

भारत सरकार  
Government of India

मनिषा प्रदीप सांगळे  
Manisha Pradip Sangale

जन्म वर्ष / Year of Birth : 1992  
स्त्री / Female

3469 9574 0242


आधार - सामान्य माणसाचा अधिकार



No. 8805704163

*[Handwritten signature]*



Patient ID	: 039	UHID No.	:
Patient Name	: MRS. MANISHA A SANAP	Regn/Sample Date	: 08-Jan-2022 03.08 PM
Age / Sex	: 30 Years / Female	Report Date	: 08-Jan-2022 06.32 PM
Referred By	: DR.SADGURU HOSPITAL	Sample Type	: Whole Blood
		Barcode	

**COMPLETE BLOOD COUNT**

Investigation	Result	Unit	Bio. Ref. Range
<b>Haemoglobin (HB)</b>	13.4	gm/dl	12-16
RBC	4.88	10 <sup>6</sup> /uL	4.2-5.4
PCV	39.8	%	37-47
MCV	81.6	fl	70-100
MCH	27.5	pg	27-31
MCHC	33.7	g/dl	32-36
RDW-CV	13.3	%	11.5-14.5
<b>Platelet count</b>	267000	/cumm	150000-450000
<b>Total Leucocytes Count</b>	7100	/cumm	4000-11000
<b>DIFFERENTIAL LEUCOCYTES COUNT</b>			
Neutrophils	70	%	44-76
Lymphocytes	23	%	20-40
Monocytes	05	%	2-10
Eosinophils	02	%	1-6
Basophils	00	%	0-2

----- END OF REPORT -----




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**Dr. Pravin Bagul**  
(MD Path  
Consulting Pathologist)

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<b>Referred By</b>	: DR.SADGURU HOSPITAL	Sample Type	: SERUM
		Barcode	 * 0 3 9 *

**LIVER FUNCTION TEST**

Investigation	Result	Unit	Bio. Ref. Range
<b>LIVER FUNCTION TEST</b>			
SGOT (AST) (Serum,IFCC)	26.8	U/L	Upto 40
SGPT (ALT) (Serum,IFCC)	30.1	U/L	Upto 40
Bilirubin-Total (Serum,Diazo)	0.90	mg/dL	0.1-1.2
Bilirubin-Direct (Serum,Diazo)	0.40	mg/dL	0.0-0.5
Bilirubin- Indirect	0.50	mg/dL	0.1-1.0
Alkaline Phosphatase (Serum, ALP-AMP)	122.1	U/L	54-306
Total Protein (Serum, Modified Biuret)	6.40	g/dl	6.0-8.5
Albumin (Serum,Bromocresol green)	3.00	g/dl	3.0-5.4
Globulin	3.40	g/dl	1.8-3.6
A/G Ratio (Calculated)	<b>0.88</b>		1.1-2.2

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# SADGURU PATHOLOGY LABORATORY

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		Barcode	 * 0 3 9 *

## HAEMATOLOGY.

### Investigation

### Result

#### BLOOD GROUP ABO & RH TYPING

(EDTA Whole Blood)

Blood group (ABO Typing)

O

RhD Factor (Rh typing)

POSITIVE

Method

Manual Slide Hemagglutination

Note

Kindly recheck Blood Group before blood transfusion

**ESR (Wintrobe)**

08

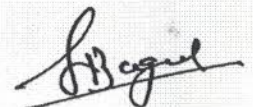
mm/1hr.

0-19

(EDTA Whole Blood)

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ID :  
Name:

Age: /  
Sex: /  
Weight: kg

Heart Rate: 83bpm  
PR Int.: 146 ms  
QRS Dur.: 96 ms  
QT/QTc: 402/473 ms  
P-R-T axes: 43 -50 67

Analysis Result \*\* (To be finally confirmed by cardiologist)  
Normal Sinus Rhythm  
Low Voltage (Chest Leads)  
Left Axis Deviation


\*\*\* MI may be incorrect due to low voltage.  
Moderately Abnormal ECG |

Mrs. Manida Sengap - 8/01/2022



Dr. Sank

DR. KRISHNA YAJ. MBBS MD (MEDICAL)  
REG. NO. 2007/05/159c  
SRI NA YADAV  
MBBS MD (MEDICAL)  
REG. NO. 2007/05/159c  
SRI NA YADAV

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		Barcode	

**LIPID PROFILE**

Investigation	Result	Unit	Bio. Ref. Range
Nature Of Sample (Serum, Enzymatic)	Fasting		
Serum Cholesterol -Total	185.4	mg/dL	Desirable - Upto 200 Borderline High - 200-239 High - Above 240
Serum Triglycerides	136.5	mg/dL	Normal: Below 150 Borderline High :150-199 High : 200-499 Very High : >= 500
HDL Cholesterol	<b>39.9</b>	mg/dL	Major risk factor for heart disease: < 40 Negative risk factor for heart disease: >=60
LDL Cholesterol	118	mg/dL	Optimal: < 100 Near Optimal/Above Optimal: 100-129 Borderline High: 130-159 High : 160-189 Very High : >= 190
VLDL Cholesterol	27	mg/dL	Upto 40
CHOL/HDL Ratio	<b>4.65</b>	Ratio	0-4.5
LDL / HDL Ratio	3.0	Ratio	1.5-3.5

Note: Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

VLDL, CHOL/HDL Ratio, LDL/HDL Ratio, LDL Cholesterol, serum, are calculated parameter

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		Barcode	 * 0 3 9 *

**BIOCHEMISTRY.**

Investigation	Result	Unit	Bio. Ref. Range
HbA1C	5.0	%	Non-diabetic: <= 5.8 Pre-diabetic: 5.9-6.4 Diabetic: = >6.4
Mean Blood Glucose level	97	mg/dL	
Method	Nephelometry		

INTERPRETATION :

- 1] HbA1c is used for monitoring diabetic control . It reflects the estimated average glucose (eAG) .
- 2] HbA1c has been endorsed by clinical groups & ADA(American Diabetes Association ) guidelines 2012 , for diagnosis of diabetes using a cut- off point of 6.5%. ADA defined biological reference range for HbA1c is 4% - 6%. Patient with HbA1c value between 6.0% to 6.5% are considered at risk for developing diabetes in the future .
- 3] Trends in HbA1c are a better indicator of diabetes control than a solitary test .
- 4] In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control. Excellent Control - 6 to 7 % , Fair to Good Control - 7 to 8 % , Unsatisfactory Control - 8 to 10 % and Poor Control - More than 10 % .

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Age / Sex : 30 Years / Female	Report Date : 08-Jan-2022 06.32 PM
<b>Referred By</b> : DR.SADGURU HOSPITAL	Sample Type : URINE
	Barcode 

**REPORT ON URINE ROUTINE**

**Investigation Result**

Specimen Name Urine

**PHYSICAL EXAMINATION**

Nature of specimen Random  
Colour Pale Yellow  
Transparency (Appearance) Clear  
Reaction (pH) Acidic  
Quantity 10 ml  
Deposits Absent  
Specific Gravity 1.015

**CHEMICAL EXAMINATION**

Urine Protein (Albumin) Absent  
Urine Glucose (Sugar) Absent  
Urine Ketones (Acetone) Absent  
Bile pigments Absent  
Bile Salt Absent

**MICROSCOPIC EXAMINATION**


Red blood cells Not Seen  
Pus Cells (WBCs) 2-4/hpf  
Epithelial cells 2-3/hpf  
Crystals Not seen  
Cast Not seen  
Bacteria Absent

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<b>Patient Name</b> : Mrs.MANISHA SANAP	<b>Registered On</b> : 08-01-2022 19:51
<b>Patient Id</b> : 7001	<b>Sample Collected On</b> : 08-01-2022:20:00
<b>Age/DOB/Gender</b> : 30Y/-/Female	<b>Reported On</b> : 08-01-2022 20:32
<b>Nationality</b> : Indian	<b>Sample UID No.</b> : p002b033000126
<b>Customer Type</b> : Customer Lab	<b>Customer Name</b> : SADGURU HOSPITAL (HIRAWADI ROAD)
<b>Ref. Doctor Name</b> :-	

**T3, T4, TSH (TFT)**

<u>Investigation</u>	<u>Result</u>	<u>Units</u>	<u>Biological Reference Interval</u>
<b>T3</b> Sample Type :Serum Method : ECLIA	1.26	ng/mL	0.8-2.0
<b>T4</b> Sample Type :Serum Method : ECLIA	8.42	ug/dl	5.1-14.1
<b>Thyroid Stimulating Hormone (TSH)</b>	1.14	uIU/mL	

Normal Ranges Age Wise  
 0 To 6 Days : 0.70 - 15.20  
 7 To 90 Days : 0.72 - 11.00  
 91 To 365 Days : 0.73 - 08.35  
 1 To 6 Years : 0.70 - 05.97  
 6 To 11 Years : 0.60 - 04.84  
 11 To 20 Years : 0.51 - 04.30  
 20 To 100 Years : 0.27 - 04.20

For Pregnant Woman  
 First Trimester : 0.3 - 4.5  
 Second Trimester : 0.5 - 4.6  
 Third Trimester : 0.8 - 5.2

Sample Type :Serum  
Method : ECLIA

**Comments -**

TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm . The variation is of the order of 50% . hence time of the day has influence on the measured serum TSH concentrations. -Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active. - Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy. Clinical Use • Primary Hypothyroidism • Hyperthyroidism • Hypothalamic – Pituitary hypothyroidism • Inappropriate TSH secretion • Nonthyroidal illness • Autoimmune thyroid disease • Pregnancy associated thyroid disorders First Trimester : 0.3 - 4.5 Second Trimester : 0.5 - 4.6 Third Trimester : 0.8 - 5.2 References-Henry's Clinical Diagnosis and Management, 23rd edition Tietz Fundamentals of Clinical Chemistry and Molecular Diagnosis, 7th edition

--End Of Report--

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*M.V. Chaudhari*