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|-------------------------------------|---------------------------------------|
| Name: OMESH GARG VIJAY KUMAR | Ward: OPD |
| Lab ID: 00000097 | Registration on: 11/02/2023 10:15:00 |
| Age & Sex: 33 Year Male | Reported on: 13:45:46 |
| Reference: VELOCITY HOSPITAL | Sample Type: BLOOD & URINE |

CBC ESR

| Test | Observed Value | Unit | Biological Reference Interval |
|---|----------------|----------|-------------------------------|
| Haemoglobin | 15.4 | g/dL | 13.5 - 17.5 |
| Total RBC | 5.90 | mill./cm | 4.50 - 5.90 |
| Total WBC | 7600 | /cmm | 4000 - 11000 |
| Platelet Count | 238000 | /cmm | 150000 - 450000 |
| HCT | 45.9 | % | 36.0 - 48.0 |
| MCV | 77.8 L | fL | 80.0 - 100.0 |
| MCH | 26.1 L | pg | 27.0 - 32.0 |
| MCHC | 33.6 | g/dL | 31.5 - 36.0 |
| DIFFERENTIAL COUNT | | | |
| Neutrophils | 51 | % | 40 - 70 |
| Lymphocytes | 42 H | % | 20 - 40 |
| Eosinophils | 04 | % | 02-05 |
| Monocytes | 03 | % | 01-07 |
| Basophils | 00 | % | 00 - 02 |
| Band Cells | 00 | % | 0.0 - 6.0 |
| ABSOLUTE DIFFERENTIAL COUNT | | | |
| Neutrophils | 3876 | /cumm | 2000 - 7000 |
| Lymphocytes | 3192 H | /cumm | 1000 - 3000 |
| Eosinophils | 304 | /cumm | 20 - 500 |
| Monocytes | 228 | /cumm | 200 - 1000 |
| Basophils | 0 | /cumm | 0 - 100 |
| GLR / NLR (Neutrophil/Lymphocyte Ratio) | 1.2 | | |
| M ENTZER INDEX | | | |
| RDW-CV | 11.8 | % | 11.1 - 14.1 |
| RDW-SD | 36.4 | fl | 31.0-46.0 |
| MPV | 7.9 | fl | 7.00 - 11.00 |
| PCT | 0.19 | % | 0.10-0.30 |

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PDW 17.9 % 10.0-18.00

PERIPHERAL SM EAR EXAMINATION

RBC Morphology
WBC Morphology
Platelets in Smear

Normochromic and normocytic.
Appear normal, Immature cells are not seen .
Adequate.

Malarial Parasites

Not Detected.

ESR

AFTER 1 HOUR

29 H mm/hr

0.0 - 15.0

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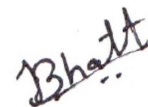




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BLOOD GROUP

| <u>Test</u> | <u>Observed Value</u> | <u>Unit</u> | <u>Biological Reference Interval</u> |
|--------------------|-----------------------|-------------|--------------------------------------|
| Blood Group | "B" | | |
| Rh Factor | POSITIVE | | |



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BLOOD GLUCOSE TEST

| Test | Unit |
|----------------------|-------------------------|
| Sample | FLOURIDE PLASMA |
| FASTING (FBS) | |
| Blood Sugar-F | 76.2 mg/dL 70.00-110.00 |

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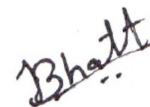
Reference: **VELOCITY HOSPITAL**Sample Type: **BLOOD & URINE**

HEMOGLOBIN A1c TEST

| Test | Observed Value | Unit | Biological Reference Interval |
|--------------------|----------------|-------|--|
| HbA1c | 5.6 | % | > 8 : Action Suggested 7-8 : Good control < 7 : Goal 6.2-7 : Near Normal Glycemia < 6.2 : Non-diabetic Level |
| Mean Blood Glucose | 114.0 | mg/dL | 70.0 - 140.0 |

Importance of HbA1c - Glycated Hb. in Diabetes Mellitus

- HbA1c, also known as Glycated Hemoglobin is the most important test for the assessment of long term blood glucose control (also called glycemic control)
- HbA1c reflects mean blood glucose concentration over past 6-8 weeks and provides a much better indication of long term glycemic control than blood glucose determination
- HbA1c is formed by non-enzymatic reaction between glucose and Hb. , this reaction is irreversible and therefore remains unaffected by short term fluctuations in blood glucose levels.
- Long term complications of diabetes such as retinopathy-eye complications, nephropathy-kidney complications and neuropathy-nerve complications, are potentially serious and can lead to blindness, kidney failure etc.
- Glycemic control monitored by HbA1c measurement using HPLC method-(Gold Standard) is considered most important. (Ref. National Glycohemoglobin Standardization Program -NGSP).



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LIPID PROFILE

| Test | Observed Value | Unit | Biological Reference Interval |
|-------------------------------|---------------------|-------|---|
| Sample | Fasting Blood Serum | | 0.0 - 0.0 |
| Cholesterol | 228.5 H | mg/dL | <200 Desirable 200-239 Borderline >240 Hig |
| Triglyceride | 110.3 | mg/dL | < 150 Normal 150 - 199 Borderline High 200 - 499 High >=500 Very High |
| HDL Cholesterol | 51.4 | mg/dL | 40-60 |
| VLDL | 22.06 | mg/dL | 10-40 |
| LDL Cholesterol | 155.04 H | mg/dL | <100 Optimal 100-129 Near optimal/above optimal 130-159 Borderline High 160-189 High >190 Very high |
| Cholesterol / HDL Chol. Ratio | 3.02 | | 0 - 4.1 |
| Total Lipid | 4.4 L | mg/dl | 400.0 - 1000.0 |

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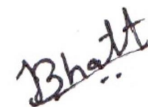
Reference: **VELOCITY HOSPITAL**Sample Type: **BLOOD & URINE**

RENAL FUNCTION TEST

| Test | | Unit | |
|---------------|------|-------|-------------|
| S. Creatinine | 0.62 | mg/dL | 0.5-1.30 |
| Bl. Urea | 19.2 | mg/dL | 10.0 - 50.0 |
| BUN | 9.0 | mg/dl | 6.0 - 22.0 |
| Uric Acid | 6.2 | mg/dL | 3.5 - 7.2 |

PROTEINS

| | | | |
|---------------|-----|------|-------------|
| Total Protein | 6.5 | g/dL | 6.0 - 8.0 |
| Albumin | 4.2 | g/dL | 3.50 - 5.50 |
| Globulin | 2.3 | g/dL | 2.0 - 4.0 |
| A/G Ratio | 1.8 | | |



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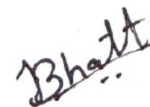
Age & Sex: **33 Year | Male**

Reported on: 13:45:47

Reference: **VELOCITY HOSPITAL**Sample Type: **BLOOD & URINE**

LIVER FUNCTION TEST

| <u>Test</u> | <u>Observed Value</u> | <u>Unit</u> | <u>Biological Reference Interval</u> |
|-------------------------|-----------------------|-------------|--------------------------------------|
| <u>BILIRUBIN</u> | | | |
| Total Bilirubin | 0.5 | mg/dL | 0.00 - 1.20 |
| Direct Bilirubin | 0.2 | mg/dL | 0.00 - 0.40 |
| Indirect Bilirubin | 0.30 | mg/dL | 0.20 - 1.00 |
| SGPT(ALT) | 30.6 | U/L | 0.0 - 40.0 |
| SGOT (AST) | 26.8 | U/L | 0.0 - 46.0 |
| Alkaline Phosphatase | 100.5 | U/L | 80-306 |

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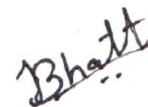


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URINE ANALYSIS

| Test | Observed Value | Unit | Biological Reference Interval |
|---------------------------------------|-------------------|------|-------------------------------|
| Sample | Fresh Urine | | |
| <u>PHYSICAL EXAMINATION</u> | | | |
| Quantity | 10.0 | mL | |
| Colour | Pale-Yellow | | |
| Appearance | Clear | | |
| pH | 5.0 | | |
| Specific Gravity | 1.030 | | |
| Sediments | Absent | | Absent |
| <u>CHEMICAL EXAMINATION</u> | | | |
| Protein (Albumin) | Absent | | Absent |
| Sugar | Absent | | Absent |
| Bile Salts | Absent | | Absent |
| Bile Pigment | Absent | | Absent |
| Ketone | Absent | | Absent |
| Occult Blood | Absent | | Absent |
| Nitrite | Absent | | Absent |
| Leukocyte Esterase | Absent | | Absent |
| Urobilinogen | Normal | | Normal |
| <u>MICROSCOPIC EXAMINATION</u> | | | |
| Pus Cells | Occasional | /hpf | Absent |
| Red Blood Cells | Absent | /hpf | Absent |
| Epithelial Cells | Absent | | Absent |
| Crystals | Absent | | Absent |
| Amorphous material | Absent | | Absent |
| Casts | Absent | | Absent |
| Yeast | Absent | | Absent |
| Bacteria | Absent | | Absent |

--- End of Report ---



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LABORATORY TEST REPORT



| Patient Information | Sample Information | Client/Location Information |
|--|-------------------------------------|--|
| Name : Mr Omesh Vijaykumar Garg | Lab Id : 022315301120 | Client Name : Spectra Diagnostics Lab@Adajan |
| Sex/Age : Male / 33 Y | Registration on : 11-Feb-2023 10:33 | Location : |
| Ref. Id : | Collected at : non SAWPL | Approved on : 11-Feb-2023 12:38 Status : Final |
| Ref. By : | Collected on : 11-Feb-2023 10:33 | Printed On : 11-Feb-2023 12:49 |
| | Sample Type : Serum | Process At : 153. Lab SAWPL Gujarat Surat Adajan |

Thyroid Function Test

| Test | Result | Unit | Biological Ref. Interval |
|---|--------|------------|--------------------------|
| T3 - Triiodothyronine <i>Chemiluminescence</i> | 1.27 | ng/mL | 0.58 - 1.59 |
| T4 - Thyroxine <i>Chemiluminescence</i> | 7.80 | micro g/dL | 4.87 - 11.72 |
| TSH - Thyroid Stimulating Hormone <i>Chemiluminescence</i> | 0.7104 | microIU/mL | 0.35 - 4.94 |

| TSH | T3/FT3 | T4/FT4 | Suggested Interpretation for the Thyroid Function Tests Pattern |
|---------------------------|------------------------|------------------------|--|
| Within Range | Decreased | Within Range | - Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%. |
| Raised | Within Range | Within Range | - Isolated High TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with physiological & Biological TSH Variability. - Subclinical Autoimmune Hypothyroidism - Intermittent T4 therapy for hypothyroidism - Recovery phase after Non-Thyroidal illness |
| Raised | Decreased | Decreased | - Chronic autoimmune Thyroiditis - Post thyroidectomy, Post radiiodine - Hypothyroid phase of transient thyroiditis |
| Raised or Within Range | Raised | Raised or Within range | - Interfering antibodies to thyroid hormones (anti-TPO antibodies) - intermittent T4 therapy or T4 overdose - Drug interference-Amiodarone, Heparin, Beta blockers, steroids, anti-epileptics |
| Decreased | Raised or within Range | Raised or within Range | - Isolated Low TSH - especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness - Subclinical Hyperthyroidism - Thyroxine ingestion |
| Decreased | Decreased | Decreased | - Central Hypothyroidism - Non-Thyroidal illness - Recent treatment for Hyperthyroidism (TSH remains suppressed) |
| Decreased | Raised | Raised | - Primary Hyperthyroidism (Graves disease), Multinodular goitre Toxic nodule - Transient thyroiditis: Postpartum, Silent (lymphocytic), Postviral (granulomatous, subacute, DeQuervain'a) Gestational thyrotoxicosis with hyperemesis gravidarum |
| Decreased or within range | Raised | Within Range | - T3 toxicosis - Non-Thyroidal illness |

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

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