

7/10/23

Mr. Sandeep

Age - 37 y/m

BP - 120/80

P - 78/lt

H - 169 c.m

wt - 64 kg

No info

am. htn. copd



A

**EXAMINATION OF EYES :- ( BY OPHTHALMOLOGIST )**

Patient Name Mr. Sandeep

Date 7/10/23

Sex/Age 37/M

MR No .....

Employee Id .....

<b>EXTERNAL EXAMINATION</b>				
SQUINT	- NO			
NYSTAGMUS	- NO			
COLOUR VISION	- Normal			
FUNDUS:(RE):-	normal (LE):-	normal		
<b>INDIVIDUAL COLOUR IDENTIFICATION</b>				
DISTANT VISION:(RE):-	6/6	(LE):-	6/6	
NEAR VISION:(RE):-	M6	(LE):-	M6	
<b>NIGHT BLINDNESS</b>				
	SPH	CYL	AXIS	ADD
RIGHT	-	-	-	-
LEFT	-	-	-	-
<b>REMARKS :-</b>				
<p align="center">fundus - normal</p> <p align="center">V<sub>m</sub> &lt; 6/6 6/6</p>				

**Dr. Vikas Mishra**  
 MBBS, MS(Ophthalmologist)  
 Reg. No. CGMC 621/2006



Patient Name : MR SANDEEP DAWANDE  
UHID/ MR No : 7116  
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Sample Collected On : 07/10/2023 05:25PM  
Ref. Doctor : SELF  
Sponsor Name :

Age/Gender : 37 Y. Male  
OP Visit No : OPD-UNIT-II-1  
Reported On : 10/10/2023 10:53AM

### HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>HEMOGRAM</b>			
Haemoglobin(HB) Method: CELL COUNTER	15.9	gm/dl	12 - 17
Erythrocyte (RBC) Count Method: CELL COUNTER	5.33	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	47.70	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	89.5	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	29.8	pg	26 - 34
MCHC (Mean Corpuscular Hb Concn.) Method: CELL COUNTER	33.3	g/dl	32 - 35
RDW (Red Cell Distribution Width) Method: CELL COUNTER	11.6	%	11 - 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	5.94	cells/cumm	3.50 - 10.00
Neutrophils Method: CELL COUNTER	52	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	42	%	15.0 - 45.0
Eosinophils Method: CELL COUNTER	02	%	1-6%
Monocytes Method: CELL COUNTER	04	%	4.0 - 12.0
Basophils Method: CELL COUNTER	00	%	0.0 - 2.0

**End of Report**  
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### HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count Method: CELL COUNTER	280	lacs/cu.mm	150-400
ESR- Erythrocyte Sedimentation Rate Method: Westergren's Method	09	mm /HR	0 - 10

### Blood Group (ABO Typing)

Blood Group (ABO Typing) : B  
 RhD factor (Rh Typing) : POSITIVE

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### BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>GLUCOSE (FASTING)</b>			
Glucose- Fasting	141.0	mg/dl	70 - 120
SUGAR REAGENT GRADE WATER			
<b>KFT - RENAL PROFILE - SERUM</b>			
BUN-Blood Urea Nitrogen	11	mg/dl	7 - 20
METHOD: Spectrophotometric			
Creatinine	0.95	mg/dl	0.6-1.4
METHOD: Spectrophotometric			
Uric Acid	2.69	mg/dL	2.6 - 7.2
Method: Spectrophotometric			

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### BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
HbA1c (Glycosalated Haemoglobin)	7.9	%	Non- diabetic:<=5.6, Pre-Diabetic 5.7-6.4, Diabetic:>=6.5

- 1.HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
  - 2.HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
  3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
  4. Low glycated haemoglobin(below 4%) in a non-diabetic individual are often associated with systemic inflam
- 1.HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
  - 2.HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
  3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
  4. 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.
  5. To estimate the eAG from the HbA1C value, the following equation is used:  $eAG(mg/dl) = 28.7 \times A1c - 46.7$
  6. Interference of Haemoglobinopathies in HbA1c estimation.
    - A. For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
    - B. Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
    - C. Heterozygous state dete

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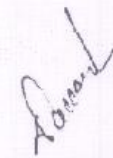
### BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>LIPID PROFILE TEST (PACKAGE)</b>			
Cholesterol - Total	178.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	144.0	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotometric HDL Cholesterol	42.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotometric LDL Cholesterol	107.20	mg/dl	Optimal:< 100                      Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189                      Very High : >=190
Method: Spectrophotometric VLDL Cholesterol	28.80	mg/dl	6 - 38 3.5-5
Total Cholesterol/HDL Ratio	4.24		
Method: Spectrophotometric			

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### BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>LIVER FUNCTION TEST</b>			
<b>Bilirubin - Total</b> Method: Spectrophotometric	0.6	mg/dl	0.1- 1.2
<b>Bilirubin - Direct</b> Method: Spectrophotometric	0.2	mg/dl	0.05-0.3
<b>Bilirubin (Indirect)</b> Method: Calculated	0.40	mg/dl	0 - 1
<b>SGOT (AST)</b> Method: Spectrophotometric	26	U/L	0 - 40
<b>SGPT (ALT)</b> Method: Spectrophotometric	31	U/L	0 - 41
<b>ALKALINE PHOSPHATASE</b>	82	U/L	25-147
<b>Total Proteins</b> Method: Spectrophotometric	7.1	g/dl	6 - 8
<b>Albumin</b> Method: Spectrophotometric	4.8	mg/dl	3.4 - 5.0
<b>Globulin</b> Method: Calculated	2.3	g/dl	1.8 - 3.6
<b>A/G Ratio</b> Method: Calculated	2.0	%	1.1 - 2.2

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### IMMUNO ASSAY


Investigation	Observed Value	Unit	Biological Reference Interval
<b>T3, T4, TSH</b>			
<b>T3 (Total) by CLIA,serum</b>	1.77	ng/mL	0.79-1.58
Clinical Use · Diagnose and monitor treatment of Hyperthyroidism Increased Levels: Pregnancy, Graves disease, T3 thyrotoxicosis, TSH dependent Hypothyroidism, Increased TBG Decreased Levels: Nonthyroidal illness, Hypothyroidism, Nutritional deficiency, Systemic illness, Decreased TBG			
<b>T4(Total) by CLIA,serum</b>	12.6	mcg/dl	4.5-12.0
Clinical Use · Diagnose Hypothyroidism and Hyperthyroidism when overt and / or due to pituitary or hypothalamic disease. Increased Levels: Hyperthyroidism, Increased TBG, Familial dysalbuminemic hyperthyroxinemia, Increased Transthyretin, Estrogen therapy, Pregnancy Decreased Levels: Primary hypothyroidism, Pituitary TSH deficiency, Hypothalamic TRH deficiency, Non thyroidal illness, Decreased TBG.			
<b>TSH (Ultrasensitive) CLIA Serum</b>	3.77	mIU/ml	0.34- 5.6
Initial test of thyroid function in patients with suspected thyroid dysfunction · Assess thyroid status in patients with abnormal total T4 concentrations · Distinguish Euthyroid hyperthyroxinemias from hypothyroidism. Increased Levels: Thyroid hormone resistance, Hyperthyroidism Decreased Levels: Primary hypothyroidism, Secondary hypothyroidism Clinical Use · Initial test of thyroid function in patients with suspected thyroid dysfunction			

Note: Total T3 & T4 levels measure the hormone which is in the bound form and is not available to most tissues. In addition severe systemic illness which affects the thyroid binding proteins can falsely alter Total T4 levels in the absence of a primary thyroid disease. Hence Free T3 & T4 levels are recommended for accurate assessment of thyroid dysfunction.

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### CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>URINE ROUTINE EXAMINATION</b>			
<b>Physical Examination</b>			
Volum of urine	30ML		
Appearance	Clear		Clear
Colour	Pale Yellow		Colourless
Specific Gravity	1.015		1.001 - 1.030
Reaction (pH)	6.0		
<b>Chemical Examination</b>			
Protein(Albumin) Urine	Absent		Absent
Glucose(Sugar) Urine	Absent		Absent
Blood	Absent		Absent
Leukocytes	Absent		Absent
Ketone Urine	Absent		Absent
Bilirubin Urine	Absent		Absent
Urobilinogen	Absent		Absent
Nitrite (Urine)	Absent		Absent
<b>Microscopic Examination</b>			
RBC (Urine)	NIL	/hpf	0 - 2
Pus cells	1-3	/hpf	0 - 5
Epithelial Cell	Occasional	/hpf	0 - 5
Crystals	Not Seen	/hpf	Not Seen
Bacteria	Not Seen	/hpf	Not Seen
Budding yeast	Not Seen	/hpf	Not Seen

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