

## PATHOLOGY REPORT

Name:- Mrs. Dipika Kumari	Age :31Y/F	Date :-25/03/2023
Ref. By :- Dr. Bank Of Barauda	(E.C.No99570)	Serial Number :- 0253

### GLYCOSYLATED HEMOGLOBIN

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>
HbA1c	3.90	%

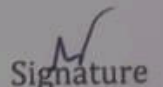
Mean Blood Glucose level (MBG) – 95.0 mg/dl

#### Normal Reference Values

Normal	:	< 8.0 %
Good Control	:	8.0 - 9.0 %
Fair Control	:	9.0 - 10.0 %
Poor Control	:	> 10.0 %

**Summary :-** Glycosylated hemoglobin (GHb) reflects the average blood glucose concentration over the preceding several weeks & a sudden fall from high to low glucose concentration will not produce a correspondingly rapid fall in glycosylated hemoglobin. Thus GHb reflects the metabolic control of glucose level over a period of time, unaffected by diet, insulin, other drugs or exercise on the day of testing. GHb is now widely recognized as an important test for the diagnosis of diabetes mellitus and is a good indicator of the efficacy of therapy.

\*\*\*end of report\*\*\*

  
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### KFT (KIDNEY Function Test) – serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>	
S. Urea	23.0	mg/dl	13	- 45
S. Creatinine	0.86	mg/dl	Male 0.7	- 1.4
			Female 0.6	- 1.2
S. BUN	10.74	mg/dl	6.0	- 21
S. Sodium (Na <sup>+</sup> )	140.8	mmol/ltr	135	- 150
S. Potassium(K <sup>+</sup> )	3.98	mmol/ltr	3.5	- 5.5
S. Chloride(Cl <sup>-</sup> )	100.2	mmol/ltr	94	- 110
S. Calcium	9.32	mg/dl	8.7	- 11.0
S. Uric Acid	4.69	mg/dl	Male 3.5	- 7.2
			Female 2.5	- 6.2

### BLOOD GROUPING

Grouping (ABO)	:	"B" Group
Rh Typing	:	Positive.

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### CBC (Complete Blood Count)

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
Hb (Haemoglobin)	11.6	gm/dl	12 - 17
Total Leukocyte Count	4,600	/Cumm.	4000 - 11000
RBC Count	3.88	Million/Cumm.	3.8 - 5.8
PCV / Haematocrit	37.1	%	30 - 50
Platelet Count	1.50	Lakhs/c.mm	1.5 - 4.5
MCV	95.6	fl	80 - 100
MCH	28.6	pg	26 - 34
MCHC	31.5	gm/dl	31.5 - 35
<b>Differential Leukocyte Count</b>			
Neutrophil	58	%	40 - 70
Lymphocyte	32	%	20 - 40
Monocyte	02	%	02 - 10
Eosinophi	08	%	01 - 06
Basophil	00	%	< 1 - 2 %
ESR	20	mm/1 <sup>st</sup> hr.	00 - 20

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### Lipid Profile - serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Cholesterol	315.0	mg/dl	130 - 200
S. Triglycerides	175.0	mg/dl	Fasting: 25 - 160
S. VLDL-Cholesterol	35.0	mg/dl	10 - 40
S. HDL-Cholesterol	58.0	mg/dl	Male: 30 - 65 Female: 35 - 80
S. LDL-Cholesterol	222.0	mg/dl	60 - 150
Ratio of Cholesterol/HDL	5.43		Low Risk: <3.0 Average Risk: 03 - 5.0 High Risk: >5.0
LDL/HDL Ratio	3.82		1.5 - 3.5

### BIOCHEMISTRY

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
P. Glucose Fasting	79.0	mg/dl	70 - 110
P. Glucose-Post Prandial (after 1.30hrs meal)	117.0	mg/dl	80 - 160

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### LFT (Liver Function Test) – serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>		
S. Total Bilirubin	0.81	mg/dl	Adults: 0.1	-	1.2
			Infants: 1.2	-	12
S. SGPT (ALT)	26.0	U/L	05	-	40
S. SGOT (AST)	28.0	U/L	05	-	40
S.GGT	32.0	U/L	05	-	45
S. Alkaline Phosphatase	79.2	U/L	Adult -- 25	-	140
			Children (1 – 12 yrs.) -- 104	-	390
S. Total Protein	7.02	g/dl	6.0	-	8.3
S. Albumin	3.94	g/dl	3.2	-	5.0
S. Globulin	3.08	g/dl	2.8	-	4.5
S. A/G Ratio	1.27				

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### Urine Routine And Microscopy

<u>TEST</u>	<u>RESULTS</u>
<b>Physical Examination</b>	
Volume	20 ml
Colour	Straw
Specific Gravity	1.010
Appearance	Clear
pH	5.0
(Acidic)	
<b>Chemical Examination</b>	
Protein	Nil
Sugar	Nil
Bile Salts	N/D
Bile Pigments	N/D
<b>Microscopic Examination</b>	
Pus Cells	1-2 /hpf
Red Blood Cells	Nil /hpf
Epithelial Cells	<b>Present (+)</b>
Crystal/Cast	Nil
Other	Nil
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TEST NAME	METHOD	VALUE	UNITS	NORMAL RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	105.0	ng/dL	(60 - 200)
TOTAL THYROXINE (T4)	C.L.I.A	7.02	µg/dL	(4.5 - 12.0)
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	1.99	µIU/mL	(0.3 - 5.5)

**Technology :**

T3 - Competitive Chemi Luminescent Immuno Assay

T4 - Competitive Chemi Luminescent Immuno Assay

TSH - Ultra Sensitive Sandwish Competitive Chemi Luminescent Immuno Assay

**REMARK :**

**THYROID HORMONES** -Serum TSH is primarily responsible for the synthesis and release of Thyroid hormones is an early and sensitive indicator of decrease in thyroid reserve is the diagnostic of primary hypothyroidism.The expeted increase in TSH demonstrate the classical feedback mechanism between pituitary and thyroid gland.Additionally TSH measurement is equally important in differentiating secondary and tertiary(hypothalamic) hypothyroidism.The increase in total T4 and T3 is associated with pregnancy,oral contraceptive and estrogen therapy results into masking of abnormal thyroid function only because of alteration of TBG concentration,which can be monitored by calculating Free Thyroxine Index(FTI) or Thyroid Hormone Binding Ratio(THBR).a

\*\*\*end of report\*\*\*

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