

DEPARTMENT OF BIOCHEMISTRY

Patient Name :	Mr. PAWAN KUMAR	Bill Date :	13/04/2024
MR No :	39107	Reporting Date :	13/04/2024
Age/Sex :	44 Years / Male	Sample ID :	207786
Type :	OPD	Bill/Req. No. :	24391079
TPA/Corporate :	MEDIWHEEL	Ref Doctor :	Dr. Pulkit Sharma
IP No. :			

Test	Result	Bio. Ref. Interval	Units
BLOOD GLUCOSE FASTING AND PP			
PLASMA GLUCOSE(FASTING)	118 <i>H</i>	70 - 110	mg/dl
PLASMA POST-GLUCOSE	143	80 - 150	mg/dL

BLOOD GROUP

BLOOD GROUP	" B " RH POSITIVE
-------------	-------------------

COMPLETE HAEMOGRAM

CBC			
HAEMOGLOBIN	14.9	12.0 - 16.5	g/dL
TOTAL LEUCOCYTE COUNT	4800	4000 - 11000	/cumm
RED BLOOD CELL COUNT	5.96	4.0 - 6.0	millions/cumm
PCV (HAEMATOCRIT)	51.4	40.0 - 54.0	%
MEAN CORPUSCULAR VOLUME	84.6	78 - 98	fl
MEAN CORPUSCULAR HAEMOGLOBIN	25.0 <i>L</i>	26.5 - 32.5	Picogrames
MEAN CORPUSCULAR HB CONC	29.0 <i>L</i>	32 - 37	g/dL
PLATELET COUNT	4.00	1.50 - 4.50	Lakh/cumm
NEUTROPHILS	53	40 - 73.0	%
LYMPHOCYTES	36	20 - 40	%
EOSINOPHILS	06	0.0 - 6.0	%
MONOCYTES	05	2.0 - 10.0	%
BASOPHILS	00	0.0 - 1.0	%
ABSOLUTE NEUTROPHIL	2544	2000 - 7000	cells/cumm
ABSOLUTE LYMPHOCYTE	1728	1000 - 3000	cells/cumm
ABSOLUTE EOSINOPHIL	288	20 - 500	cells/cumm
ABSOLUTE MONOCYTES	240	200 - 1000	cells/cumm
ABSOLUTE BASOPHILS	0 <i>L</i>	20 - 100	cells/cumm

Checked By :



Dr. Pradip Kumar
(Consultant Microbiologist)

Dr. Nisha Rana
(Consultant Pathologist)

DEPARTMENT OF HAEMATOLOGY

Patient Name : Mr. PAWAN KUMAR
MR No : 39107
Age/Sex : 44 Years / Male
Type : OPD
TPA/Corporate : MEDIWHEEL
IP No. :

Bill Date : 13/04/2024
Reporting Date : 13/04/2024
Sample ID : 207753
Bill/Req. No. : 24391079
Ref Doctor : Dr. Pulkit Sharma

Test	Result	Bio. Ref. Interval	Units
RDW-CV	13.8	11.5 - 14.5	%
E.S.R.	10	0 - 15	mm/hr

HBA1C

HBA1C	5.9		%
-------	-----	--	---

Note : HBA1c result is suggestive of Diabetes/ higher than glycemic goal in a known Diabetic patient.

Please note, glycemic goal should be individualized based on duration of diabetes, age/life expectancy, comorbid conditions, known CVD or advanced microvascular complications, hypoglycaemia unawareness, and individual patient considerations.

Please Correlate Clinically.

KFT(KIDNEY FUNCTION TEST)/RFT/Renal Profile

SERUM UREA	29		13.0 - 45.0	mg/dL
SERUM CREATININE	1.5	H	0.5 - 1.4	mg/dL
SERUM URIC ACID	5.8		3.6 - 7.2	mg/dL
SERUM SODIUM	139		130 - 149	mmol/L
SERUM POTASSIUM	5.4		3.5 - 5.5	mmol/L

LFT(LIVER FUNCTION TEST)

TOTAL BILIRUBIN	0.8		0.1 - 1.2	mg/dL
DIRECT BILIRUBIN	0.3		0.00 - 0.30	mg/dL
INDIRECT BILIRUBIN	0.5		Adult: 0 - 0.8	mg/dL
SGOT (AST)	33		0.0 - 45	IU/L
SGPT (ALT)	41		00 - 45.00	IU/L
ALP	88		41 - 137	U/L
TOTAL PROTEINS	8.3	H	6.0 - 8.2	g/dL

Checked By :

Dr. Pradip Kumar
(Consultant Microbiologist)

Dr. Nisha Rana
(Consultant Pathologist)

DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mr. PAWAN KUMAR
MR No : 39107
Age/Sex : 44 Years / Male
Type : OPD
TPA/Corporate : MEDIWHEEL
IP No. :

Bill Date : 13/04/2024
Reporting Date : 13/04/2024
Sample ID : 207753
Bill/Req. No. : 24391079
Ref Doctor : Dr. Pulkit Sharma

Test	Result	Bio. Ref. Interval	Units
ALBUMIN	5.0	3.20 - 5.00	g/dL
GLOBULIN	3.3	2.0 - 3.50	g/dL
A/G RATIO	1.52		

LIPID PROFILE

LIPID PROFILE

SERUM CHOLESTROL	284	<i>H</i>	0 - 200	mg/dl
SERUM TRIGLYCERIDES	303	<i>H</i>	Up to 150	mg/dl
HDL CHOLESTEROL	55		30 - 60	mg/dl
VLDL CHOLESTEROL	60.6		*Less than 30	mg/dL
LDL CHOLESTEROL	168.4		Optimal <100, Above Opt. 100-129 -high 160-189	mg/dl
LDL CHOLESTEROL/HDL RATIO	3.06		Desirable Level : 0.5 - 3.0 Borderline Risk : 3.0 - 6.0 High Risk : > 6.0	

STOOL ROUTINE

PHYSICAL EXAMINATION

COLOUR	Brown	Brown
CONSISTENCY	Semi Solid	Formed
MUCUS	NIL	NIL
BLOOD	NIL	NIL

CHEMICAL EXAMINATION

REACTION	Alkaline	Alkaline
OCCULT BLOOD	NEGATIVE	NEGATIVE

MICROSCOPIC EXAMINATION

CYSTS/OVA	NIL	NIL
VEGETATIVE FORMS	NIL	NIL
PUS CELLS	1-2/hpf	NIL
FAT GLOBULES	NIL	NIL

Checked By :

Dr. Pradip Kumar
(Consultant Microbiologist)

Dr. Nisha Rana
(Consultant Pathologist)

DEPARTMENT OF MICROBIOLOGY

Patient Name : Mr. PAWAN KUMAR
MR No : 39107
Age/Sex : 44 Years / Male
Type : OPD
TPA/Corporate : MEDIWHEEL
IP No. :

Bill Date : 13/04/2024
Reporting Date : 13/04/2024
Sample ID : 207786
Bill/Req. No. : 24391079
Ref Doctor : Dr. Pulkit Sharma

Test	Result	Bio. Ref. Interval	Units
VEGETABLE MATTER	+	NIL	
STARCH	NIL	NIL	
UNDIGESTED	+	NIL	

Note : Stool concentration done by Formal either concentration technique.

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION

VOLUME	20		ml
COLOUR	Yellow	Pale Yellow	
APPEARANCE	Clear	Clear	
SPECIFIC GRAVITY	1.020		

CHEMICAL EXAMINATION

REACTION	Acidic		
BLOOD	NIL		
ALBUMIN	NIL	NIL	
GLUCOSE	NIL	NIL	
PH	6.5		

MICROSCOPIC EXAMINATION

PUS CELL	3-4	2-4	/HPF
EPITHELIAL CELLS	2-3	2-4	/HPF
RED BLOOD CELLS	Nil	NIL	/HPF
CASTS	NIL	NIL	
CRYSTALS	NIL	NIL	

Note : Albumin test positive by Multistrip Method is confirmed by Sulphosalicylic acid method.

Checked By :

Dr. Pradip Kumar
(Consultant Microbiologist)

Dr. Nisha Rana
(Consultant Pathologist)



Lab No.	012404130785	Age/Gender	44 YRS/MALE	Coll. On	13/Apr/2024 06:17PM
Name	Mr. PAWAN KR 39107	BarcodeNo	01130785	Reg. On	13/Apr/2024
Ref. Dr.				Approved On	13/Apr/2024 08:38PM
Rpt. Centre	HEALPLUS LABS PRIVATE LIMITED			Printed On	23/Apr/2024 04:45PM

Test Name	Value	Unit	Biological Reference Interval
-----------	-------	------	-------------------------------

Thyroid profile, Total (T3,T4,TSH)

T3 (Triiodothyronine) , serum Method : ECLIA	1.17	ng/mL	0.80 - 2.0
T4 (Thyroxine) , serum Method : ECLIA	6.86	ug/dL	5.1 - 14.1
TSH (Thyroid Stimulating Hormone) , serum Method : ECLIA	2.92	uIU/ml	0.27 - 4.2

Interpretation:

- Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values alongwith depressed TSH levels
- Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
- High T3 levels coupled with normal T4 and suppressed TSH may be seen in T3 toxicosis.

Note: Total T3 and total T4 are highly bound to plasma proteins and are amenable to fluctuations with plasma protein content as well as due to binding defects in the thyroid hormone binding proteins.

The following ranges are recommended for pregnant females:

Gestation period	TSH (uIU/ml)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

PSA Total, serum Method : ECLIA	1.41	ng/mL	0 - 2.0
---	------	-------	---------

Interpretation:

Prostate-specific antigen (PSA) is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. Normally, very little PSA is secreted in the blood. Increases in glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels.

In patients with previously diagnosed prostate cancer, PSA testing is advocated as an early indicator of tumor recurrence and as an indicator of response to therapy.

The test is also useful for initial screening for prostate cancer:

Total PSA levels < 2 ng/ml almost rule out the possibility of prostatic malignancy.

Total PSA levels between 2 and 10 ng/ml lie in the grey zone. Such values may be obtained in prostatitis, benign hyperplasia and malignancy. Further testing including a free PSA/PSA ratio and prostate biopsy is recommended for these patients for confirmation of the diagnosis.

Total PSA values >10 ng/ml are highly suspicious for prostate cancer but further testing, such as prostate biopsy, is needed to diagnose the exact pathology.

*Disclaimer: This is an electronically validated report. If any discrepancy is found, it should be confirmed by the user.
Processing Centre : Prognosis Laboratories,515-516, Sector-19, Dwarka, Behind Gupta Properties.

*** End Of Report ***



Dr. Smita Sadwani
MD(Biochemistry)
Technical Director

Dr. Mayank Gupta
MD, DNB Pathology
Consultant Pathologist

Dr. Deepak Sadwani
MD(Pathology)
Lab Director

Dr. Moushmi Mukherjee
MBBS,MD (Pathology)
Consultant Pathologist

Scan to view report

Page 1 of 1