

## DEPARTMENT OF BIOCHEMISTRY

<b>Patient Name</b> :	Mr. SUMIT KUMAR	<b>Bill Date</b> :	14/10/2023
<b>MR No</b> :	33986	<b>Reporting Date</b> :	14/10/2023
<b>Age/Sex</b> :	33 Years / Male	<b>Sample ID</b> :	174191
<b>Type</b> :	OPD	<b>Bill/Req. No.</b> :	23329947
<b>TPA/Corporate</b> :	MEDIWHEEL	<b>Ref Doctor</b> :	Dr. EMO
<b>IP No.</b> :			

Test	Result	Bio. Ref. Interval	Units
<b>BLOOD GLUCOSE FASTING AND PP</b>			
PLASMA GLUCOSE(FASTING)	<b>115</b> <i>H</i>	70 - 110	mg/dl

<b>BLOOD GROUP</b>			
BLOOD GROUP	" B " RH POSITIVE		

<b>COMPLETE HAEMOGRAM</b>			
<b>CBC</b>			
HAEMOGLOBIN	16.2	12.0 - 16.5	g/dL
TOTAL LEUCOCYTE COUNT	6600	4000 - 11000	/cumm
RED BLOOD CELL COUNT	5.15	4.0 - 6.0	millions/cumm
PCV (HAEMATOCRIT)	50.4	40.0 - 54.0	%
MEAN CORPUSCULAR VOLUME	97.8	78 - 98	fL
MEAN CORPUSCULAR HAEMOGLOBIN	31.5	26.5 - 32.5	Picograms
MEAN CORPUSCULAR HB CONC	32.1	32 - 37	g/dL
PLATELET COUNT	2.59	1.50 - 4.50	Lakh/cumm
NEUTROPHILS	52	40 - 73.0	%
LYMPHOCYTES	33	20 - 40	%
EOSINOPHILS	06	0.0 - 6.0	%
MONOCYTES	09	2.0 - 10.0	%
BASOPHILS	00	0.0 - 1.0	%
ABSOLUTE NEUTROPHIL	3432	2000 - 7000	cells/cumm
ABSOLUTE LYMPHOCYTE	2178	1000 - 3000	cells/cumm
ABSOLUTE EOSINOPHIL	396	20 - 500	cells/cumm
ABSOLUTE MONOCYTES	594	200 - 1000	cells/cumm
ABSOLUTE BASOPHILS	<b>0</b> <i>L</i>	20 - 100	cells/cumm
RDW-CV	13.7	11.5 - 14.5	%

Checked By: *Shweta*

**Dr. Pradip Kumar**  
(Consultant Microbiologist)

**Dr. Nisha Rana**  
(Consultant Pathologist)

(This is only professional opinion and not the diagnosis, Please correlate clinically)

**DEPARTMENT OF HAEMATOLOGY**

<b>Patient Name</b> :	Mr. SUMIT KUMAR	<b>Bill Date</b> :	14/10/2023
<b>MR No</b> :	33986	<b>Reporting Date</b> :	14/10/2023
<b>Age/Sex</b> :	33 Years / Male	<b>Sample ID</b> :	2160145
<b>Type</b> :	OPD	<b>Bill/Req. No.</b> :	23329947
<b>TPA/Corporate</b> :	MEDIWHEEL	<b>Ref Doctor</b> :	Dr. EMO
<b>IP No.</b> :			

Test	Result	Bio. Ref. Interval	Units
<b>HBA1C</b>			
HBA1C	5.3		%

**Note** : HBA1c result is suggestive of Diabetes/ higher than glycemc goal in a known Diabetic patient.  
Please note, glycemc 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	28	13.0 - 45.0	mg/dL
SERUM CREATININE	1.2	0.5 - 1.4	mg/dL
SERUM URIC ACID	6.9	3.6 - 7.2	mg/dL
SERUM SODIUM	134	130 - 149	mmol/L
SERUM POTASSIUM	3.8	3.5 - 5.5	mmol/L

**LFT(LIVER FUNCTION TEST)**

<b>LFT</b>			
TOTAL BILIRUBIN	0.5	0.1 - 1.2	mg/dL
DIRECT BILIRUBIN	0.2	0.00 - 0.30	mg/dL
INDIRECT BILIRUBIN	0.3	Adult: 0 - 0.8	mg/dL
SGOT (AST)	37	0.0 - 45	IU/L
SGPT (ALT)	<b>102</b> H	00 - 45.00	IU/L
ALP	78	41 - 137	U/L
TOTAL PROTEINS	6.9	6.0 - 8.2	g/dL
ALBUMIN	4.6	3.20 - 5.00	g/dL
GLOBULIN	2.3	2.0 - 3.50	g/dL
A/G RATIO	2		

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DEPARTMENT OF BIOCHEMISTRY

**Patient Name** : Mr. SUMIT KUMAR  
**MR No** : 33986  
**Age/Sex** : 33 Years / Male  
**Type** : OPD  
**TPA/Corporate** : MEDIWHEEL  
**IP No.** :  
**Bill Date** : 14/10/2023  
**Reporting Date** : 14/10/2023  
**Sample ID** : 174191  
**Bill/Req. No.** : 23329947  
**Ref Doctor** : Dr. EMO

Test	Result	Bio. Ref. Interval	Units
<b>LIPID PROFILE</b>			
<b>LIPID PROFILE</b>			
SERUM CHOLESTROL	<b>268</b> H	0 - 200	mg/dl
SERUM TRIGLYCERIDES	<b>170</b> H	Up to 150	mg/dl
HDL CHOLESTEROL	44	30 - 60	mg/dl
VLDL CHOLESTEROL	34	*Less than 30	mg/dL
LDL CHOLESTEROL	<b>190</b> H	Optimal <100, Above Opt. 100-129 -high 160-189	mg/dl
LDL CHOLESTEROL/HDL RATIO	4.32	Desirable Level : 0.5 - 3.0 Borderline Risk : 3.0 - 6.0 High Risk : > 6.0	

URINE ROUTINE EXAMINATION

**PHYSICAL EXAMINATION**

VOLUME 10 ml  
 COLOUR Pale Yellow Pale Yellow  
 APPEARANCE Clear Clear

**CHEMICAL EXAMINATION**

REACTION Acidic  
 BLOOD NIL  
 ALBUMIN NIL NIL  
 GLUCOSE NIL NIL

**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

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## DEPARTMENT OF CLINICAL PATHOLOGY

**Patient Name** : Mr. SUMIT KUMAR  
**MR No** : 33986  
**Age/Sex** : 33 Years / Male  
**Type** : OPD  
**TPA/Corporate** : MEDIWHEEL  
**IP No.** :  
**Bill Date** : 14/10/2023  
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**Ref Doctor** : Dr. EMO

Test	Result	Bio. Ref. Interval	Units
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**Note** : Albumin test positive by Multistrip Method is confirmed by Sulphosalicylic acid method.

\*\*\*\*\* END OF THE REPORT \*\*\*\*\*

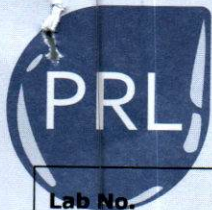
Checked By: 

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# Prognosis Laboratories



8130192290 www.prlworld.com care@prlworld.com

<b>Lab No.</b>	012310140671	<b>Age/Gender</b>	33 YRS/MALE	<b>Coll. On</b>	14/Oct/2023 04:34PM
<b>Name</b>	Mr. SUMIT KR 33986			<b>Reg. On</b>	14/Oct/2023
<b>Ref. Dr.</b>				<b>Approved On</b>	14/Oct/2023 05:56PM
<b>Rpt. Centre</b>	Self			<b>Printed On</b>	24/Oct/2023 12:04PM

Test Name	Value	Unit	Biological Reference Interval
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### Thyroid profile, Total (T3,T4,TSH)

T3 (Triiodothyronine) , serum Method : ECLIA	1.55	ng/mL	0.80 - 2.0
T4 (Thyroxine) , serum Method : ECLIA	11.0	ug/dL	5.1 - 14.1
TSH (Thyroid Stimulating Hormone) , serum Method : ECLIA	1.92	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

**\*Disclaimer: This is an electronically validated report, if any discrepancy found should be confirmed by user.**

\*\*\* End Of Report \*\*\*



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