

Mrs. REKHA SINGH

REFERENCE

LAB ID:201106164

SAMPLE COLLECTED AT:

RECEIVED ON :

Report Status : Final

22-Jan-2022 02:08 PM

AGE : 38 Years SEX : FEMALE

Shri Anant Sai Hospital Raipur

COLLECTED ON :

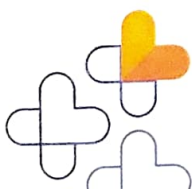
REF. BY : DR. P SATHAPAK

Beside Kingsway hotel Near Airtel Office
Ring Road No 1 Telibandha Raipur - CG

REPORTED ON :

22-Jan-2022 02:48 PM

TEST NAME	RESULT	UNIT	BIOLOGICAL REF. RANGE
Biochemistry			
Serum Creatinine <i>Enzymatic, colorimetric method</i>	0.59	mg/dL	0.50 - 0.90
Uric Acid <i>Enzymatic, colorimetric method</i>	3.10	mg/dL	2.4 - 5.7
Blood Urea Nitrogen <i>UV Kinetic</i>	28.90	mg/dL	16.6 - 48.5



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TEST NAME	RESULT	UNIT	BIOLOGICAL REF. RANGE
Liver Function Test			
Total Bilirubin <i>Diazo reaction</i>	0.33	mg/dL	0.1 - 1.2
Direct Bilirubin <i>Sulph acid dpl/caff-benz</i>	0.15	mg/dL	0.0 - 0.3
Indirect Bilirubin <i>Sulph acid dpl/caff-benz</i>	0.18	mg/dL	0.0 - 1.1
SGOT <i>IFCC method without pyridoxal phosphate activation</i>	9.00	U/L	0 - 32
SGPT <i>IFCC method without pyridoxal phosphate activation</i>	9.00	U/L	0 - 33
Alkaline Phosphatase <i>P-nitrophenyl phosphatase-AMP Buffer. Multiple-point rate</i>	94	U/L	46 - 116
GGT <i>IMMUNOINHIBITION, IFCC</i>	9.70	U/L	5 - 55
Total Protein <i>Enzymatic Method</i>	7.72	g/dL	6.4 - 8.3
Albumin Fraction <i>Colorimetric-BCG Complex</i>	4.34	g/dL	3.97 - 4.94
Globulin <i>Calculated</i>	3.38	g/dL	2.3 - 3.5
Alb /Glo Ratio	1.28	g/dL	0.90 - 2.0



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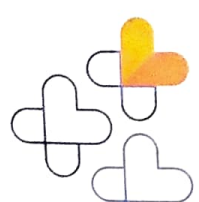
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<p>Mrs. REKHA SINGH</p>  <p>Report Status : Final AGE : 38 Years SEX : FEMALE REF. BY : DR. P SATHAPAK</p>	<p>REFERENCE</p> <p>SAMPLE COLLECTED AT: Shri Anant Sai Hospital Raipur Beside Kingsway hotel Near Airtel Office Ring Road No 1 Telibandha Raipur - CG</p>	<p>LAB ID:201106164</p> <p>RECEIVED ON : 22-Jan-2022 02:08 PM COLLECTED ON : REPORTED ON : 22-Jan-2022 04:20 PM</p>
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TEST NAME	RESULT	UNIT	BIOLOGICAL REF. RANGE
HbA1C (Glycosylated Hemoglobin) Hb A1C <i>HPLC</i>	4.9	%	Non Diabetic Level: 4 - 6 Therapy Range <7 Change of Therapy >8
Mean Blood Glucose <i>Calculated</i>	94	mg/dL	

Interpretation(s)

- GOOD CONTROL 6.4 - 7.0
 - FAIR CONTROL 7.0 - 8.0
 - ACTION SUGGESTED > 8.0
1. Glycosylated hemoglobin (HbA1c) test is done to assess compliance with therapeutic regimen in diabetic patients.
 2. A three monthly monitoring is recommended in clinical management of diabetes.
 3. It is not affected by daily glucose fluctuations, exercise and recent food intake.
 4. The HbA1c is linearly related to the average blood sugar over the past 1-3 months (but is heavily weighted to the past 2-4 weeks).
 5. The HbA1c is strongly associated with the risk of development and progression of microvascular and nerve complications
 6. High HbA1c (>9.0-9.5%) is associated with very rapid progression of microvascular complications
 7. Any condition that shorten RBC life span like acute blood loss, haemolytic anemia falsely lower HbA1c results.
 8. HbA1c results from patients with HbSS, HbCC, HbSC and HbD must be interpreted with caution, given the pathological processes including anemia, increased red cell turnover, and transfusion requirements that adversely impact HbA1c as a marker of long -term glycemic control.
 9. Specimens from patients with polycythemia or post-splenectomy may exhibit increase in HbA1c values due to a somewhat longer life span of the red cells.
 10. The relationship between eAG (Mean Plasma Glucose) and HbA1c based on linear regression analysis: eAG (mg/dl) = (28.7*HbA1c)-46.7, (Diabetes Care 2008;31:1-6).



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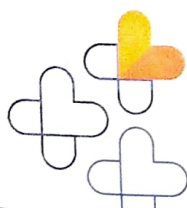
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TEST NAME	RESULT	UNIT	BIOLOGICAL REF. RANGE
Biochemistry Fasting Blood Sugar (FBS) <i>Glucose Oxidase-Peroxidase</i>	91.40	mg/dL	70 - 110



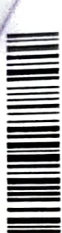
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TEST NAME	RESULT	UNIT	BIOLOGICAL REF. RANGE
Lipid Profile			
Cholesterol	142.00		No risk <200 Moderate risk 200-239 High risk >=240
Triglyceride	42.50		0 - 150
VLDL <i>Calculated</i>	8.50	mg/dL	15 - 35
LDL CHOLESTEROL <i>Direct measured</i>	80.30	mg/dL	Optimal : < 100 Near / above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >190
HDL Cholesterol	53.20		Major risk >=40 No risk <=60
Cholesterol /HDL Ratio <i>Calculated</i>	2.67		0 - 5.0
LDL / HDL RATIO <i>Calculated</i>	1.51		0 - 3.5

Interpretation(s)

Triglycerides can show marked variation depending on previous day diet intake. 12 hrs. fasting is mandatory before testing for lipid profile specially for triglyceride values. in case, lipid profile is done in non-fasting state, then any abnormal value, especially for triglycerides must be retested on overnight fasting sample. Calculated LDL & VLDL values may be highly variable if non fasting samples are tested. The National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

Results of Lipids should always be interpreted in conjunction with the patient's medical history, clinical presentation and other findings.



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SHRI ANANT SAI HOSPITAL

A Unit of Parth Sheel Health Care Pvt. Ltd.

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TEST NAME	RESULT	UNIT	BIOLOGICAL REF. RANGE
Thyroid Function Test			
T3 (Triiodothyronine) (ECLIA)	1.07	ng/mL	0.8 - 2.02
T4 (Thyroxine) (ECLIA)	6.49	µg/dL	5.1 - 14.06
TSH (ECLIA)	8.08	µIU/ml	0.27 - 4.2

Interpretation(s)

TSH stimulates the production and secretion of the metabolically active thyroid hormones, thyroxine (T₄) and triiodothyronine (T₃), by interacting with a specific receptor on the thyroid cell surface. The synthesis and secretion of TSH is stimulated by Thyrotropin releasing hormone (TRM) in response to low levels of circulating thyroid hormones. Elevated Levels of T₃ and T₄ suppress the production of TSH via a classic negative feedback mechanism. Failure at any level of regulation of the Hypothalamic-pituitary- thyroid axis will result in either underproduction (hypothyroidism) or overproduction (hyperthyroidism) of T₄ and/ or T₃

Limitations:

T₃ and T₄ circulates in reversibly bound form with Thyroid binding globulins (TBG), and to a lesser Extent albumin and thyroid binding Pre Albumin, So Conditions in which TBG and protein levels alter Such as pregnancy, excess estrogens, androgens, steroids may falsely affect the T₃ and T₄ levels. Normal levels of T₄ can also be seen in Hyperthyroid patients with: T₃ Thyrotoxicosis, hypoproteinemia Or ingestion of certain drugs. Serum T₄ levels in neonates and infants are higher than values in the normal adult, due to the increased concentration of TBG in neonate serum. TSH may be normal in central hypothyroidism recent rapid correction of hyperthyroidism or hypothyroidism pregnancy, Phenytoin therapy, Autoimmune disorders may produce spurious results. Various drugs can interfere With the test result, TSH has a diurnal rhythm so values may vary if sample collection is done at different times of the day.

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Absolute Leucocyte Count


Absolute Neutrophils Count	3321	/cmm	
Absolute Lymphocytes Count	1724	/cmm	
Absolute Monocytes Count	307	/cmm	
Absolute Eosinophils Count	104	/cmm	
Absolute Basophils Count	33	/cmm	
IMG#	0.01		0.00 - 999.99
NRBC#	0.00		0.00 - 9999.99
PCT	0.26	%	0.108 - 0.282
P-LCC	103.00	X 10 ⁹ /L	30 - 90
P-LCR	58.30	%	11.0 - 45.0
ESR	30	mm/hr	0 - 21

Modified Westergren Method

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, Hodgkin's disease, temporal arteritis, polymyalgia rheumatica. It indicates presence and intensity of an inflammatory process, never diagnostic of a specific disease. Changes are more significant than a single abnormal test. It is also increased in pregnancy, multiple myeloma, menstruation, and hypothyroidism.

Interpretation(s)

Tests done on Automated Six Part Cell counter, based on Electrical Impedance and Flow cytometry method. The percentage counting of each type of differential leucocytes does not indicate correctly their absolute increase or decrease, hence as per recommendation of the International Council for Standardization in Haematology the differential leucocyte counts are reported as absolute number of each cell type per unit volume of blood. The cell morphology is well preserved for 24hrs. However after 24-48 hrs. a progressive increase in MCV and HCT is observed leading to a decrease in MCHC. A direct smear is recommended for an accurate differential count and for examination of RBC morphology.


Dr. D. Prasad
 MD, Path
 Pathologist

----- End Of Report -----

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Haemogram (CBC+ESR)

TEST NAME	RESULT	UNIT	BIOLOGICAL REF. RANGE
Hematology			
Hemoglobin (SLS method)	9.6	g/dL	12.0 - 15.0
Hematocrit (Electrical Impedance)	31.0	%	40 - 54
RBC Count (Electrical Impedance)	4.12	million/cmm	3.8 - 4.8
WBC Count (Flowcytometry)	5490	/cmm	4000 - 10000
Platelet Count (Electrical Impedance)	177000	/cmm	150000 - 450000
MCV (Calculated)	75.4	fL	83 - 101
MCH (Calculated)	23.3	Pg	27 - 32
MCHC (Calculated)	30.9	%	31.5 - 34.5
RDW (Calculated)	15.5	%	11.5 - 14.5
RDW-SD	43.2	fL	35 - 56
MPV	14.5	fL	7.5 - 11.5
PDW	15.8		15 - 17
Blasts (%)	00	%	
Promyelocytes (%)	00	%	
Myelocytes (%)	00	%	
Metamyelocytes (%)	00	%	
Band form Cells (%)	00	%	
Differential WBC Count (Manual By Microscopy)			
Neutrophils (%)	60.50	%	38 - 70
Lymphocytes (%)	31.40	%	20 - 45
Monocytes (%)	5.60	%	2 - 8
Eosinophils (%)	1.90	%	1 - 4
Basophils (%)	0.60	%	0 - 1

SHRI ANANT SAI HOSPITAL

A Unit of Parth Sheel Health Care Pvt. Ltd.

Name : Mrs REKHA SHINGH
Age/Sex : 38 Y/
consultant : Dr. PARTH
STHAPAK/
CARDIOLOGY

Reg. No. : 202201220002
Accession No. : 20220122003
IPD/Bill No. : 21B-004705

IPD/OPD Status : OPD
Category : PRIVATE
Location/Bed.No. :

Sample Collected at: 22/01/2022 10:52:28 AM

Accept Time at: 22/01/2022 10:52:28 AM

Report Gen at: 22/01/2022 12:57:16 PM



HAEMATOLOGY



Accession No

Registration No

SAMPLE TYPE : BLOOD

HAEMATOLOGY REPORT

Investigations	Status	Result	Unit	Biological Reference Interval
Blood Group		AB		
Rh Typing		POSITIVE		

*** End of Report ***

Checked By:

AKASH DILAWAR

Dr. DHANANJAY PRASAD
MBBS, MD (Pathology)

Address : Beside Kingsway Hotel, Near Airtel Office, Ring Road No. 1, Telibandha, Raipur (C.G.)

Contact Us : 9109152271, 0771-4982222, Email : anantsai99@gmail.com

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:38 Y/Female

:Dr. PARTH
STHAPAK/
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ACCEPT TIME AT:22/01/2022 10:52:28 AM


ReportGen at:22/01/2022 1:04:09 PM

CLINICAL PATHOLOGY

URINE ROUTINE EXAMINATION REPORT

<u>INVESTIGATION</u>	<u>RESULT</u>	<u>UNIT</u>	<u>NORMAL RANGE</u>
<u>PHYSICAL EXAMINATION</u>			
QUANTITY	15 ML		<30 ML
APPEARANCE	CLEAR		CLEAR
COLOR	P. YELLOW		P.YELLOW
<u>CHEMICAL EXAMINATION</u>			
REACTION(Ph)	6.0		5.5 - 7.5
SPECIFIC GRAVITY	1.015		1.012-1.025
PROTEIN	NIL		ABSENT
SUGAR	ABSENT		ABSENT
KETON BODY	ABSENT		ABSENT
NITRATE	NEGATIVE		NEGATIVE
BLOOD	NEGATIVE		NEGATIVE
<u>MICROSCOPIC EXAMINATION</u>			
PUS CELLS	2-3	/HPF	4-5
RBC	NIL	/HPF	NIL
EPITHELIAL CELL	2-3	/HPF	3-4
CASTS	NIL	/HPF	NIL
CRYSTALS	NIL	/HPF	NIL

Checked By:


Dr.DHANANJAY PRASAD
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