

Naya Tola, Opp. Polytechnic Muzaffarpur

Ph.: 0621-2222211 0621-2268042

Mob.: 9661179794 9471013402

PATHOLOGY REPORT

Name:- Mr. Himanshu Kumar

Age :32Y/M

Date :-25/03/2023

Ref. By :- Dr. Bank Of Barauda

(E.C.No99570)

Serial Number: - 0252

TEST NAME	METHOD	VALUE	UNITS	NORMAL RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	121.5	ng/dL	(60 - 200)
TOTAL THYROXINE (T4)	C.L.I.A	7.50	μg/dL	(4.5 - 12.0)
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	3.93	μIU/mL	(0.3 - 5.5)

Technology:

T3 - Competitive Chemi Luminescent Immuno Assay

T4 - Competitive Chemi Luminescent Immuno Assay

TSH - Ultra Sensitive Sandwish Competitive Chemi Luminescent Immuno Assay

REMARK :

THYROID HORMONES -Serum TSH is primarily responsible for the synthesis and release of Thyroid hormones is an early and sensitive indicator of decrease in thyroid reserve is the diagnostic of primary hypothyroidism. The expeted increase in TSH demonstrate the classical feedback mechanism between pituitary and thyroid gland. Additionally TSH measurement is equally important in differentiating secondary and tertiary(hypothalmic) hypothyroidism. The increase in total T4 and T3 is associated with pregnancy, oral contraceptive and estrogen therapy results into masking of abnormal thyroid function only because of alteration of TBG concentration, which can be monitored by calculating Free Thyroxine Index(FTI) or Thyroid Hormone Binding Ratio(THBR).a



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LFT (Liver Function Test) - serum

TEST	RESULT	UNIT	Reference Values	
S. Total Bilirubin	0.76	mg/dl	Adults: 0.1 - Infants: 1.2 -	1.2
S. SGPT (ALT)	29.0	U/L	05 -	40
S. SGOT (AST)	31.0	U/L	05 -	40
S.GGT	34.0	U/L	05 -	45
S. Alkaline Phosphatase	83.2	U/L	Adult 25 - Children (1 – 12 yrs.) 104 -	140 390
S. Total Protein	7.36	g/dl	6.0	8.3
S. Albumin	4.18	g/dl	3.2 -	5.0
S. Globulin	3.18	g/dl	2.8	4.5
S. A/G Ratio	1.31			
Total Control of the				

end of report



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Urine Routine And Microscopy

TEST

Physical Examination

Volume

Colour

Specific Gravity

Appearance

рН

Chemical Examination

Protein

Sugar

Bile Salts

Bile Pigments

Microscopic Examination

Pus Cells

Red Blood Cells

Epithelial Cells

Crystal/Cast

Other

end of report

RESULTS

20

ml

Straw

1.020

Clear

6.5 (Acidic)

Trace

Nil

N/D

N/D

1-2 /hpf

Nil /hpf

Present (+)

Nil

Nil



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KFT (KIDNEY Function Test) - serum

TEST	RESULT	UNIT		Refe	rence Va	lues
S. Urea	24.0	mg/dl		13	120	45
S. Creatinine	0.91	mg/dl	Male Female	0.7	-	1.4
S. BUN	11.20	mg/dl		6.0	7640	21
S. Sodium (Na ⁺)	140.8	mmol/ltr		135	.00	150
S. Potassium(K*)	4.06	mmol/ltr		3.5	-	5.5
S. Chloride(Cl')	103.2	mmol/ltr		94	-	110
S. Calcium	9.48	mg/dl		8.7	-	11.0
S. Uric Acid	6.61	mg/dl	Male	3.5	-	7.2
			Female	2.5	7	6.2

BLOOD GROUPING

Grouping (ABO) : "A" Group

Rh Typing : Positive.

end of report



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<u>Lipid Profile - serum</u>

TEST	RESULT	UNIT	Reference Values
S. Cholesterol	270.0	mg/dl	130 - 200
S. Triglycerides	155.0	mg/dl	Fasting: 25 - 160
S. VLDL-Cholesterol	31.0	mg/dl	10 - 40
S. HDL-Cholesterol	56.0	mg/dl	Male: 30 - 65 Female: 35 - 80
S. LDL-Cholesterol	183.0	mg/dl	60 - 150
Ratio of Cholesterol/HDL	4.82		Low Risk: <3.0 Average Risk: 03 - 5.0 High Risk: >5.0
LDL/HDL Ratio	3.26 BIOCHE	MISTRY	1.5 - 3.5
			Deference Values
TEST	RESULT	UNIT	Reference Values
P. Glucose Fasting	77.0	mg/dl	70 - 110
P. Glucose-Post Prandial	109.0	mg/dl	80 - 160

end of report

(after 1.30hrs meal)



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TEST	C (Complete RESULT	Blood Count) UNIT	Reference Values
Hb (Haemoglobin)	12.6	gm/dl	12 - 17
Total Leukocyte Count	5,900	/Cumm.	4000 - 11000
RBC Count	4.32	Million/Cumm.	3.8 - 5.8
PCV / Haematocrit	41.0	%	30 - 50
Platelet Count	1.52	Lakhs/c.mm	1.5 - 4.5
MCV	94.9	fi	80 - 100
мсн	28.5	pg	26 - 34
мснс	31.6	gm/dl	31.5 - 35
Differential Leukocyte Count			
Neutrophil	40	%	40 - 70
Lymphocyte	50	%	20 - 40
Monocyte	02	%	02 - 10
Eosinophi	08	%	01 - 06
Basophil	00	%	<1 - 2%
ESR	10	mm/1 st hr.	00 - 20

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GLYCOSYLATED HEMOGLOBIN

TEST

RESULT

UNIT

HbA1c

3.82

%

Mean Blood Glucose level (MBG) - 99.1 mg/dl

Normal Reference Values

Normal

< 8.0%

Good Control

8.0 - 9.0%

Fair Control

9.0 - 10.0 %

Poor Control

> 10.0 %

<u>Summary</u>:- Glycosylated hemoglobin (GHb) reflects the average blood glucose concentration over the preceding several weeks & a sudden fall from high to low glucose concentration will not produce a correspondingly rapid fall in glycosylated hemoglobin. Thus GHb reflects the metabolic control of glucose level over a period of time, unaffected by diet, insulin, other drugs or exercise on the day of testing. GHb is now widely recognized as an important test for the diagnosis of diabetes mellitus and is a good indicator of the efficacy of therapy.

^{***}end of report***