

Patient Name : MR. STALIN MISHRA

Age / Gender : 40 years / Male

Patient ID : 10743

Referral : SELF

Collection Time : Mar 31, 2022, 11:21 a.m.

Reporting Time : Mar 31, 2022, 12:38 p.m.

Sample ID :



222572

| Test Description | Value(s) | Unit(s) | Reference Range |
|-----------------------------------|----------|---------------|-----------------|
| COMPLETE BLOOD COUNT(CBC) | | | |
| BLOOD COUNTS | | | |
| Hemoglobin (Hb) | 12.9 | g/dL | 12.5 - 17 |
| RED BLOOD CELL COUNT | 4.9 | mil/ μ L | 4.5 - 5.5 |
| WHITE BLOOD CELL COUNT | 6.9 | thou/ μ L | 4.0 - 10.0 |
| PLATELET COUNT | 175 | thou/ μ L | 150 - 450 |
| RBC AND PLATELET INDICES | | | |
| HEMATOCRIT | 41.9 | % | 37 - 50 |
| MEAN CORPUSCULAR VOLUME (MCV) | 85 | fL | 76 - 96 |
| MEAN CORPUSCULAR HEMOGLOBIN (MCH) | 26 | pg | 27 - 32 |
| MCHC | 31 | g/dL | 30 - 35 |
| MEAN PLATELET VOLUM (MPV) | 9.2 | fL | 6.0 - 9.5 |
| RDW-SD | 44.6 | fL | 37 - 54 |
| RDW-CV | 14.3 | % | 11.5 - 14.0 |
| PCT | 0.24 | % | 0.17 - 0.40 |
| WBC DIFFERENTIAL COUNT | | | |
| Neutrophils | 69 | % | 40 - 75 |
| Absolute Neutrophil Count | 4.8 | thou/ μ L | 2.0 - 7.0 |
| Lymphocytes | 25 | % | 20 - 45 |
| Absolute Lymphocyte Count | 1.74 | thou/ μ L | 1.5 - 4.0 |
| Eosinophils | 02 | % | 1 - 6 |
| Absolute Eosinophil Count | 0.13 | thou/ μ L | 0.04 - 0.40 |
| Monocytes | 04 | % | 02 - 10 |
| Absolute Monocyte Count | 0.24 | thou/ μ L | 0.20 - 0.80 |
| Basophils | 0 | % | 00 - 01 |
| Absolute Basophils Count | 0.0 | thou/ μ L | 0.01 - 0.10 |
| IG% | 0.2 | % | 0.00 - 0.5 |

END OF REPORT

Bankim Behari Mohanty
Dr. BANKIM BEHARI MOHANTY
 MD, PATHOLOGY

Patient Name : MR. STALIN MISHRA

Age / Gender : 40 years / Male

Patient ID : 10743

Referral : SELF

Collection Time : Mar 31, 2022, 11:21 a.m.

Reporting Time : Mar 31, 2022, 12:38 p.m.

Sample ID :



222572

| Test Description | Value(s) | Unit(s) | Reference Range |
|--|-----------|---------|-----------------|
| ESR (1 hr) | | | |
| ESR (Erythrocyte Sedimentation Rate) | 22 | mm/hr | < 15 |
| (EDTA Whole Blood) [Capillary Photometry] | | | |

Interpretation:

High ESR is not diagnostics of any disease but just indicative of some inflammatory process. ESR is to be used to monitor outcome of therapy. Microcytic anemia can increase ESR. High ESR can also be seen in apparently healthy adults.

END OF REPORT

Bankim Behari Mohanty
Dr. BANKIM BEHARI MOHANTY
MD, PATHOLOGY

Patient Name : MR. STALIN MISHRA

Age / Gender : 40 years / Male

Patient ID : 10743

Referral : SELF

Collection Time : Mar 31, 2022, 11:21 a.m.

Reporting Time : Mar 31, 2022, 12:38 p.m.

Sample ID :



222572

| Test Description | Value(s) | Unit(s) | Reference Range |
|--|--------------|---------|--|
| <u>LIPID PROFILE.</u> | | | |
| Cholesterol-Total [CHOD-POD] | 204.0 | mg/dL | Desirable level < 200 Borderline High 200-239 High >or = 240 |
| Triglycerides [: GOD-POD METHOD] | 408.0 | mg/dL | Normal: < 150 Borderline High: 150-199 High: 200-499 Very High: >= 500 |
| HDL Cholesterol [Serum, Direct measure-PEG] | 32.0 | mg/dL | Normal: > 40 Major Risk for Heart: < 40 |
| LDL Cholesterol [Enzymatic selective protection] | 90.40 | mg/dL | Optimal < 100 Near / Above Optimal 100-129 Borderline High 130-159 High 160-189 Very High >or = 190 |
| Non HDL Cholesterol | 172.0 | mg/dL | Optimal : <130 Desirable : 130 - 150 Border Line High : 159 - 189 High : 189 - 220 Very High : >=220 |
| CHOL/HDL Ratio [CALCULATED PARAMETER] | 6.38 | | 3.5 - 5.0 |
| LDL/HDL Ratio [CALCULATED PARAMETER] | 2.83 | | 2.5 - 3.5 |
| VERY LOW DENSITY LIPOPROTEIN [Serum, Enzymatic] | 81.60 | mg/dL | < 30 |

END OF REPORT

Bankim Behari Mohanty
Dr. BANKIM BEHARI MOHANTY
 MD, PATHOLOGY

Patient Name : MR. STALIN MISHRA

Age / Gender : 40 years / Male

Patient ID : 10743

Referral : SELF

Collection Time : Mar 31, 2022, 11:21 a.m.

Reporting Time : Mar 31, 2022, 12:38 p.m.

Sample ID :



222572

| Test Description | Value(s) | Unit(s) | Reference Range |
|--|-------------|---------|-----------------|
| LIVER FUNCTION TEST (LFT) | | | |
| Bilirubin - Total [Serum, Jendrassik Grof] | 0.71 | mg/dL | 0.3 - 1.2 |
| Bilirubin - Direct [Serum, Diazotization] | 0.25 | mg/dL | < 0.2 |
| Bilirubin - Indirect [Serum, Calculated] | 0.46 | mg/dL | 0.1 - 1.0 |
| SGOT [Serum, UV with P5P, IFCC 37 degree] | 45.0 | U/L | < 50 |
| SGPT [Serum, UV with P5P, IFCC 37 degree] | 95.5 | U/L | < 50 |
| Alkaline Phosphatase [PNPP-AMP Buffer/Kinetic] | 98.0 | U/L | 30 - 120 |
| Total Protein [Serum, Biuret, reagent blank end point] | 8.3 | g/dL | 6.6 - 8.3 |
| Albumin [Serum, Bromocresol green] | 5.0 | g/dL | 3.2 - 4.6 |
| Globulin [Serum, EIA] | 3.30 | g/dL | 1.8 - 3.6 |
| A/G Ratio [Serum, EIA] | 1.52 | | 1.2 - 2.2 |
| Gamma GT(GGT) | 75 | U/L | <55 |

END OF REPORT

Bankim Behari Mohanty
Dr. BANKIM BEHARI MOHANTY
MD, PATHOLOGY

Patient Name : MR. STALIN MISHRA

Age / Gender : 40 years / Male

Patient ID : 10743

Referral : SELF

Collection Time : Mar 31, 2022, 11:21 a.m.

Reporting Time : Mar 31, 2022, 12:38 p.m.

Sample ID :



222572

| Test Description | Value(s) | Unit(s) | Reference Range |
|---|------------|---------|---|
| RENAL FUNCTION TEST (RFT) | | | |
| Urea [Uricase] | 24.0 | mg/dL | 17 - 43 |
| Blood Urea Nitrogen-BUN [Serum, Urease] | 11.21 | mg/dL | 7 - 18 |
| Creatinine [Serum, Jaffe] | 0.91 | mg/dL | 0.67 - 1.17 |
| Uric Acid [Serum, Uricase] | 9.6 | mg/dL | 3.5 - 7.2 |
| Sodium | 142.0 | mmol/L | 136 - 149 Premature, cord: 116-140 Premature 48 hrs: 128-148 Newborn cord: 126-166 Newborn: 133-146 |
| Potassium | 4.34 | mmol/L | 3.8 - 5.0 Premature cord: 5-10.2 Premature , 48 hrs: 3-6 Newborn cord: 5.6-12 Newborn: 3.7-5.9 |
| Chlorides | 105.2 | mmol/L | 101.00 - 109.00 |

Remark:

In blood, Urea is usually reported as BUN and expressed in mg/dl. BUN mass units can be converted to urea mass units by multiplying by 2.14.

****END OF REPORT****

Bankim Behari Mohanty
Dr. BANKIM BEHARI MOHANTY
 MD, PATHOLOGY

Patient Name : MR. STALIN MISHRA

Age / Gender : 40 years / Male

Patient ID : 10743

Referral : SELF

Collection Time : Mar 31, 2022, 11:21 a.m.

Reporting Time : Mar 31, 2022, 12:38 p.m.

Sample ID :



222572

| Test Description | Value(s) | Unit(s) | Reference Range |
|--|-------------|---------|-----------------|
| <u>Routine Examination Of Urine</u> | | | |
| <u>General Examination</u> | | | |
| Colour | PALE YELLOW | | Pale Yellow |
| Transparency (Appearance) | CLEAR | | Clear |
| Deposit | Absent | | Absent |
| Reaction (pH) | Acidic 6.0 | | 4.5 - 7.0 |
| Specific gravity | 1.010 | | 1.005 - 1.030 |
| <u>Chemical Examination</u> | | | |
| Urine Protein (Albumin) | NIL | | Absent |
| Urine Glucose (Sugar) | NIL | | Absent |
| <u>Microscopic Examination</u> | | | |
| Red blood cells | NIL | /hpf | 1 - 2 |
| Pus cells (WBCs) | 2 - 4 /HPF | /hpf | 1 - 2 |
| Epithelial cells | 1 - 2 /HPF | /hpf | 0-4 |
| Crystals | Absent | | Absent |
| Cast | Absent | | Absent |
| Bacteria | Absent | | Absent |
| Yeast cells | Absent | | Absent |
| Others | Nil | | |

END OF REPORT

Bankim Behari Mohanty
Dr. BANKIM BEHARI MOHANTY
MD, PATHOLOGY

Patient Name : MR. STALIN MISHRA

Age / Gender : 40 years / Male

Patient ID : 10743

Referral : SELF

Collection Time : Mar 31, 2022, 11:21 a.m.

Reporting Time : Mar 31, 2022, 12:38 p.m.

Sample ID :



| Test Description | Value(s) | Unit(s) | Reference Range |
|--|----------|---------|-----------------|
| THYROID PANEL, SERUM | | | |
| T3 [ELECTROCHEMILUMINESCENCE] | 108.1 | ng/dl | 80 - 200 |
| T4 [ELECTROCHEMILUMINESCENCE] | 8.69 | ug/dL | 5.1 - 14.1 |
| TSH 3RD GENERATION [ELECTROCHEMILUMINESCENCE] | 2.19 | uIU/ml | 0.27 - 4.20 |

Specimen Type : Serum

Interpretation :

Reference:

1. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics, edited by Carl A Burtis, Edward R. Ashwood, David E Bruns, 4th Edition, Elsevier publication, 2006, 563, 1314-1315.
2. Wallach's Interpretation of Diagnostic tests, 9th Edition, Ed Mary A Williamson and L Michael Snyder. Pub Lippincott Williams and Wilkins, 2011, 234-235.

THYROID PANEL, SERUM Triiodothyronine T3, is a thyroid hormone. It affects almost every physiological process in the body, including growth, development, metabolism, body temperature, and heart rate. Production of T3 and its prohormone thyroxine (T4) is activated by thyroid-stimulating hormone (TSH), which is released from the pituitary gland. Elevated concentrations of T3, and T4 in the blood inhibit the production of TSH.

Thyroxine T4, Thyroxine's principal function is to stimulate the metabolism of all cells and tissues in the body. Excessive secretion of thyroxine in the body is hyperthyroidism, and deficient secretion is called hypothyroidism. Most of the thyroid hormone in blood is bound to transport proteins. Only a very small fraction of the circulating hormone is free and biologically active.

In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low. Below mentioned are the guidelines for Pregnancy related reference ranges for Total T4, TSH & Total T3

| Levels in | TOTAL T4 | TSH3G | TOTAL T3 |
|-----------------|------------|-----------|-----------|
| Pregnancy | (µg/dL) | (µIU/mL) | (ng/dL) |
| First Trimester | 6.6 - 12.4 | 0.1 - 2.5 | 81 - 190 |
| 2nd Trimester | 6.6 - 15.5 | 0.2 - 3.0 | 100 - 260 |
| 3rd Trimester | 6.6 - 15.5 | 0.3 - 3.0 | 100 - 260 |

Below mentioned are the guidelines for age related reference ranges for T3 and T4.

| T3 | T4 |
|--------------------|----------------------|
| (ng/dL) | (µg/dL) |
| New Born: 75 - 260 | 1-3 day: 8.2 - 19.9 |
| | . 1 Week: 6.0 - 15.9 |

NOTE: TSH concentrations in apparently normal euthyroid subjects are known to be highly skewed, with a strong tailed distribution towards higher TSH values. This is well documented in the pediatric population including the infant age group.

Kindly note: Method specific reference ranges are appearing on the report under biological reference range

****END OF REPORT****

Patient Name : MR. STALIN MISHRA

Age / Gender : 40 years / Male

Patient ID : 10743

Referral : SELF

Collection Time : Mar 31, 2022, 11:21 a.m.

Reporting Time : Mar 31, 2022, 12:38 p.m.

Sample ID :



222572

| Test Description | Value(s) | Unit(s) | Reference Range |
|------------------|----------|---------|-----------------|
|------------------|----------|---------|-----------------|

Bankim Behari Mohanty
Dr. BANKIM BEHARI MOHANTY
MD, PATHOLOGY

Patient Name : MR. STALIN MISHRA

Age / Gender : 40 years / Male

Patient ID : 10743

Referral : SELF

Collection Time : Mar 31, 2022, 11:21 a.m.

Reporting Time : Mar 31, 2022, 12:38 p.m.

Sample ID :



222572

| Test Description | Value(s) | Unit(s) | Reference Range |
|--|----------|---------|-----------------|
| BLOOD GROUPING & RH TYPING | | | |
| Blood Group (ABO typing) [Manual-Hemagglutination] | "A" | | |
| RhD Factor (Rh Typing) [Manual hemagglutination] | Positive | | |

END OF REPORT

Bankim Behari Mohanty
Dr. BANKIM BEHARI MOHANTY
MD, PATHOLOGY

Patient Name : MR. STALIN MISHRA

Age / Gender : 40 years / Male

Patient ID : 10743

Referral : SELF

Collection Time : Mar 31, 2022, 11:21 a.m.

Reporting Time : Mar 31, 2022, 12:38 p.m.

Sample ID :



222572

| Test Description | Value(s) | Unit(s) | Reference Range |
|--|----------|---------|--|
| HbA1C | | | |
| HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD [(HPLC, NGSP certified)] | 5.7 | % | Non-diabetic: < 5.7 Pre-diabetics: 5.7 - 6.4 Diabetics: > or = 6.5 ADA Target: 7.0 Action suggested: > 8.0 |
| MEAN PLASMA GLUCOSE [HB VARIANT (HPLC)] | 117.0 | | < 116.0 |

Note:

1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled .
2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

Comments

HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

ADA criteria for correlation between HbA1c & Mean plasma glucose levels.

| HbA1c(%) | Mean Plasma Glucose (mg/dL) |
|----------|-----------------------------|
| 6 | 126 |
| 7 | 154 |
| 8 | 183 |
| 9 | 212 |
| 10 | 240 |
| 11 | 269 |
| 12 | 298 |

Interpretation

| As per American Diabetes Association (ADA) | |
|--|------------|
| Reference Group | HbA1c in % |
| Non diabetic adults >=18 years | <5.7 |
| At risk (Prediabetes) | 5.7 - 6.4 |
| Diagnosing Diabetes | >= 6.5 |

Patient Name : MR. STALIN MISHRA

Age / Gender : 40 years / Male

Patient ID : 10743

Referral : SELF

Collection Time : Mar 31, 2022, 11:21 a.m.

Reporting Time : Mar 31, 2022, 12:38 p.m.

Sample ID :



| Test Description | Value(s) | Unit(s) | Reference Range |
|---------------------------------------|--|---------|-----------------|
| Therapeutic goals for glycemc control | Age > 19 years Goal of therapy: < 7.0 Action suggested: > 8.0 Age < 19 years Goal of therapy: <7.5 | | |

END OF REPORT

Bankim Behari Mohanty
Dr. BANKIM BEHARI MOHANTY
MD, PATHOLOGY

Patient Name : MR. STALIN MISHRA

Age / Gender : 40 years / Male

Patient ID : 10743

Referral : SELF

Collection Time : Mar 31, 2022, 11:21 a.m.

Reporting Time : Mar 31, 2022, 02:29 p.m.

Sample ID :



22257201

X-RAY CHEST PA / AP VIEW

RADIOGRAPH CHEST (PA VIEW)

Mediastinum is central in position and width.
Cardiac silhouette appears normal in shape, size and position.
Lung fields are clear.
Both Hila are normal in position and density.
Domes of Diaphragm appear normal in position and contour bilaterally.
Both CP Angles appear clear.

IMPRESSION :

Normal Radiograph.

END OF REPORT

DR. BISWAJIT MISHRA, MD, RADIODIAGNOSIS

Patient Name : MR. STALIN MISHRA

Age / Gender : 40 years / Male

Patient ID : 10743

Referral : SELF

Collection Time : Mar 31, 2022, 11:21 a.m.

Reporting Time : Mar 31, 2022, 05:01 p.m.

Sample ID :



22257202

| Test Description | Value(s) | Unit(s) | Reference Range |
|---|----------|---------|---|
| BLOOD GLUCOSE (FASTING) | | | |
| Glucose fasting [Fluoride Plasma-F, Hexokinase] | 91.0 | mg/dL | Normal: 70-110 Impaired Tolerance: 110 - 125 Diabetes mellitus: \geq 126 (on more than one occasion) (American diabetes association guidelines 2018) |
| Urine Fasting | Absent | | |

END OF REPORT

Bankim Behari Mohanty
Dr. BANKIM BEHARI MOHANTY
MD, PATHOLOGY

Patient Name : MR. STALIN MISHRA

Age / Gender : 40 years / Male

Patient ID : 10743

Referral : SELF

Collection Time : Mar 31, 2022, 11:21 a.m.

Reporting Time : Mar 31, 2022, 05:01 p.m.

Sample ID :



22257202

| Test Description | Value(s) | Unit(s) | Reference Range |
|--|----------|---------|-----------------|
| BLOOD GLUCOSE (PP) | | | |
| Blood Glucose-Post Prandial [Hexokinase] | 156 | mg/dL | 70 - 140 |

END OF REPORT

Bankim Behari Mohanty
Dr. BANKIM BEHARI MOHANTY
MD, PATHOLOGY