



SURAT LAB : 3rd Floor, Vanita Vishram Building, Above Bank of Baroda, Athwa Circle, SURAT - 395 001
 Ph. : 0261-3099099 | Mo : 09714971114 | Email : unipathlab.surat@gmail.com | Website : www.unipath.in
 CIN : U85195GJ2009PLC057059



TEST REPORT

Reg. No. : 40200728513 **Reg. Date** : 24-Feb-2024 10:25 **Ref.No** : **Approved On** : 24-Feb-2024 11:55
Name : JITENDRA MATHO **Collected On** : 24-Feb-2024 10:25
Age : 51 Years **Gender**: Male **Pass. No.** : **Dispatch At** :
Ref. By : **Tele No.** :
Location : SPECTRA DIAGNOSTIC @ LP SAVANI ROAD

Test Name	Results	Units	Bio. Ref. Interval
THYROID FUNCTION TEST			
T3 (triiodothyronine), Total <i>Method:CLIA</i>	1.20	ng/mL	0.6 - 1.81
T4 (Thyroxine), Total <i>Method:CLIA</i>	8.0	µg/dL	4.5 - 12.6
TSH (Ultra Sensitive) <i>By CLIA Method</i>	2.508	µIU/mL	0.55 - 4.78
Sample Type:Serum			

Comments:

Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulate the thyroid gland to synthesize and secrete T3 and T4. Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

TSH levels During Pregnancy :

- First Trimester : 0.1 to 2.5 µIU/mL
- Second Trimester : 0.2 to 3.0 µIU/mL
- Third trimester : 0.3 to 3.0 µIU/mL

Reference : Carl A.Burtis,Edward R.Ashwood,David E.Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Eddition. Philadelphia: WB Saunders,2012:2170

Test done from collected sample. This is an electronically authenticated report.

Brijesha

Dr. Brijesha Patel
 M.D. Pathology
 Reg. No.:G-32437

Generated On : 24-Feb-2024 12:00

Regd. Office: 5th Floor, Doctor House, Nr. Parimal Garden, Ahmedabad-380006, Gujarat.
 Outsource Lab (USLL-HO):PASL House, Beside Sahjanand College, Opposite Kamdhenu Complex, Panjarapole, Ambawadi, Ahmedabad-380015, Gujarat.



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Ref. By :			Tele No. :
Location : SPECTRA DIAGNOSTIC @ LP SAVANI ROAD			

Test Name	Results	Units	Bio. Ref. Interval
Prostate Specific Antigen (PSA),Total	0.37	ng/mL	0 - 4

Method:CLIA

Sample Type:Serum

Useful For

1. Evaluating patients with documented prostate problems in whom multiple prostate-specific antigen tests may be necessary per year
2. Monitoring patients with a history of prostate cancer as an early indicator of recurrence and response to treatment.
3. Prostate cancer screening.

Comments

-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.

-Digital rectal examination generally does not increase normal prostate-specific antigen (PSA) values. However, cystoscopy, urethral instrumentation, and prostate biopsy may increase PSA levels.

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Name: JITENDRA MAHTO	Ward: OPD
Lab ID: 00000235	Registration on: 24/02/2024 09:07:00
Age & Sex: 51 Year Male	Reported on: 13:45:22
Reference: VELOCITY HOSPITAL	Sample Type: BLOOD & URINE

CBC ESR

Test	Observed Value	Unit	Biological Reference Interval
Haemoglobin	12.29 L	g/dL	13.5 - 17.5
Total RBC	5.01	mill./cm	4.50 - 5.90
Total WBC	5270	/cmm	4000 - 11000
Platelet Count	90600 L	/cmm	150000 - 450000
HCT	40.4	%	36.0 - 48.0
MCV	80.6	fL	80.0 - 100.0
MCH	24.5 L	pg	27.0 - 32.0
MCHC	30.4 L	g/dL	31.5 - 36.0

DIFFERENTIAL COUNT

Neutrophils	77 H	%	40 - 70
Lymphocytes	19 L	%	20 - 40
Eosinophils	02	%	02-05
Monocytes	02	%	01-07
Basophils	00	%	00 - 02
Band Cells	00	%	0.0 - 6.0

ABSOLUTE DIFFERENTIAL COUNT

Neutrophils	4058	/cumm	2000 - 7000
Lymphocytes	1001	/cumm	1000 - 3000
Eosinophils	105	/cumm	20 - 500
Monocytes	105 L	/cumm	200 - 1000
Basophils	0	/cumm	0 - 100

GLR / NLR

(Neutrophil/Lymphocyte Ratio)

4.1

MENTZER INDEX

16.1

RDW-CV	13.2	%	11.1 - 14.1
RDW-SD	42.6	fl	
MPV	10.9	fl	
PCT	0.10	%	

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MD. PATHOLOGIST





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PDW	18.4	%
P-LCR	61.0	%

PERIPHERAL SM EAR EXAMINATION

RBC Morphology
WBC Morphology
Platelets in Smear

**Hypochromia (+), Microcytosis (+), Anisocytosis (+),
Appear normal, Immature cells are not seen .
Thrombocytopenia**

Malarial Parasites

Not Detected.

ESR

AFTER 1 HOUR **21 H** mm/hr 0.0 - 15.0

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BLOOD GROUP

<u>Test</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Blood Group	"B"		
Rh Factor	NEGATIVE		
NOTE	Rh negative test confirmed by DU test .		

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Reference: VELOCITY HOSPITAL	Sample Type: BLOOD & URINE

BLOOD GLUCOSE TEST

<u>Test</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Sample	FLOURIDE PLASMA		
<u>FASTING (FBS)</u>			
Blood Sugar-F	104.14	mg/dL	70.00-110.00

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Name: **JITENDRA MAHTO**

Ward: OPD

Lab ID **00000235**

Registration on: 24/02/2024 09:07:00

Age & Sex: **51 Year | Male**

Reported on: 13:45:23

Reference: **VELOCITY HOSPITAL**Sample Type: **BLOOD & URINE**

HEMOGLOBIN A1c TEST

Test	Observed Value	Unit	Biological Reference Interval
HbA1c	6.19	%	> 8 : Action Suggested 7-8 : Good control < 7 : Goal 6.2-7 : Near Normal Glycemia < 6.2 : Non-diabetic Level
Mean Blood Glucose	131.0	mg/dL	70.0 - 140.0

Importance of HbA1c - Glycated Hb. in Diabetes Mellitus

- HbA1c, also known as Glycated Hemoglobin is the most important test for the assessment of long term blood glucose control (also called glycemic control)
- HbA1c reflects mean blood glucose concentration over past 6-8 weeks and provides a much better indication of long term glycemic control than blood glucose determination
- HbA1c is formed by non-enzymatic reaction between glucose and Hb. , this reaction is irreversible and therefore remains unaffected by short term fluctuations in blood glucose levels.
- Long term complications of diabetes such as retinopathy-eye complications, nephropathy-kidney complications and neuropathy-nerve complications, are potentially serious and can lead to blindness, kidney failure etc.
- Glycemic control monitored by HbA1c measurement using HPLC method-(Gold Standard) is considered most important. (Ref. National Glycohemoglobin Standardization Program -NGSP).

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Reference: VELOCITY HOSPITAL	Sample Type: BLOOD & URINE

LIPID PROFILE

Test	Observed Value	Unit	Biological Reference Interval
Sample	Fasting Blood Serum		
Cholesterol	115.6	mg/dL	<200 Desirable 200-229 Borderline >240 High
Triglyceride	75.2	mg/dL	<150 Normal 150-199 Borderline 200-499 High >=500 Very High
HDL Cholesterol	38.66 L	mg/dL	40-60
VLDL	15.04	mg/dL	0.00 - 30.00
LDL Cholesterol	61.90	mg/dL	< 130 : Optimal 130 - 159 : Borderline High 160 - 189 : High >= 190 : Very High
LDL Chol. / HDL Chol. Ratio	1.6		1.0 - 3.4
Cholesterol / HDL Chol. Ratio	3.0		0 - 3.5
Total Lipid	399.9 L	mg/dl	400.0 - 1000.0

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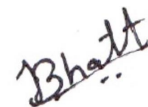
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RENAL FUNCTION TEST

Test		Unit	
S. Creatinine	0.85	mg/dL	0.5-1.30
Bl. Urea	21.0	mg/dL	10.0 - 40.0
BUN	9.8	mg/dl	6.0 - 22.0
Uric Acid	3.65	mg/dL	3.5 - 7.2

PROTEINS

Total Protein	6.1	g/dL	6.0 - 8.0
Albumin	4.32	g/dL	3.50 - 5.50
Globulin	1.8 L	g/dL	2.0 - 4.0
A/G Ratio	2.4		



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LIVER FUNCTION TEST

Test	Observed Value	Unit	Biological Reference Interval
<u>BIURUBIN</u>			
Total Bilirubin	0.4	mg/dL	0.00 - 1.20
Direct Bilirubin	0.2	mg/dL	0.00 - 0.40
Indirect Bilirubin	0.20	mg/dL	0.00 - 1.00
SGPT(ALT)	24.49	U/L	0.0 - 40.0
SGOT (AST)	25.1	U/L	0.0 - 46.0
Alkaline Phosphatase	215.5	U/L	64.0 - 306.0
GAMMA GT	35.4	IU/L	7 TO 50 IU/L
<u>PROTEINS</u>			
Total Protein	6.1	g/dL	6.0 - 8.0
Albumin	4.32	g/dL	3.50 - 5.50
Globulin	1.8 L	g/dL	2.0 - 4.0
A/G Ratio	2.4		

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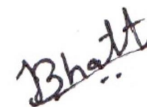


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URINE ANALYSIS

Test	Observed Value	Unit	Biological Reference Interval
Sample	Fresh Urine		
<u>PHYSICAL EXAMINATION</u>			
Quantity	10.0	mL	
Colour	Pale-Yellow		
Appearance	Clear		Clear
pH	Acidic		
Specific Gravity	1.020		
Sediments	Absent		Absent
<u>CHEMICAL EXAMINATION</u>			
Protein (Albumin)	Absent		Absent
Sugar	Absent		Absent
Bile Salts	Absent		Absent
Bile Pigment	Absent		Absent
Ketone	Absent		Absent
Occult Blood	Absent		Absent
Nitrite	Absent		Absent
Leukocyte Esterase	Absent		Absent
Urobilinogen	Normal		Normal
<u>MICROSCOPIC EXAMINATION</u>			
Pus Cells	Occasional	/hpf	Absent
Red Blood Cells	Absent	/hpf	Absent
Epithelial Cells	Occasional	/hpf	Absent
Crystals	Absent		Absent
Amorphous material	Absent		Absent
Casts	Absent		Absent
Yeast	Absent		Absent
Bacteria	Absent		Absent

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TEST REPORT

Reg. No. : 40200728514 **Reg. Date** : 24-Feb-2024 10:28 **Ref.No** : **Approved On** : 24-Feb-2024 11:55
Name : VIRENDRAKUMAR BALUBHAI PATEL **Collected On** : 24-Feb-2024 10:29
Age : 54 Years **Gender**: Male **Pass. No.** : **Dispatch At** :
Ref. By : **Tele No.** :
Location : SPECTRA DIAGNOSTIC @ LP SAVANI ROAD

Test Name	Results	Units	Bio. Ref. Interval
THYROID FUNCTION TEST			
T3 (triiodothyronine), Total <i>Method:CLIA</i>	1.21	ng/mL	0.6 - 1.81
T4 (Thyroxine), Total <i>Method:CLIA</i>	8.2	µg/dL	4.5 - 12.6
TSH (Ultra Sensitive) <i>By CLIA Method</i> Kindly correlate clinically Sample Type:Serum	L 0.377	µIU/mL	0.55 - 4.78

Comments:

Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulate the thyroid gland to synthesize and secrete T3 and T4. Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

TSH levels During Pregnancy :

- First Trimester : 0.1 to 2.5 µIU/mL
- Second Trimester : 0.2 to 3.0 µIU/mL
- Third trimester : 0.3 to 3.0 µIU/mL

Reference : Carl A.Burtis,Edward R.Ashwood,David E.Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Edition. Philadelphia: WB Saunders,2012:2170

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Ref. By :			Tele No. :
Location : SPECTRA DIAGNOSTIC @ LP SAVANI ROAD			

Test Name	Results	Units	Bio. Ref. Interval
Prostate Specific Antigen (PSA),Total	0.47	ng/mL	0 - 4

Method:CLIA

Sample Type:Serum

Useful For

1. Evaluating patients with documented prostate problems in whom multiple prostate-specific antigen tests may be necessary per year
2. Monitoring patients with a history of prostate cancer as an early indicator of recurrence and response to treatment.
3. Prostate cancer screening.

Comments

-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.

-Digital rectal examination generally does not increase normal prostate-specific antigen (PSA) values. However, cystoscopy, urethral instrumentation, and prostate biopsy may increase PSA levels.

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