			
SERUM BILIRUBIN			
TOTAL	0.9	mg/dL	0.3-1.2
DIRECT	0.5	mg/dL	0.2-0.6
INDIRECT	0.4	mg/dL	0.1-0.4
SERUM PROTEINS			
Total Proteins	6.7	Gm/dL	6.4 - 8.3
Albumin	4.2	Gm/dL	3.5 - 5.5
Globulin	2.5	Gm/dL	2.3 - 3.5
A : G Ratio	1.68		0.0-2.0
SGOT	32	IU/L	0-40
SGPT	38	IU/L	0-40
SERUM ALK.PHOSPHATASE	87	IU/L	00-115

NORMAL RANGE : BILIRUBIN TOTAL

Premature infants. 0 to 1 day: <8 mg/dL Premature infants. 1 to 2 days: <12 mg/dL Adults: 0.3-1 mg/dL.
 Premature infants. 3 to 5 days: <16 mg/dL Neonates, 0 to 1 day: 1.4-8.7 mg/dL
 Neonates, 1 to 2 days: 3.4-11.5 mg/dL Neonates, 3 to 5 days: 1.5-12 mg/dL Children 6 days to 18 years: 0.3-1.2 mg/dL

COMMENTS-

Total and direct bilirubin determination in serum is used for the diagnosis, differentiation and follow-up of jaundice. Elevation of SGPT is found in liver and kidney diseases such as infectious or toxic hepatitis, IM and cirrhosis. Organs rich in SGOT are heart, liver and skeletal muscles. When any of these organs are damaged, the serum SGOT level rises in proportion to the severity of damage. Elevation of Alkaline Phosphatase in serum or plasma is found in hepatitis, biliary obstructions, hyperparathyroidism, steatorrhea and bone diseases.

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TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
LIPID PROFILE			
SERUM CHOLESTEROL	184	mg/dL.	130 - 200
SERUM TRIGLYCERIDE	93	mg/dl.	30 - 160
HDL CHOLESTEROL	52	mg/dL.	30-70
VLDL CHOLESTEROL	18.6	mg/dL.	15 - 40
LDL CHOLESTEROL	113.40	mg/dL.	00-130
CHOL/HDL CHOLESTEROL RATIO	3.54	mg/dl	0-4
LDL/HDL CHOLESTEROL RATIO	2.18	mg/dl	0-3

INTERPRETATION

TRIGLYCERIDE level > 250mg/dL is associated with an approximately 2-fold greater risk of coronary vascular disease. Elevation of triglycerides can be seen with obesity, medication, fast less than 12 hrs., alcohol intake, diabetes mellitus, and pancreatitis. CHOLESTEROL, its fractions and triglycerides are the important plasma lipids in defining cardiovascular risk factors and in the management of cardiovascular disease. Highest acceptable and optimum values of cholesterol values of cholesterol vary with age. Values above 220 mgm/dl are associated with increased risk of CHD regardless of HDL & LDL values. HDL-CHOLESTEROL level <35 mg/dL is associated with an increased risk of coronary vascular disease even in the face of desirable levels of cholesterol and LDL - cholesterol. LDL - CHOLESTEROL & TOTAL CHOLESTEROL levels can be strikingly altered by thyroid, renal and liver disease as well as hereditary factors. Based on total cholesterol, LDL- cholesterol, and total cholesterol/HDL - cholesterol ratio, patients may be divided into the three risk categories.

Gamma Glutamyl Transferase (GGT) 25 U/L 11-50

URINE EXAMINATION



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TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
URINE EXAMINATION REPORT			
PHYSICAL EXAMINATION			
pH	6.0		
TRANSPARENCY			
Volume	20	ml	
Colour	Yellow		
Appearance	Clear		Nil
Sediments	Nil		
Specific Gravity	1.020		1.015-1.025
Reaction	Acidic		
BIOCHEMICAL EXAMINATION			
UROBILINOGEN	Nil		NIL
BILIRUBIN	Nil		NEGATIVE
URINE KETONE	Nil		NEGATIVE
Sugar	Nil		Nil
Albumin	Nil		Nil
Phosphates	Absent		Nil
MICROSCOPIC EXAMINATION			
Red Blood Cells	Nil	/H.P.F.	
Pus Cells	0-1	/H.P.F.	
Epithelial Cells	0-1	/H.P.F.	
Crystals	NIL		NIL
Casts	Nil	/H.P.F.	
DEPOSITS	NIL		
Bacteria	NIL		
Other	NIL		

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RESULTS

UNITS **BIOLOGICAL REF. RANGE**

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S Agarwal

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(Pathologist)