PATHKIND REFERENCE LAB
PATHKIND DIAGNOSTICS PVT. LTD.
Plot No. 55-56, Udyog Vihar, Phase IV, Sector-18, Gurugram-122015
E-Mail: care@pathkindlabs.com | Website: www.pathkindlabs.com
Customer Care: 75000 75111

Client

Jeevan Jyoti HLM
Pathkind Diagnostics Pvt. Ltd.
162, Lowther Road, Bai Ka Bagh, Prayagraj

Processed By

Pathkind Diagnostics Pvt. Ltd.
162, Lowther Road, Bai Ka Bagh, Prayagraj
Uttar Pradesh-211003

Name	:	**Mr. SIDDHARTHA KUMAR MISHRA REG-307287**	Billing Date	:	09/07/202210:42:28
Age	:	32 Yrs	Sample Collected on	:	09/07/2022 17:06:38
Sex	:	Male	Sample Received on	:	09/07/2022 17:32:24
P. ID No.	:	P121218819	Report Released on	:	09/07/2022 17:55:38
Accession No	:	**12122204310**	Barcode No.	:	1212028088
Referring Doctor	:	SELF			
Referred By	:		Ref no.	:	

Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit
HAEMATOLOGY			
Complete Blood Count (CBC)			
Haemoglobin (Hb) *Sample: Whole Blood EDTA* *Method: Photometric measurement*	**12.8 L**	13.0 - 17.0	gm/dL
Total WBC Count / TLC *Sample: Whole Blood EDTA* *Method: Impedance*	6.4	4.0 - 10.0	thou/µL
RBC Count *Sample: Whole Blood EDTA* *Method: Impedance*	**6.2 H**	4.5 - 5.5	million/µL
PCV / Hematocrit *Sample: Whole Blood EDTA* *Method: Impedance*	42.2	40.0 - 50.0	%
MCV *Sample: Whole Blood EDTA* *Method: Calculated*	**68.3 L**	83.0 - 101.0	fL
MCH *Sample: Whole Blood EDTA* *Method: Calculated*	**21.2 L**	27.0 - 32.0	pg
MCHC *Sample: Whole Blood EDTA* *Method: Calculated*	**31.1 L**	31.5 - 34.5	g/dL
RDW (Red Cell Distribution Width) *Sample: Whole Blood EDTA* *Method: Calculated*	12.0	11.8 - 15.6	%
DLC (Differential Leucocyte Count) *Method: Flowcytometry/Microscopy*			
Neutrophils *Sample: Whole Blood EDTA* *Method: VCS Technology & Microscopy*	67	40 - 80	%
Lymphocytes *Sample: Whole Blood EDTA* *Method: VCS Technology & Microscopy*	26	20 - 40	%

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Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit
Eosinophils *Sample: Whole Blood EDTA* *Method: VCS Technology & Microscopy*	03	01 - 06	%
Monocytes *Sample: Whole Blood EDTA* *Method: VCS Technology & Microscopy*	04	02 - 10	%
Basophils *Sample: Whole Blood EDTA* *Method: VCS Technology & Microscopy*	00	00 - 02	%
Absolute Neutrophil Count *Sample: Whole Blood EDTA*	4288	2000 - 7000	/µL
Absolute Lymphocyte Count *Sample: Whole Blood EDTA*	1664	1000 - 3000	/µL
Absolute Eosinophil Count *Sample: Whole Blood EDTA*	192	20 - 500	/µL
Absolute Monocyte Count *Sample: Whole Blood EDTA*	256	200 - 1000	/µL
Absolute Basophil Count *Sample: Whole Blood EDTA*	**0 L**	20 - 100	/µL
DLC Performed By *Sample: Whole Blood EDTA*	EDTA Smear		
Platelet Count *Sample: Whole Blood EDTA* *Method: Impedance*	170	150 - 410	thou/µL
MPV (Mean Platelet Volume) *Sample: Whole Blood EDTA* *Method: Calculated*	10.9	6.8 - 10.9	fL
Sample: Whole Blood EDTA **Erythrocyte Sedimentation Rate (ESR)** *Sample: Whole Blood EDTA* *Method: Modified Westergren Method*	06	<10	mm 1st Hour

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Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit
Blood Group			
Blood Grouping *Sample: Whole Blood EDTA*	" O "		
Rh (D) Typing *Sample: Whole Blood EDTA*	Positive		
BIOCHEMISTRY			
Fasting Plasma Glucose *Sample: Fluoride Plasma - F*	90	74 - 106	mg/dl
Glucose Post-Prandial *Sample: Fluoride Plasma - PP* *Method: Hexokinase*	101	70 - 140	mg/dl
Liver Function Extended Panel			
Bilirubin Total *Sample: Serum* *Method: Spectrophotometery*	0.9	<1.1	mg/dL
Bilirubin Direct *Sample: Serum* *Method: Spectrophotometery*	**0.3 H**	<0.2	mg/dL
Serum Bilirubin (Indirect) *Sample: Serum* *Method: Calculated*	0.6	<0.90	mg/dL
SGOT / AST *Sample: Serum* *Method: Spectrophotometery*	22	<37	U/L
SGPT / ALT *Sample: Serum* *Method: Spectrophotometery*	18	<41	U/L
Alkaline Phosphatase (ALP) *Sample: Serum* *Method: Spectrophotometery*	97	<128	U/L
Lactate Dehydrogenase (LDH) *Sample: Serum* *Method: Spectrophotometery*	206	<232	U/L

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Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit
Gamma-Glutamyl Transferase (GGT) *Sample: Serum* *Method: Spectrophotometery*	15	<71	U/L
Total Protein *Sample: Serum* *Method: Spectrophotometry*	7.1	6.4 - 8.3	g/dL
Albumin *Sample: Serum* *Method: Spectrophotometery*	4.8	4.0 - 4.9	g/dL
Globulin *Sample: Serum* *Method: Calculated*	2.3	1.9 - 3.7	g/dL
Albumin Globulin A/G Ratio *Sample: Serum* *Method: Calculated*	2.1	1.0 - 2.1	
Thyroid Profile Total			
Total T3 (Triiodothyronine) *Sample: Serum* *Method: ECLIA*	1.54	0.80 - 2.00	ng/mL
Total T4 (Thyroxine) *Sample: Serum* *Method: ECLIA*	9.69	5.10 - 14.10	µg/dL
TSH 3rd Generation *Sample: Serum* *Method: ECLIA*	1.940	0.270 - 4.200	µIU/mL

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Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit

CLINICAL PATHOLOGY

Stool Routine & Microscopic Examination

Physical Examination

Colour *Sample: Stool*	Brownish	Yellowish Brown	
Consistency *Sample: Stool*	Semi Solid	Semi Solid	
Mucus *Sample: Stool*	Absent	Absent	
Blood *Sample: Stool*	Absent	Absent	
Odour *Sample: Stool*	Fecal	Fecal	

Microscopic Examination

Cyst *Sample: Stool*	Not Detected	Not Detected	
Trophozoites *Sample: Stool*	Not Detected	Not Detected	
Charcot - Leyden Crystals *Sample: Stool*	Not Detected	Not Detected	
Ova *Sample: Stool*	Not Detected	Not Detected	
Adult Parasite *Sample: Stool*	Not Detected	Not Detected	

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Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit
RBC *Sample: Stool*	Not Detected	0 - 0	/hpf
Pus Cells *Sample: Stool*	0 - 2	0 - 5	/HPF
Lipid Profile			
Total Cholesterol *Sample: Serum* *Method: Spectrophotometery*	150	No risk : < 200 Moderate risk : 200–239 High risk : =240	mg/dL
Triglycerides *Sample: Serum* *Method: Spectrophotometry*	79	Desirable : < 150 Borderline High : 150 - 199 High : 200 - 499 Very High : >/= 500	mg/dL
LDL Cholesterol (Calculated) *Sample: Serum* *Method: Calculated*	92	Optimal : <100 Near Optimal : 100 - 129 Borderline High : 130 - 160 High : 161 - 189 Very High : >/=190	mg/dL
HDL Cholesterol *Sample: Serum* *Method: Spectrophometry*	42	Low : < 40 Optimal : 40 - 60 High : > 60	mg/dl
Non HDL Cholesterol *Sample: Serum*	108	< 130	mg/dL
VLDL Cholesterol *Sample: Serum* *Method: Calculated*	15.8	Desirable 10 - 35	mg/dL
Total Cholesterol / HDL Ratio *Sample: Serum* *Method: Calculated*	3.57	Low Risk : 3.3 - 4.4 Average Risk : 4.5 - 7.0 Moderate Risk : 7.1 - 11.0 High Risk : > 11.0	
LDL / HDL Ratio *Sample: Serum* *Method: Calculated*	2.2	0.5 - 3.0	

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Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit
		Low Risk : 0.5 - 3.0 Moderate Risk : 3.1 - 6.0 High Risk : > 6.0	
Kidney Profile (KFT)			
Blood Urea			
Blood Urea Nitrogen (BUN) *Sample: Serum* *Method: Spectrophotometry-Urease / GLDH*	**7.31** L	8.87 - 20.50	mg/dL
Urea *Sample: Serum* *Method: Spectrophotometery*	**15.64** L	17.00 - 43.00	mg/dL
Creatinine *Sample: Serum* *Method: Spectrophotometry*	0.84	0.70 - 1.30	mg/dL
BUN Creatinine Ratio *Sample: Serum* *Method: Calculated*	**9** L	10 - 20	
Calcium *Sample: Serum* *Method: Spectrophotometery*	9.9	8.6 - 10.0	mg/dL
Uric Acid *Sample: Serum* *Method: Spectrophotometery*	6.7	3.4 - 7.0	mg/dL
Electrolytes (Na/K/Cl)			
Sodium *Sample: Serum* *Method: ISE*	141	136 - 145	mmol/L
Potassium *Sample: Serum* *Method: ISE*	4.3	3.5 - 5.1	mmol/L
Chloride *Sample: Serum* *Method: ISE*	106	97 - 107	mmol/L

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Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit
Total Protein *Sample: Serum* *Method: Spectrophotometry*	7.1	6.4 - 8.3	g/dL
Albumin *Sample: Serum* *Method: Spectrophotometery*	4.8	4.0 - 4.9	g/dL
Globulin *Sample: Serum* *Method: Calculated*	2.3	1.9 - 3.7	g/dL
Albumin/Globulin (A/G) Ratio *Sample: Serum* *Method: Calculated*	2.1	1.0 - 2.1	g/dL

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Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit

CLINICAL PATHOLOGY

Urine Routine & Microscopic Examination

Method: Reflectance Photometry

Physical Examination

Colour *Sample: Urine* *Method: Physical Examination*	amber	Pale Yellow	
Appearance *Sample: Urine* *Method: Physical Examination*	Slightly Hazy	Clear	
Specific Gravity *Sample: Urine* *Method: pKa change of pretreated polyelectrolytes*	1.025	1.003 - 1.035	
pH *Sample: Urine* *Method: Double indicator principle*	5.0	4.7 - 7.5	

Chemical Examination

Glucose *Sample: Urine* *Method: Glucose oxidase/peroxidase*	Not Detected	Not Detected	
Protein *Sample: Urine* *Method: Protein-error-of-indicators principle*	Not Detected	Not Detected	
Ketones *Sample: Urine* *Method: Sodium nitroprusside reaction*	Not Detected	Not Detected	
Blood *Sample: Urine* *Method: Peroxidase*	Not Detected	Not Detected	
Bilirubin *Sample: Urine* *Method: Diazo reaction*	Not Detected	Not Detected	

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Test Name	Result	Biological Ref. Interval	Unit
Urobilinogen *Sample: Urine* *Method: Ehrlich's reaction*	Normal	Normal	
Nitrite *Sample: Urine* *Method: Nitrite Test*	Not Detected	Not Detected	
Microscopic Examination *Method: Microscopy*			
Pus Cells *Sample: Urine*	8-10	0 - 5	/hpf
RBC *Sample: Urine*	Not Detected	Not Detected	/hpf
Epithelial Cells *Sample: Urine*	3-5	0 - 5	/hpf
Casts *Sample: Urine*	Not Detected	Not Detected	/hpf
Crystals *Sample: Urine*	Not Detected	Not Detected	/hpf
Bacteria *Sample: Urine*	Not Detected	Not Detected	/hpf
Remarks *Sample: Urine*			

Remarks : Microscopic Examination is performed on urine sediment

Complete Blood Count (CBC)

Clinical Significance :

CBC comprises of estimation of the cellular componenets of blood including RBCs, WBCs and Platelets. Mean corpuscular volume (MCV) is a

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measure of the size of the average RBC, MCH is a measure of the hemoglobin cointent of the average RBC and MCHC is the hemoglobin concentration per RBC. The red cell distribution width (RDW) is a measure of the degree of variation in RBC size (anisocytosis) and is helpful in distinguishing between some anemias. CBC examination is used as a screening tool to confirm a hematologic disorder, to establish or rule out a diagnosis, to detect an unsuspected hematologic disorder, or to monitor effects of radiation or chemotherapy. Abnormal results may be due to a primary disorder of the cell-producing organs or an underlying disease. Results should be interpreted in conjunction with the patient's clinical picture and appropriate additional testing performed.

Erythrocyte Sedimentation Rate (ESR)

Clinical Significance :
The erythrocyte sedimentation rate (ESR) is a simple but non-specific test that helps to detect inflammation associated with conditions such as infections, cancers, and autoimmune diseases.

-

Total T3 (Triiodothyronine)

Clinical Significance :
Thyroid hormones, T3 and T4, which are secreted by the thyroid gland, regulate a number of developmental, metabolic, and neural activities throughout the body. The thyroid gland synthesizes 2 hormones - T3 and T4. T3 production in the thyroid gland constitutes approximately 20% of the total circulating T3, 80% being produced by peripheral conversion from T4. T3 is more potent biologically. Total T3 comprises of Free T3 and bound T3. Bound T3 remains bound to carrier proteins like thyroid-binding globulin, prealbumin, and albumin). Only the free forms are metabolically active. In hyperthyroidism, both T4 and T3 levels are usually elevated, but in some rare cases, only T3 elevation is also seen. In hypothyroidism T4 and T3 levels are both low. T3 levels are frequently low in sick or hospitalized euthyroid patients.

Total T4 (Thyroxine)

Clinical Significance :
Total T4 is synthesized in the thyroid gland. About 0.05% of circulating T4 is in the free or biologically active form. The remainder is bound to thyroxine-binding globulin (TBG), prealbumin, and albumin. High levels of T4 (and FT4) causes hyperthroidism and low levels lead to hypothyroidism.

TSH 3rd Generation

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Clinical Significance :

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Uttar Pradesh-211003

Name	:	**Mr. SIDDHARTHA KUMAR MISHRA REG-307287**	Billing Date	:	09/07/202210:42:28
Age	:	32 Yrs	Sample Collected on	:	09/07/2022 17:06:38
Sex	:	Male	Sample Received on	:	09/07/2022 17:32:24
P. ID No.	:	P121218819	Report Released on	:	09/07/2022 17:55:38
Accession No	:	**12122204310**	Barcode No.	:	1212028086, 1212028088, 1212028085, 1212028089, 16835967, 1212028087
Referring Doctor	:	SELF			
Referred By	:		Ref no.	:	

Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit

TSH levels are elevated in primary hyporthyroidism and low in primary hyperthyroidism. Evaluation of TSH is useful in the differential diagnosis of primary from secondary and tertiary hypothyroidism. In primary hypothyroidism, TSH levels are elevated, while in secondary and tertiary hypothyroidism, TSH levels are low or normal. High TSH level in the presence of normal FT4 is called subclinical hypothyroidism and low TSH with normal FT4 is called subclinical hyperthyroidism. Sick, hospitalized patients may have falsely low or transiently elevated TSH. Significant diurnal

Stool Routine & Microscopic Examination

Clinical Significance :

Routine and microscopic examination of stool sample comprises of macroscopic as well as microscopic examination of the sample for presence of parasitic ova and cysts.

Uric Acid

Clinical Significance :

Uric acid is the final product of purine metabolism. Serum uric acid levels are raised in case of increased purine synthesis, inherited metabolic disorder, excess dietary purine intake, increased nucleic acid turnover, malignancy and cytotoxic drugs. Decreased levels are seen in chronic renal failure, severe hepatocellular disease with reduced purine synthesis, defective renal tubular reabsorption, overtreatment of hyperuricemia with allopurinol, as well as some cancer therapies.

Urine Routine & Microscopic Examination

Clinical Significance :

Urine routine examination and microscopy comprises of a set of screening tests that can detect some common diseases like urinary tract infections, kidney disorders, liver problems, diabetes or other metabolic conditions. Physical characteristics (colour and appearance), chemical composition (glucose, protein, ketone, blood, bilirubin and urobilinogen) and microscopic content (pus cells, epithelial cells, RBCs, casts and crystals) are analyzed and reported.

** End of Report**

Dr. Ankit Singh
MBBS, MD (Pathologist)
Lab Head