

**Patient Name** : Mrs. SHIVA UHID : 33161  
**Age / Gender** : 34 / Female IPNO :  
**Referred By** : Dr. PRATIBHA PUNDHIR Requisitions : 11/02/2023 / 8.16 AM  
**Req.No** : 2308951 Sample collection : 11/02/2023  
**Patient Type** : OPD Sample Receiving : 11/02/2023  
Reported on : 11/02/2023 / 11.47 AM

**BIOCHEMISTRY**

**BLOOD GROUP And RH TYPE**

**Specimen Type :**

**BIOLOGICAL**

TEST NAME	RESULT	UNITS	REF. INTERVAL	METHOD
<b>Blood Group</b>	" O " RH POSITIVE			MATRIX GEL ABO/Rho (D) FORWARD & REVERSE GROUPING

**-\*\*\*\* End of Report \*\*\*\*-**

*Please Correlate With Clinical Findings*

**Lab Technician** Dr. GAURVI PIPLANI  
MD (Pathology)

**Dr. KANIKA GUPTA**  
MD (Pathology)

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**Sample Receiving** : 11/02/2023  
**Reported on** : 11/02/2023 / 4.26 PM

**BIOCHEMISTRY**

**LIPID PROFILE.( TOTAL CHOLESTEROL,LDL,HDL,TREIGYLCERIDES)**

<b>Specimen Type</b>	<b>BIOLOGICAL</b>			
<b>TEST NAME</b>	<b>RESULT</b>	<b>UNITS</b>	<b>REFERENCE</b>	<b>METHOD</b>
<b><u>LIPID PROFILE</u></b>				
<b>SERUM CHOLESTROL</b>	174.0	mg/dl	0 - 200	Cholestrol Oxidase
<b>Serum Triglycerides</b>	111.1	mg/dl	Up to 150	GPO -Trinder
<b>HDL Cholesterol</b>	40.0	mg/dl	0 - >60	Direct Method
<b>LDL Cholesterol</b>	111.7	mg/dl	Optimal <100,Above Opt. 100-129 -high 160-189	Direct Measure
<b>VLDL Cholesterol</b>	22.2	mg/dL	*Less than 30	Calculated

\*Automated Direct HDL And LDL Estimation.

\*Results of these tests should always be interpreted in conjunction with patients medical history, clinical presentation and other findings.

**-\*\*\*\* End of Report \*\*\*\*-**

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**BIOCHEMISTRY**

**BLOOD SUGAR FASTING**

<b>Specimen Type</b>	<b>BIOLOGICAL</b>			
<b>TEST NAME</b>	<b>RESULT</b>	<b>UNITS</b>	<b>REFERENCE</b>	<b>METHOD</b>
<b>Plasma glucose(fasting.)</b>	86.8	mg/dl	70 - 110	GOD-POD Hexokinase

**-\*\*\*\* End of Report \*\*\*\*-**

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## HAEMATOLOGY

### COMPLETE HAEMOGRAM (CBC ESR)

**Specimen Type** : Whole Blood

TEST NAME	RESULT	UNITS	REF. INTERVAL	BIOLOGICAL METHOD
<b>Haemoglobin</b>	<b>10.9</b>	gm/dl	11.5 - 16.5	Cyanide-Free Colorimetry
<b>Total Leucocyte Count</b>	4600		4000 - 11000	Impedance Variation
<b><u>DIFFERENTIAL COUNT</u></b>				
<b>Neutrophils.</b>	62	%	40.0 - 75.0	Flow Cytometry
<b>Lymphocytes.</b>	28	%	20.0 - 45.0	Flow Cytometry
<b>Monocytes</b>	08	%	2.0 - 10.0	Flow Cytometry
<b>Eosinophils.</b>	02	%	0.0 - 4.0	Flow Cytometry
<b>Basophils</b>	00	%	0.0 - 1.0	Flow Cytometry
<b>Platelet Count</b>	<b>0.83</b>	1000/cumm	1.50 - 4.50	Electrical Impedance
<b>RED BLOOD CELL COUNT</b>	<b>3.22</b>	millions/cum m	3.5 - 5.5	Electrical Impedance
<b>PACKED CELL VOLUME</b>	31.1	%	36 - 46	Calculated
<b>MEAN CORPUSCULAR VOLUME</b>	<b>96.5</b>	fL	76 - 96	Measured
<b>MEAN CORPUSCULAR HAEMOGLOBIN</b>	<b>33.9</b>	pg	27 - 32	Calculated
<b>MEAN CORPUSCULAR Hb CONC</b>	35.0	gm/dl	33 - 37	Calculated

-\*\*\*\* End of Report \*\*\*\*-

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Lab Technician

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**BIOCHEMISTRY**

**KFT(KIDNEY FUNCTION TEST)/RFT/Renal Profile**

<b>Specimen Type</b>	<b>Serum</b>	<b>BIOLOGICAL</b>			
<b>TEST NAME</b>	<b>RESULT</b>	<b>UNITS</b>	<b>REFERENCE</b>	<b>METHOD</b>	
<b>Urea Creatinine</b>					
<b>Serum Urea</b>	19.8	mg/dl	13 - 45	UreaseGLDH	
<b>Serum Creatinine</b>	0.75	mg/dL	Male: 0.6 - 1.3	Modified JAFFEs	
<b>Serum Uric Acid</b>	3.83	mg/dl	Adult Female: 2.6 - 6.0	Uricase Trinder, End Point (Toos)	
<b>Serum Sodium</b>	143.2	meq/l	135 - 155	ISE Indirect	
<b>Serum Potassium</b>	5.01	meq/l	3.5 - 5.6	ISE Indirect	

\*Results of these tests should always be interpreted in conjunction with patients medical history, clinical presentation and other findings.

\*Performed on fully Automated Dimension X-Pand plus BioChemistry Analyser.

\*External Quality Control by Biorad Laboratory.

**\*\*\*\* End of Report \*\*\*\***

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## BIOCHEMISTRY

### LFT(LIVER FUNCTION TEST)

Specimen Type	Serum	BIOLOGICAL			
TEST NAME	RESULT	UNITS	REFERENCE	METHOD	
<b>TOTAL BILIRUBIN</b>	0.95	mg/dL	0.1 - 1.2	Diazotized Sulphanilic Acid	
<b>DIRECT BILIRUBIN</b>	<b>0.34</b>	mg/dL	0.00 - 0.20	Diazotized Sulphanilic Acid	
<b>INDIRECT BILIRUBIN</b>	0.61	mg/dL	0.0 - 0.9	Diazotized Sulphanilic Acid	
<b>SGOT (AST)</b>	21.3	IU/L	0 - 35	IFCC WPP AMP	
<b>SGPT (ALT)</b>	11.7	IU/L	5 - 40	IFCC WPP AMP	
<b>Alkaline Phosphatase</b>	90.2	IU/L	Adult: 50 - 136	Modified IFCC	
<b>Total Protein</b>	6.60	g/dl	6.4-8.2	Biuret Endpoint	
<b>Albumin - Serum</b>	4.48	g/DL	3.2 - 5.0	Photometric Column test BCG Dye	
<b>Globulin</b>	<b>2.12</b>	gms%	2.3 - 4.5		

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**-\*\*\*\* End of Report \*\*\*\*-**

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**CLINICAL PATHOLOGY**

**URINE ROUTINE MICROSCOPY**

<b>Specimen Type</b>	<b>BIOLOGICAL</b>			
<b>TEST NAME</b>	<b>RESULT</b>	<b>UNITS</b>	<b>REFERENCE</b>	<b>METHOD</b>
<b><u>PHYSICAL EXAMINATION</u></b>				
<b>volume</b>	20	ml		
<b>colour</b>	Pale Yellow		Pale Yellow	
<b>Appearance</b>	Clear		Clear	
<b>Specific Gravity</b>	1.030			Polyelectrolytes Ionic
<b>reaction</b>	Acidic		Acidic	
<b>pH -Urine</b>	5.0			PH paper
<b>Blood</b>	Negative		Negative	
<b>Albumin</b>	NIL		NIL	Protein-error-of-Indicator/Sulphosalicylic Acid
<b>Glucose</b>	NIL		NIL	GODPOD/Benedicts
<b>Bile Salt</b>	NIL		NIL	
<b>Bile Pigment</b>	NIL		NIL	Diazo/Fouchets Test
<b>Urobilinogen</b>	NIL		NIL	Elrich Aldehyde

**\*\*\*\* End of Report \*\*\*\***

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**CLINICAL PATHOLOGY**

**MICROSCOPIC EXAMINATION**

<b>PUS CELLS - URINE</b>	2-3		
<b>Red blood cells</b>	Nil	NIL	
<b>Epithelial Cells - Urine</b>	1-2	4---5/HPF	
<b>Casts</b>	NIL	NIL	Microscopic
<b>Crystals.</b>	NIL	NIL	Microscopic

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

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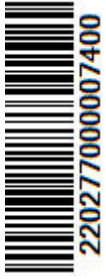
**\*\*\*\* End of Report \*\*\*\***

*Please Correlate With Clinical Findings*

**Lab Technician**    **Dr. GAURVI PIPLANI**  
   **MD (Pathology)**

**Dr. KANIKA GUPTA**  
**MD (Pathology)**





Mr. SHIVA 33161

PID NO: P2772200008180  
Age: 34.0 Year(s) Sex: Male



Reference: Dr.PARK HOSPITAL

Sample Collected At:  
HEALING TOUCH SUPER SPECIALITY  
HOSPITAL A UNIT OF BLUE HEAVENS  
HEALTHCARE PVT LTD  
CHANDIGARH AMBALA HIGHWAY VILL  
SADOPUR AMBALA CITY HARYANA  
134002

Sample Processed At: DOGRA PATH  
LAB LLP, #16, SECTOR -7, URBAN  
ESTATE, AMBALA, HARYANA, INDIA - 134002

VID: 220277000007400

Registered On:  
11/02/2023 07:30 PM  
Collected On:  
11/02/2023 7:30PM  
Reported On:  
11/02/2023 09:13 PM

### HbA1c Glycated Haemoglobin

(EDTA Whole Blood)

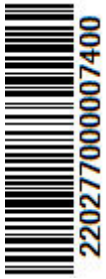
<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
HbA1C- Glycated Haemoglobin (HPLC)	4.9	%	Non-diabetic: <= 5.6 Pre-diabetic: 5.7-6.4 Diabetic: >= 6.5
Estimated Average Glucose (eAG) (Calculated)	93.93	mg/dL	

#### Interpretation & Remark:

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
- HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2022, for diagnosis of diabetes using a cut-off point of 6.5%.
- Trends in HbA1c are a better indicator of diabetic control than a solitary test.
- Low glycated haemoglobin(below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia(especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
- To estimate the eAG from the HbA1C value, the following equation is used:  $eAG(mg/dl) = 28.7 \times A1c - 46.7$
- Interference of Haemoglobinopathies in HbA1c estimation.
  - For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
  - Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
  - Heterozygous state detected (D10/ turbo is corrected for HbS and HbC trait).
- In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control. Excellent Control - 6 to 7 %, Fair to Good Control - 7 to 8 %, Unsatisfactory Control - 8 to 10 % and Poor Control - More than 10 % .

Note : Hemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy.

Dr. Vasu Kumar Dogra  
M.D (Pathology)



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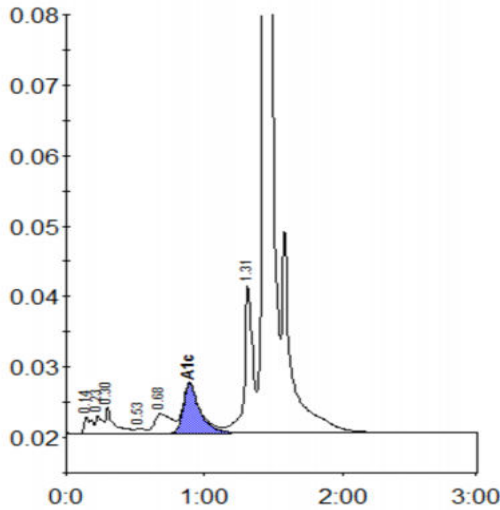
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LAB LLP, #16, SECTOR -7, URBAN  
ESTATE, AMBALA, HARYANA, INDIA, 134002

### Patient report

Bio-Rad DATE: 02/11/2023  
D-10 TIME: 08:49 PM  
S/N: #DJ0B473021 Software version: 4.30-2  
Sample ID: 0249905606  
Injection date: 02/11/2023 08:36 PM  
Injection #: 18 Method: HbA1c  
Rack #: --- Rack position: 1



Peak table - ID: 0249905606

Peak	R.time	Height	Area	Area %
A1a	0.14	2388	9190	0.6
Unknown	0.23	2572	8789	0.5
A1b	0.30	3783	14231	0.9
F	0.53	758	4094	0.3
LA1c/CHb-1	0.68	2742	23481	1.4
A1c	0.89	7011	59100	4.9
P3	1.31	21269	87669	5.4
A0	1.44	568271	1426509	87.4
Total Area:		1633062		

Concentration:	%
A1c	4.9

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**Investigation**

**Thyroid panel - 2**

(Serum,CMIA)

**Free T3**

3.15

pg/mL

2.0-4.4

**Free T4**

**0.81**

ng/dL

0.93-1.7

**TSH(Ultrasonensitive)**

**5.6004**

µIU/mL

0.54-5.3

**Observed Value**

**Unit**

**Biological Reference Interval**

**INTERPRETATION**

TSH	T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	• Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within Range	Within Range	•Isolated High TSHespecially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. •Subclinical Autoimmune Hypothyroidism •Intermittent T4 therapy for hypothyroidism •Recovery phase after Non-Thyroidal illness"
Raised	Decreased	Decreased	•Chronic Autoimmune Thyroiditis •Post thyroidectomy,Post radioiodine •Hypothyroid phase of transient thyroiditis"
Raised or within Range	Raised	Raised or within Range	•Interfering antibodies to thyroid hormones (anti-TPO antibodies) •Intermittent T4 therapy or T4 overdose •Drug interference- Amiodarone, Heparin,Beta blockers,steroids, anti-epileptics"
Decreased	Raised or within Range	Raised or within Range	•Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness •Subclinical Hyperthyroidism •Thyroxine ingestion"
Decreased	Decreased	Decreased	•Central Hypothyroidism •Non-Thyroidal illness •Recent treatment for Hyperthyroidism (TSH remains suppressed)"
Decreased	Raised	Raised	•Primary Hyperthyroidism (Graves' disease),Multinodular goitre, Toxic nodule •Transient thyroiditis:Postpartum, Silent (lymphocytic), Postviral (granulomatous,subacute, DeQuervain's),Gestational thyrotoxicosis with hyperemesis gravidarum"
Decreased or within Range	Raised	Within Range	•T3 toxicosis •Non-Thyroidal illness

- References:** 1. Interpretation of thyroid function tests. Dayan et al. THE LANCET • Vol 357 • February 24, 2001  
2. Laboratory Evaluation of Thyroid Function, Indian Thyroid Guidelines, JAPI, January 2011,vol. 59

-- End of Report --

Dr. Vasu Kumar Dogra  
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