



Diagnostics S. No. : LSHHI298023	MR No. : MR/23/001002
Patient Name : Mrs. NEELAM NEELAM	Doctor : Dr. SANJAY KUMAR GUPTA
Age/Sex : 28 YRS Sex : Female	Date & Time : 11-Feb-2023 01:19 PM
OPD/IPD : OPD	Sample Collection : 12-Feb-2023 11:30 AM
IPDNo :	Reporting Date/Time : 12-Feb-2023 01:52 PM
	ReferDoctor :

BIO-CHEMISTRY

Test Name	Status	Result	Biological Reference Interval	Unit
<u>BLOOD GLUCOSE FASTING</u>				
BLOOD SUGAR FASTING		91	70-110	mg/dl
<u>BLOOD GLUCOSE PP</u>				
BLOOD SUGAR PP		103	80-140	mg/dl

HAEMATOLOGY

BLOOD GROUP And RH TYPE

BLOOD GROUP ABO & Rh "B" POSITIVE -

CBC(COMPLETE BLOOD COUNT)

HAEMOGLOBIN		12.7	11.0-15.0	gm/dl
TLC (Total Leucocyte Count)		6900	4000-11000	/cumm
NEUTROPHILS		64	45-75	%
LYMPHOCYTES		26	20-45	%
EOSINOPHILS		03	0-6	%
MONOCYTES		07	02-10	%
BASOPHILS		00	0-2	%
RBC		4.84	3.8-5.5	Millions/cmm
PCV/HAEMATOCRIT		43.7	35-45	%
MCV		90.3	76-96	fl
MCH	L	26.2	27-31	Picogram
MCHC	L	29.1	30-35	gm/dl
RDW		13.1	11.5-14.5	%
PLATELETS	L	1.26	1.5-4.5	

BIO-CHEMISTRY



(This is only professional opinion and not the diagnosis, Please correlate clinically)

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PARK GROUP OF HOSPITALS : West Delhi • South Delhi • Gurgaon • Karnal • Panipat • Hodal • Ambala • Behror



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CREATININE SERUM

CREATININE 1.0 0.6-1.4 mg/dl

HAEMATOLOGY

ESR

ESR H 40 0-20 mm/1sthr

BIO-CHEMISTRY

LFT(LIVER FUNCTION TEST)

BILIRUBIN (TOTAL)		0.67	0.1-1.2	mg/dl
BILIRUBIN DIRECT		0.25	0.0-0.3	mg/dl
BILIRUBIN INDIRECT		0.42	0.1-0.9	mg/dl
SGOT (AST)		38	0-40.0	IU/L
SGPT (ALT)	H	49	0-40	IU/L
ALK.PHOSPHATASE		104	48.0-119	IU/L
TOTAL PROTEIN		7.5	6.0-8.0	gm/dl
ALBUMIN		4.6	3.20-5.0	gm/dl
GLOBULIN		2.9	2.30-3.80	gm/dl
A/G Ratio		1.5	1.0-1.60	

LIPID PROFILE

TOTAL CHOLESTEROL		225	0-250	mg/dL
TRIGLYCERIDE	H	164	0-161	mg/dL
HDL-CHOLESTEROL		53	30.0-60.0	mg/dL
LDL CHOLESTEROL	H	139.2	0-130	mg/dL
VLDL		32.8	0-40	mg/dL
LDL / HDL RATIO		2.62	0.0-35.0	

UREA

BLOOD UREA 25 10.0-45.0 mg/dl

URIC ACID, SERUM



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URIC ACID 4.5 2.5-6.2 mg/dl

CLINICAL PATHOLOGY

URINE ROUTINE EXAMINATION

VOLUME	30	-	ml
COLOUR	P.YELLOW	-	
APPEARANCE	CLEAR	-	
URINE pH	6.0	5.5-8.5	
SPECIFIC GRAVITY	1.020	-	
KETONE	NEG	-	
URINE PROTEIN	NEG	-	
URINE SUGAR	NEG	-	
PUS CELLS	2-3	1-2	/HPF
RBC CELLS	NIL	-	
EPITHELIAL CELLS	3-5	2-3	/HPF
CRYSTALS	NIL	-	
CASTS	NIL	-	

LAB
TECHNICIAN

Dr. VISHAL SALHOTRA
MD (PATHOLOGY)


Dr. NISHTHA KHERA
MBBS, MD (PATHOLOGY)

Dr. PARDIP KUMAR
CONSULTANT(MICROBIOLOGY)

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Prognosis Laboratories

National Reference Lab.: 515-516, Sector-19, D.D.A. Plotted Development, Dwarka, New Delhi-110075

8130192290 www.prlworld.com care@prlworld.com

Lab No.	012302130007	Age/Gender	28 YRS/FEMALE	Coll. On	13/Feb/2023 07:57AM
Name	Ms. NEELAM			Reg. On	13/Feb/2023
Ref. Dr.				Approved On	13/Feb/2023 10:15AM
Rpt. Centre	Self			Printed On	16/Feb/2023 04:12PM

Test Name	Value	Unit	Biological Reference Interval
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HbA1c (Glycosylated haemoglobin), EDTA whole blood	5.6	%	4.0 - 6.0
<i>Method : HPLC</i>			
Estimated Average plasma Glucose	114.02	mg/dL	65 - 136
<i>Method : Calculated</i>			

The test is approved by NGSP for patient sample testing.

Interpretation:

Metabolically normal patients	%	4.0 - 6.0
Good control:	%	< 7.0
Fair control:	%	7.0 - 8.0
Poor control:	%	> 8.0

Glycosylated hemoglobin or HbA1C is a reliable indicator of mean plasma glucose levels for a period of 8-12 weeks preceding the date on which the test is performed and is a more reliable indicator of overall blood sugar control in known diabetic patients than blood sugar levels. A value of 4-6 % is usually seen in metabolically normal patients, however diabetics with very good control can also yield similar values. The HbA1c test, thus can not be used to differentiate between diabetic patients with very good control over the plasma glucose levels from metabolically normal, non-diabetic subjects as both groups may reveal very similar values in the assay.



Dr. Smita Sadwani
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Technical Director

Dr. Anita
MD Pathology
Sr. Consultant Pathologist



Dr. Deepak Sadwani
MD(Pathology)
Lab Director

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MBBS,MD (Pathology)
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TSH (Thyroid Stimulating Hormone), serum Method : ECLIA	4.49	uIU/ml	0.27 - 4.2
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Interpretation:

1. Primary hyperthyroidism is accompanied by elevated serum FT3 and FT4 values alongwith depressed TSH levels.
2. Primary hypothyroidism is accompanied by depressed serum FT3 and FT4 values and elevated serum TSH levels.
3. High FT3 levels accompanied by normal FT4 levels and depressed TSH levels may be seen in T3 toxicosis.
4. Central hypothyroidism occurs due to pituitary or thalamic malfunction (secondary and tertiary hypothyroidism respectively). This relatively rare but important condition is indicated by presence of low serum FT3 and FT4 levels, in conjunction with TSH levels that are paradoxically either low/normal or are not elevated to levels that are expected.

The following ranges are recommended for pregnant females:

First trimester	uIU/ml	0.1 - 2.5
Second trimester	uIU/ml	0.2 - 3.0
Third trimester	uIU/ml	0.3 - 3.0

***Disclaimer: This is an electronically validated report, if any discrepancy found should be confirmed by user. This test was performed at Prognosis Laboratories, 515-516, Sector 19, Dwarka, New Delhi-110075.**

*** End Of Report ***



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