

M.D. (Path) Gold Medalist Former Pathologist :

National Accreditation Board For Testing & Calibration Laboratories Garden House Colony, Near Nai Sarak, Garh Road, Meerut

St. Stephan's Hospital, Delhi

Ph.: 0121-2600454, 8979608687, 9837772828

606

C. NO:

Lab Ref. No. : 212034005 **Patient Name** 

: Mr. MANANDER KUMAR 45Y / N

Sample By Organization

**Referred By** 

Dr. BANK OF BARODA

**Collection Time Receiving Time** 

**Centre Name** 

: 13-Nov-2021 10:37AM <sup>1</sup> 13-Nov-2021 11:01AM

**Reporting Time** 

<sup>1</sup> 13-Nov-2021 1:42PM : Garg Pathology Lab - TPA

Investigation Units **Biological Ref-Interval** Results

### **HAEMATOLOGY (EDTA WHOLE BLOOD)**

COMPLETE BLOOD COUNT			
HAEMOGLOBIN	15.4	gm/dl	13.0-17.0
(Colorimetry)			
TOTAL LEUCOCYTE COUNT	8390	*10^6/L	4000 - 11000
(Electric Impedence)			
DIFFERENTIAL LEUCOCYTE COUNT			
(Microscopy)			
Neutrophils	75	%.	40-80
Lymphocytes	22	%.	20-40
Eosinophils	02	%.	1-6
Monocytes	01	%.	2-10
Absolute neutrophil count	6.29	x 10^9/L	2.0-7.0(40-80%
Absolute lymphocyte count	1.85	x 10^9/L	1.0-3.0(20-40%)
Absolute eosinophil count	0.17	x 10^9/L	0.02-0.5(1-6%)
Method:-((EDTA Whole blood, Automated /			
RBC Indices			
TOTAL R.B.C. COUNT	4.53	Million/Cumm	4.5 - 6.5
(Electric Impedence)			
Haematocrit Value (P.C.V.)	46.8	%	26-50
MCV	103.3	fL	80-94
(Calculated)			
MCH	34.0	pg	27-32
(Calculated)			
MCHC	32.9	g/dl	30-35
(Calculated)			
RDW-SD	54.2	fL	37-54
(Calculated)			



**Checked By Technician:** 

Dr. Monika Garg

MBBS, MD(Path) (Consultant Pathologist)





# Garg Pathology DR. MONIKA GARG

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Organization :			
Investigation	Results	Units	Biological Ref-Interval
RDW-CV	12.6	%	11.5 - 14.5
(Calculated)			
Platelet Count	1.52	/Cumm	1.50-4.50
(Electric Impedence)			
MPV	12.5	%	7.5-11.5
(Calculated)			
GENERAL BLOOD PICTURE			
NLR	3.41		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
- -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

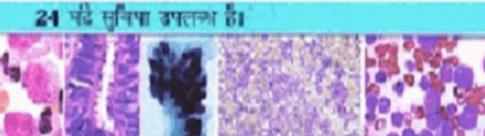
0-10 Erythrocyte Sedimentation Rate end of 1st mm "B" NEGATIVE **BLOOD GROUP** \$



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(Consultant Pathologist)



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Certified by :

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ISO 9001:2008

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ma/dl

Investigation	Results	Units	Biological Ref-Interval
GLYCATED HAEMOGLOBIN (HbA1c)	5.6	%	4.3-6.3

ESTIMATED AVERAGE GLUCOSE 114.0

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

105.3

mg/dl

70 - 110

(GOD/POD method)

\*THIS TEST IS UNDER NABL SCOPE

### **BIOCHEMISTRY (SERUM)**

 BLOOD UREA
 32.0
 mg/dl
 10 - 50

 (Urease method)
 14.94
 mg/dl
 8-23

\*THIS TEST IS UNDER NABL SCOPE



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Units Investigation **Biological Ref-Interval** Results

**SERUM CREATININE** 0.7 mg/dl 0.6-1.4

(Enzymatic)

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<b>J</b>			
Investigation	Results	Units	Biological Ref-Interval
LIPID PROFILE			
SERUM CHOLESTEROL*	152.0	mg/dl	150-250
(CHOD - PAP)			
SERUM TRIGYCERIDE*	124.6	mg/dl	10-190
(GPO-PAP)			
HDL CHOLESTEROL	42.5	mg/dl	30-60
(PRECIPITATION METHOD)			
VLDL CHOLESTEROL	24.9	mg/dl	10-30
(Calculated)			
LDL CHOLESTEROL	84.6	mg/dL.	0-100
(Calculated)			
LDL/HDL RATIO	02.0	ratio	<3.55
(Calculated)			
CHOL/HDL CHOLESTROL RATIO	3.6	ratio	3.8-5.9
(Calculated)			

Interpretation:

#### 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 : Desirable: 150 Borderline: 150-199 High: 200 - 499 Very High: >500 Triglycerides

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

### \*THIS TEST IS UNDER NABL SCOPE



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<sup>\*</sup>Paitient Should be Fast overnight For Minimum 12 hours and normal diet for one week\*



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Organization :			
Investigation	Results	Units	Biological Ref-Interval
THYRIOD PROFILE			
Triiodothyronine (T3)	1.214	ng/dl	0.79-1.58
(ECLIA)			
Thyroxine (T4)	9.364	ug/dl	4.9-11.0
(ECLIA)			
THYROID STIMULATING HORMONE (TSH)	2.922	uIU/ml	0.38-5.30
(FCLTA)			

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**

3.6-7.7 **URIC ACID** 7.1 mg/dL.

\*THIS TEST IS UNDER NABL SCOPE

MEDICAL EXAMINATION OK

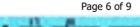
**EEG** 

**ECHO** OK



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Organization Investigation

Results

**Biological Ref-Interval** 

### **ELECTROCARDIOGRAM (E.C.G)**

OK

**OBSERVATION:** 

Heart Rate: 75/ Min.

No evidence of enlargedment seen.

Sinus rhythum

\*OPINION:

\*IMPRESSION:



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Units

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**Biological Ref-Interval** 

X-RAY

X-RAY CHEST P.A (VIEW)

OK

**ULTRA SOUND** 

**USG Whole Abdomen (M)** 

OK



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_				
	Investigation	Results	Units	Biological Ref-Interval

	URINE		
PHYSICAL EXAMINATION			
Volume	20	ml	
Colour	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	1-2	/HPF	0-2
Epithilial Cells	2-3	/HPF	1-3
Crystals	Nil		
Casts	Nil		
@ Special Examination			
Bile Pigments	Absent		
Blood	Nil		
Bile Salts	Absent		

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



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