OnePLUS Ultrasound Lab

QUALITY FIRST... ALWAYS!

Dr. Nitin Agarwal
Pathologist & Director
Ex. Sr. Res. MAMC
& Lok Nayak Hospital
Ex. Chief of Lab Dr. Lal Path Labs.

Dr. Pooja (Garg) Agarwal
Radiologist & Director
MAMC & Lok Nayak Hospital

ITDOSE INFOSYSTEMS PVT. LTD.

NAME	:Mr. RANJEET KUMAR BARANWAL	Barcode No	:10114220
AGE/GENDER	:34 YRS/Male	SPECIMEN DATE	:26/Feb/2022 09:13AM
PATIENT ID	:91724	SPECIMEN RECEIVED	:26/Feb/2022 09:21AM
REFERRED BY	:Dr. MEDIWHEEL	REPORT DATE	:26/Feb/2022 03:09PM
CENTRE NAME	:ONEPLUS ULTRASOUND LAB	LAB NO.	:012202260006

HAEMATOLOGY

Health checkup 2 Male

Glycosylated Hemoglobin (HbA1c)	5.4	%	Non Diabetic adults <5.7 Prediabetic (at risk) 5.7-6.4 Diabetes >6.4
Estimated average blood glucose (eag)	108		

Reference range (mg/dl):

90 - 120:Excellent control, 121 - 150:Good Control, 151 - 180:Average Control, 181 - 210:Action Suggested

>211:Panic value

BLOOD GROUP (ABO)	B
Rh typing	POSITIVE

NOTE :

* Apart from major A,B,H antigens which are used for ABO grouping and Rh typing, many minor blood group antigens exist. Agglutination may also vary according to titre of antigen and antibody.
* So before transfusion, reconfirmation of blood group as well as cross-matching is needed.
* Presence of maternal antibodies in newborns, may interfere with blood grouping.
* Auto agglutination (due to cold antibody, falciparum malaria, sepsis, internal malignancy etc.) may also cause erroneous result.

CBC

Haemoglobin	14.9	g/dl	13.0-17.0
Total Leucocyte Count	5150	/cumm	4000-10000
Differential leucocyte count			
Neutrophils	61.7	%	40-80
Lymphocyte	30.40	%	20-40
Monocytes	6.30	%	2-10
Eosinophils	1.2	%	1-6
Basophils	0.4	%	0-2
RBC Count	5.16	million/cumm	4.5 - 5.5

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PCV(Hematocrit)	46.1	%	40-50
MCV	89.3	fL	83-101
MCH	28.8	Pg	27-32
MCHC	32.2	G/dL	32-35
Platelet count	166000	/cumm	150000-450000
RDW-CV	12.9	%	11.4-14.0
ESR(WESTEGRENs METHOD)	12	mm in 1st hr	0-20

BIOCHEMISTRY

Blood sugar fasting	95	mg/dL	70-110
Blood sugar pp	98	mg/dL	70.0-140.0
Bun (blood urea nitrogen)	13.50	mg/dl	8.9-21.6
Uric acid, serum	4.2	mg/dl	3.4-7.0
Creatinine, serum	1.0	mg/dl	0.60-1.1

LFT(LIVER FUNCTION TEST)

Bilirubin Total	0.65	mg/dl	0.1-1.2
Bilirubin Conjugated	0.24	mg/dl	0-0.4
Bilirubin Unconjugated	0.41	mg/dl	up to 0.7
SGOT (AST)	27	U/L	0-35
SGPT (ALT)	24	U/L	<45.0
Alkaline phosphatase	95	U/L	40-129
Gamma glutamyl transpeptidase	28	U/L	<66
Total Protein	6.9	gm/dl	6.60 - 8.70
Albumin	3.9	g/dL	3.8-5.1
Globulin	3.00	gm/dl	1.8-3.4
Albumin/Globulin Ratio	1.30		1.10 - 2.50

LIPID PROFILE

Cholesterol	193	mg/dl	50-200
Triglycerides	73	mg/dL	25-150

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HDL Cholesterol	45	mg/dL	30-70
LDL cholesterol	**133**	mg/dL	<130
VLDL cholesterol	14.6	mg/dL	5-40
Cholesterol/HDL Ratio	4.3		Low Risk 3.3-4.97 Average Risk 4.4-7.1 Moderate Risk 7.1-11.0 High Risk >11.0
LDL/HDL Ratio	3.0		0 - 3.55

According to ATP III and NCEP guidelines

Parameter	Normal	Desirable	Borderline	High
Total cholesterol	<200	200-239		240
Triglycerides	<150	150-199	200-499	500
LDL	Optimal <100 Near Optimal 100-129	130-159	160-180	190
HDL	<40 : LOW 60 : HIGH			

ENDOCRINOLOGY

PSA TOTAL

Prostatic specific antigen, Total	0.60	ng/ml	<4.0

< 40 years	0.21 to 1.72 ng/ml
40 - 49	0.27 to 2.19 ng/ml
50 - 59	0.27 to 3.42 ng/ml
60 - 69	0.22 to 6.16 ng/ml
> 69	0.21 to 6.77 ng/ml

Notes:

PSA is principally produced by the glandular epithelium of the prostate, and is secreted in the seminal fluid. PSA is also present in

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urine and blood. PSA acts on seminal fluid to fluidify and increase sperm mobility. PSA levels rise in prostatic pathologies such as benign prostatic hyperplasia (BPH) or prostate cancer.

THYROID PROFILE(T3,T4,TSH)

Triiodothyronine total [t3]	0.86	ng/dl	0.52-1.9
Thyroxine total [t4]	7.50	µg/dl	4.4 - 10.8
TSH (Thyroid Stimulating Hormone)	**6.60**	µIU/ml	0.25-5.0

AGE WISE VARIATION IN TSH

AGE	TSH(µIU/ml)	AGE	TSH(µIU/ml)
1-4 weeks	1.00 - 19.0	16-20 yrs	0.25 - 5.0
1-12 mths	1.70 - 9.1	21 - 80 yrs	0.25 - 5.0
1-5 yrs	0.80 - 8.2	Ist trimester	0.25 - 5.0
6-10 yrs	0.25 - 5.0	IInd trimester	0.50 - 5.0
11-15 yrs	0.25 - 5.0	IIrd trimester	0.4 - 6.0

Reference ranges - Interpretation of Diagnostic tests - (Jacques Wallach)

1. Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH level.
2. Primary hyperthyroidism is accompanied by elevated serum T3 and T4 levels along with depressed TSH values.
3. Slightly elevated T3 levels may be found in pregnancy and estrogen therapy, while depressed levels may be encountered in severe illness, renal failure and during therapy with drugs like propranolol and propyl thiouracil.
4. Although elevated TSH levels are nearly always indicative of primary hypothyroidism, and may be seen in secondary thyrotoxicosis

CLINICAL PATHOLOGY

URINE ROUTINE

Physical examination

Quantity	20	ML
Colour	PALE YELLOW	
Transparency	CLEAR	CLEAR
Sp.gravity	1.015	1.010-1.030
pH	5.50	
Reaction	ACIDIC	ACIDIC

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Chemical examination			
Urine protein	NIL		NIL
Urine sugar	NIL		NIL
Bilirubin, urine	NEGATIVE		NEGATIVE
Urobilinogen	NORMAL		NORMAL
Ketones	NEGATIVE		NEGATIVE
Microscopic examination			
Pus cells.	2-3	/HPF	0-2
Epithelial cells	1-2	/HPF	NIL
R.B.C.	NIL	/HPF	NIL
Casts	NIL	/HPF	NIL
Crystals	NIL	/HPF	NIL
Bacteria	NIL	/HPF	NIL
Others.	NIL	NIL	NIL

STOOL ROUTINE

Physical examination			
Colour	BROWNISH		
Consistency	SEMI FORMED		Semi Formed
Blood	ABSENT		Absent
Mucus	ABSENT		Absent
Chemical examination, stool			
pH	6.50		
Microscopic examination			
Pus cells	NIL	/HPF	
Red blood cells	NIL	/HPF	NIL
Ova	NIL		NIL
Cysts	NIL		NIL
Bacteria	NIL	/HPF	NIL
Others	NIL		

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