

Patient Name : MR. STALIN MISHRA Age / Gender : 40 years / Male Patient ID : 10743

Referral : SELF

Sample ID :

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

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



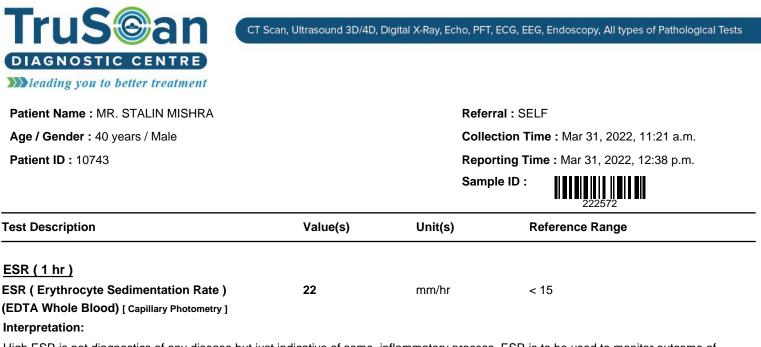
			222572		
Test Description	Value(s)	Unit(s)	Reference Range		
COMPLETE BLOOD COUNT(CBC)					
BLOOD COUNTS					
Hemoglobin (Hb)	12.9	g/dL	12.5 - 17		
RED BLOOD CELL COUNT	4.9	mil/µL	4.5 - 5.5		
WHITE BLOOD CELL COUNT	6.9	thou/μL	4.0 - 10.0		
PLATELET COUNT	175	thou/µL	150 - 450		
RBC AND PLATELET INDICES					
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/μL	2.0 - 7.0		
Lymphocytes	25	%	20 - 45		
Absolute Lymphocyte Count	1.74	thou/μL	1.5 - 4.0		
Eosinophils	02	%	1 - 6		
Absolute Eosinophil Count	0.13	thou/μL	0.04 - 0.40		
Monocytes	04	%	02 - 10		
Absolute Monocyte Count	0.24	thou/μL	0.20 - 0.80		
Basophils	0	%	00 - 01		
Absolute Basophils Count	0.0	thou/μL	0.01 - 0.10		
IG%	0.2	%	0.00 - 0.5		

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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.

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Test Description	Value(s)	Unit(s)	Reference Range
LIPID PROFILE.			
Сholesterol-Total [СНОД-РОД]	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

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Page 3 of 14

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Patient Name : MR. STALIN MISHRA

Age / Gender : 40 years / Male

Patient ID: 10743

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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	

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Patient Name : MR. STALIN MISHRA
Age / Gender: 40 years / Male
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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.

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W leading you to better treatment			
Patient Name : MR. STALIN MISHRA			Referral : SELF
Age / Gender : 40 years / Male			Collection Time : Mar 31, 2022, 11:21 a.m.
Patient ID : 10743			Reporting Time : Mar 31, 2022, 12:38 p.m.
			Sample ID :
			 222572
Test Description	Value(s)	Unit(s)	Reference Range
Routine Examination Of Urine			
General Examination			
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
Chemical Examination			
Urine Protein (Albumin)	NIL		Absent
Urine Glucose (Sugar)	NIL		Absent
Microscopic Examination			
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		

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

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			222572
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 [ELECTROCHEMILUM	INESCENCE] 2.19	ulU/ml	0.27 - 4.20
Specimen Type : Serum			
Interpretation :			
Reference:			
1.Tietz Textbook of Clinical Chemistry and M	olecular Diagnostics, edite	ed by Carl A Burtis, E	dward R.Ashwood, David E Bruns, 4th Edition
Elsevier publication, 2006, 563,	.	•	
1314-1315.			
2. Wallach's Interpretation of Diagnostic tests	s, 9th Edition, Ed Mary A \	Villiamson and L Mich	nael Snyder. Pub Lippincott Williams and Wilki
2011, 234-235.			
THYROID PANEL, SERUMTriiodothyronine	T3, is a thyroid hormone.	It affects almost ever	y physiological process in the body, including
growth, development, metabolism, body temp	perature, and		
heart rate. Production of T3 and its prohormo	one thyroxine (T4) is activation	ated by thyroid-stimula	ating hormone (TSH), which is released from th
pituitary gland. Elevated			
concentrations of T3, and T4 in the blood inh	ibit the production of TSH		
Thyroxine T4, Thyroxine's principal function i	s to stimulate the metabol	ism of all cells and tis	ssues in the body. Excessive secretion of
thyroxine in the body is hyperthyroidism,			
and deficient secretion is called hypothyroidis	sm. Most of the thyroid ho	rmone in blood is bou	ind to transport proteins. Only a very small
fraction of the circulating hormone is			
free and biologically active.			
In primary hypothyroidism TSH levels are sig	mificantly alayated while	in cocondary and tort	iary hypothyroidicm TSH loyale are low

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	ce ranges for T3 and T4.
Т3		T4	
(ng/dL)		(µg/dL)	
New Born: 75 - 260		1-3 day: 8.2 -	19.9

. 1 Week: 6.0 - 15.9

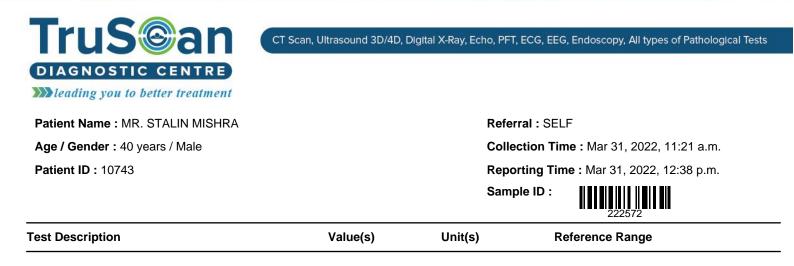
NOTE: TSH concentrations in apparently normal euthyroid subjects are known to be highly skewed, with a strong tailed distribution towards higher TSH values. This is well

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

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T					
TruS@an @	Scan, Ultrasound 3D/4D, I	Digital X-Ray, Ect	no, PFT, ECG, EEG	, Endoscopy, All types of Pathologica	l Tests
DIAGNOSTIC CENTRE					
Ieading you to better treatment					
Patient Name : MR. STALIN MISHRA			Referral : SEL	F	
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Patient ID: 10743			Reporting Tim	ie : Mar 31, 2022, 12:38 p.m.	
			Sample ID :	 	
Test Description	Value(s)	Unit(s)	Re	eference Range	
BLOOD GROUPING & RH TYPING					
Blood Group (ABO typing) [Manual-Hemagglutination]	"A"				
RhD Factor (Rh Typing) [Manual hemagglutination]	Positive				

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Patient Name : MR. STALIN MISHRA Age / Gender : 40 years / Male Patient ID : 10743		Collec Repo	ral : SELF ction Time : Mar 31, 2022, 11:21 a.m. rting Time : Mar 31, 2022, 12:38 p.m. le ID :	
Test Description	Value(s)	Unit(s)	Reference Range	
HbA1C				
HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD [5.7	%	Non-diabetic: < 5.7	
(HPLC, NGSP certified)]			Pre-diabetics: 5.7 - 6.4	
			Diabetics: $> $ or $= 6.5$	
			ADA Target: 7.0	
			Action suggested: > 8.0	
MEAN PLASMA GLUCOSE [HB VARIANT (HPLC)] Note:	117.0		< 116.0	

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 .

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.

Mean Plasma Glucose (mg/dL)
126
154
183
212
240
269
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	



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Test Description	Value(s)	Unit(s)	Reference Range
		-	
	Age > 19 year		
	Goal of therap	-	
Therapeutic goals for glycemic control	Action sugges	ted: > 8.0	
	Age < 19 year	S	
	Goal of therap	y: <7.5	

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Patient Name : MR. STALIN MISHRA Age / Gender : 40 years / Male Patient ID : 10743

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 Sample ID :



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.

<u>IMPRESSION</u>: Normal Radiograph.

END OF REPORT

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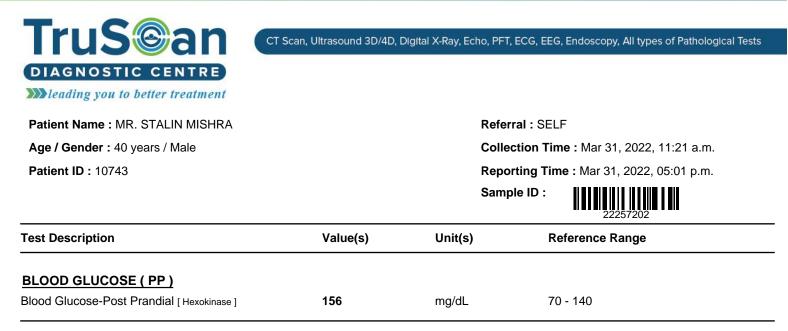
Patient Name : MR. STALIN MISHRA Age / Gender : 40 years / Male Patient ID : 10743		Colle Repo	Referral : SELF Collection Time : Mar 31, 2022, 11:21 a.m. Reporting Time : Mar 31, 2022, 05:01 p.m. Sample ID : 22257202	
Test Description	Value(s)	Unit(s)	Reference Range	
BLOOD GLUCOSE (FASTING)				
Glucose fasting [Fluoride Plasma-F, Hexokinase]	91.0	mg/dL	Normal: 70-110 Impaired Tolerance: 110 - 125 Diabetes mellitus: >= 126 (on more than one occassion) (American diabetes association guidelines 2018)	
Urine Fasting	Absent		- ,	

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