Consultant Radiologist & Sonologist
Dr. Roopa Goyal
MD (Radio-Diagnosis)

GOYAL DIAGNOSTICS
4-D ULTRASOUND • COLOUR DOPPLER

SHOP NO. 16-17, IST FLOOR SHOPPING CENTRE, OPP. JLN HOSPITAL, AJMER -305 001 PHONE : 2428948

Patient Name : MR. NITIN BAKLIWAL
Age / Gender : 32 years / Male
Endo ID : 116389
Organization : Goyal Diagnostics Profile
Referral : MEDIWHEEL

Collected Date & Time : Apr 08, 2023, 02:15 p.m.
Reported Date & Time : Apr 08, 2023, 03:34 p.m.
Sample ID : 230980131

Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
LIPID PROFILE			
Cholesterol Total Method : ENZYMETIC COLORIMETRIC METHOD CHOD - POD	176.0	mg/dL	130 -250
Triglycerides Method : ENZYMETIC COLORIMETRIC	85.7	mg/dL	60 -170
HDL Cholesterol Method : PHOSPHOTUNGSTIC ACID	46.8	mg/dL	Normal: 40-60 Major Risk for Heart: > 60
VLDL Cholesterol Method : Calculated	17.14	mg/dL	6 - 38
LDL Cholesterol Method : Calculated	112.06	mg/dL	Optimal < 100 Near / Above Optimal 100-129 Borderline High 130-159 High 160-189 Very High >or = 190
CHOL/HDL Ratio Method : Calculated	3.76		2.6-4.9
LDL/HDL Ratio Method : Calculated	2.39		0.5-3.4

END OF REPORT

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Sample ID : 230980131

Test Description	Value(s)	Unit(s)	Reference Range
IMMUNOLOGY			
T3-Triiodothyronine	1.18	ng/dL	0.60-1.81
Method : CHEMILUMINOSCENCE			
T4-Thyroxine	9.3	ug/dL	4.5 - 10.9
Method : CHEMILUMINOSCENCE			
TSH -ULTRA SENSITIVE	2.03	uIU/mL	0.35 - 5.50
Method : CHEMILUMINOSCENCE			

Interpretation:

TSH measurement is useful in screening and diagnosis for euthyroidism, hyperthyroidism and hypothyroidism.TSH levels may be affected by acute illness and drugs like doapmine and glucocorticoids. Low or undetectable TSH is suggestive of graves disease TSH between 5.5 to 15.0 with normal T3 T4 indicates impaired thyroid hormone or subclinical hypothyroidism or normal T3 T4 with slightly low TSH suggests subclinical Hyperthyroidism.TSH suppression does not reflect severity of hyperthyroidism therefore , measurement of FT3 FT4 is important. FreeT3 is first hormone to increase in early Hyperthyroidism. Only TSH level can prove to be misleading in patients on treatment. Therefore FreeT3 , FreeT4 along with TSH should be checked.

END OF REPORT

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Sample ID : 230980131

Test Description	Value(s)	Unit(s)	Reference Range
HAEMATOLOGY			
HbA1c (GLYCOSYLATED HEMOGLOBIN) BLOOD **Method : Nephelometry Methodology**	5.7	%	> 8% Action Suggested 7 - 8 % Good Control < 7% Goal 6 - 7 % Near Normal Glycemia < 6% Normal level

Instrument:Mispa i2

Clinical Information:

Glycated hemoglobin measurement is not appropriate where there has been a change in diet or treatment within 6 weeks. Hence, people with recent blood loss, hemolytic anemia, or genetic differences in the hemoglobin molecule (hemoglobinopathy and Hb variants viz: HbS,HbC,HbE, HbD,elevated HbF, as well as those that have donated blood recently, are not suitable for this test. Conditions associated with false increased HbA1C values: HbF, Uremia,Lead Poisoning, Hypertriglyceridemia, Alcoholism, Opiate addiction, Iron defiency state,Postsplenectomy, Hyperbilirubinemia, Chronic aspirin therapy. Conditions associated with false low HbA1C values: HbS, HbC, Hemolytic anemia, Pregnancy, Acute or chronic blood loss

AVERAGE BLOOD GLUCOSE	116.89		90 - 120 Very Good Control 121 - 150 Adequate Control 51 - 180 Sub-optimal Control 181 - 210 Poor Control > 211 Very Poor Control

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Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
RENAL FUNCTION TEST			
Urea	23.3	mg/dL	10 - 45
Method : Uricase			
Creatinine	0.82	mg/dL	0.6 - 1.4
Method : Serum, Jaffe			
Uric Acid	5.3	mg/dL	3.0 - 7.0
Method : Serum, Uricase			
Calcium	9.61	mg/dl	8.6 - 10.2
Method : ARSENASO with serum			
Sodium	140	mmol/L	135 - 145
Method : Ion-Selective Electrode with serum			
Potassium	3.7	mmol/L	3.50 - 5.00
Method : Ion Selective Electrode with serum			
Chlorides	102	mmol/L	98 - 106
Method : Ion-Selective Electrode with serum			

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Test Description	Value(s)	Unit(s)	Reference Range
HAEMATOLOGY			
Hemoglobin (HB)	15.2	gm/dl	13.5 - 18.0
Erythgrocyte (RBC) Count	5.13	mil/cu.mm	4.7 - 6.0
Packed Cell Volume (PCV)	45.5	%	42 - 52
Mean Cell Volume (MCV)	88.7	FL	78 - 100
Mean Cell Haemoglobin (MCH)	29.6	Pg	27 - 31
Mean Corpuscular Hb Concn. (MCHC)	33.4	g/dl	32 - 36
Red Cell Distribution Width (RDW)	12.7	%	11.5 - 14.0
Total Leucocytes Count (WBC)	8800	Cell/cu.mm	4000 - 10000
Neutrophils	70	%	40 - 80
Lymphocytes	25	%	20 - 40
Monocytres	03	%	2 - 10
Eosinophils	02	%	1-6
Basophils	00	%	0-1
Mean Platelet Volume (MPV)	9.5	fL	7.2 - 11.7
PCT	0.34	%	0.2 - 0.5
Platelet Count	355	10^3/ul	150 - 450

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Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
IRON - SERUM	82.5	ug/dL	65 - 175
TOTAL IRON BINDING CAPACITY(TIBC)	392	ug/dL	228 - 428
FERRITIN	64.3	ng/mL	Male:22-322
Method : Serum CLIA			Female:10-291
TRANSFERRIN SATURATION %	21.05	%	16 - 50
Method : Calculated			

INTERPRETATION

The serum iron test is used to measure the amount of iron that is in transit in the body – the iron that is bound to transferrin in the blood. Along with other tests, it is used to help detect and diagnose iron deficiency or iron overload. Testing may also be used to help differentiate various causes of anemia.The amount of iron present in the blood will vary throughout the day and from day to day. For this reason, serum iron is almost always measured with other iron tests, including ferritin, transferrin, and calculated total iron-binding capacity (TIBC) and transferrin saturation.Serum ferritin appears to be in equilibrium with tissue ferritin and is a good indicator of
storage iron in normal subjects and in most disorders. In patients with some hepatocellular diseases, malignancies and inflammatory diseases, serum ferritin is a disproportionately high estimate of storage iron because serum ferritin is an acute phase reactant. In such
disorders iron deficiency anemia may exist with a normal serum ferritin conc. In the presence of inflammation, persons with low serum ferritin are likely to respond to iron therapy.

Increased Levels -

Iron overload – Hemochromatosis, Thalassemia & Sideroblastic anemia
-Malignant conditions - Acute myeloblastic & Lymphoblastic leukemia, Hodgkin's disease & Breast carcinoma
-Inflammatory diseases - Pulmonary infections, Osteomyelitis, Chronic UTI, -Rheumatoid arthritis, SLE, burns,Acute & Chronic hepatocellular disease

Decreased Levels
-Iron deficiency anemia

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Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
C-Reactive Protein; CRP, SERUM	1.10	mg/L	0.0-6.0

Interpretation :

1. Measurement of CRP is useful for the detection and evaluation of infection, tissue injury, inflammatory disorders and associated diseases .
2. High sensitivity CRP (hsCRP) measurements may be used as an independent risk marker for the identification of individual at risk for future cardiovascular disease.
3. Increase in CRP values are non-Specific and should not be interpreted without a complete history.

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Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
LIVER FUNCTION TEST			
Bilirubin - Total	0.67	gm/dl	0.0 - 1.20
Bilirubin - Direct	0.28	mg/dL	0.00 - 0.30
Bilirubin - Indirect	0.39	mg/dL	0.1 - 1.0
Method : Calculated			
ASPARTATE AMINO TRANSFERASE (SGOT-AST)	21.4	U/L	5.0-40.0
Method : IFCC with Serum			
ALANINE AMINO TRANSFERASE (SGPT-ALT)	30.1	U/L	5.0 - 40.0
Method : IFCC with POD Serum			
Alkaline Phosphatase	80.0	U/L	**MALE & FEMALE** 4-19 YEAR: 54-369 U/L 20-59 YEAR: 42-98 U/L >60 YEAR: 53-141 U/L
Method : IFCC with Serum			
Total Protein	7.24	g/dL	6.00 - 8.00
Method : Biuret, with Serum			
Albumin	4.06	g/dL	3.40 - 5.50
Method : Tech; BCG with Serum			
Globulin	3.18	g/dL	1.5 - 3.5
Method : Calculated			
A/G Ratio	**1.28**		1.5 - 2.5
Method : Calculated			

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Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
Gamma GT	20	U/L	8-61

Method : G-Glutamyl-Carboxy-Nitoanilide

Interpretation

A high GGT level can help rule out bone disease as the cause of an increased ALP level, but if GGT is low or normal, then an increased ALP is more likely due to bone disease. Even small amounts of alcohol within 24 hours of a GGT test may cause a temporary increase in the GGT.

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Collected Date & Time : Apr 08, 2023, 02:15 p.m.
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Sample ID : 230980131

Test Description	Value(s)	Unit(s)	Reference Range
CLINICAL PATHOLOGY			
General Examination			
Colour	Pale yellow		Pale Yellow
Transparency (Appearance)	Clear		Clear
Reaction (pH)	Acidic		4.5 - 7.0
Specific gravity	1.020		1.005 - 1.030
Chemical Examination			
Urine Protein (Albumin)	+		NIL
Urine Glucose (Sugar)	NIL		NIL
Microscopic Examination			
Pus cells (WBCs)	2-3	/hpf	0-9
Epithelial cells	3-4	/hpf	0-4
Red blood cells	NIL	/hpf	0-4
Crystals	Absent		Absent
Cast	Absent		Absent
Amorphous deposits	Absent		Absent
Bacteria	Absent		Absent
Yeast cells	Absent		Absent

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HAEMATOLOGY

BLOOD GROUP ABO AND RHTYPE Method : Gel Technique & Tube Agglutination	'AB' POSITIVE		

Medical Remark :

The blood group done is forward blood group only. In case of any discrepancy kindly contact the lab

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Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
Glucose fasting	87.21	mg/dL	70.0-110.0
Method : Fluoride Plasma-F, Hexokinase			

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Sample ID : 230980132

Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
Blood Glucose-Post Prandial Method : Hexokinase	108.27	mg/dL	70 - 140

END OF REPORT

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