



URMILA HEART & MULTI SPECIALITY HOSPITAL

PATHOLOGY REPORT

Address

Naya Tola, Opp. Polytechnic
Muzaffarpur
Ph.: 0621-2222211
0621-2268042
Mob.: 9661179794
9471013402

Name:- Mrs. Juli Kumari	Age :32Y/F	Date :-10/08/2024
Ref. By :- Dr. Bank Of Baroda	(E.C.No104562)	Serial Number :- 0102

<u>TEST</u>	<u>CBC (Complete Blood Count)</u>		<u>Reference Values</u>
	<u>RESULT</u>	<u>UNIT</u>	
Hb (Haemoglobin)	10.8	gm/dl	12 - 17
Total Leukocyte Count	6,900	/Cumm.	4000 - 11000
RBC Count	4.02	Million/Cumm.	3.8 - 5.8
PCV / Haematocrit	34.5	%	30 - 50
Platelet Count	1.50	Lakhs/c.mm	1.5 - 4.5
MCV	85.8	fl	80 - 100
MCH	26.1	pg	26 - 34
MCHC	31.8	gm/dl	31.5 - 35
Differential Leukocyte Count			
Neutrophil	60	%	40 - 70
Lymphocyte	30	%	20 - 40
Monocyte	02	%	02 - 10
Eosinophi	08	%	01 - 06
Basophil	00	%	< 1 - 2 %
ESR	26	mm/1 st hr.	00 - 20

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BIOCHEMISTRY

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Urea	23.0	mg/dl	13 - 45
S. Creatinine	0.81	mg/dl	Male 0.7 - 1.4
S. Uric Acid	6.20	mg/dl	Male 3.5 - 7.2 Female 2.5 - 6.2

BLOOD GROUPING

Grouping (ABO)	:	"B" Group
Rh Typing	:	Positive.

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LFT (Liver Function Test) – serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Total Bilirubin	0.60	mg/dl	Adults: 0.1 - 1.2 Infants: 1.2 - 12
S. Direct Bilirubin	0.18	mg/dl	00 - 0.3
S. Indirect Bilirubin	0.42	mg/dl	0.2 - 0.6
S. SGPT (ALT)	24.0	U/L	05 - 40
S. SGOT (AST)	31.0	U/L	05 - 40
S. GGT	28.0	U/L	05 - 45
S. Alkaline Phosphatase	87.5	U/L	Adult -- 25 - 140 Children (1 – 12 yrs.) -- 104 - 390
S. Total Protein	7.04	g/dl	6.0 - 8.3
S. Albumin	3.97	g/dl	3.2 - 5.0
S. Globulin	3.07	g/dl	2.8 - 4.5
S. A/G Ratio	1.29		

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Lipid Profile - serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Cholesterol	195.0	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	48.0	mg/dl	Male: 30 - 65 Female: 35 - 80
S. LDL-Cholesterol	116.0	mg/dl	60 - 150
Ratio of Cholesterol/HDL	4.06		Low Risk: <3.0 Average Risk: 03 - 5.0 High Risk: >5.0
LDL/HDL Ratio	2.41		1.5 - 3.5

BIOCHEMISTRY

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
P. Glucose Fasting	75.0	mg/dl	70 - 110
P. Glucose-Post Prandial (after 1 30hrs meal)	98.0	mg/dl	80 - 160

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Urine Routine And Microscopy

<u>TEST</u>	<u>RESULTS</u>
Physical Examination	
Volume	20 ml
Colour	Clear
Specific Gravity	1.010
Appearance	Clear
pH	6.0
(Acidic)	
Chemical Examination	
Protein	Nil
Sugar	Nil
Bile Salts	N/D
Bile Pigments	N/D
Microscopic Examination	
Pus Cells	1-2 /hpf
Red Blood Cells	Nil /hpf
Epithelial Cells	Present (+)
Crystal/Cast	Nil
Other	Nil
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GLYCOSYLATED HEMOGLOBIN

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>
HbA1c	-	3.92 %

Mean Blood Glucose level (MBG) – 88.29 mg/dl

Normal Reference Values

Normal	:	< 8.0 %
Good Control	:	8.0 - 9.0 %
Fair Control	:	9.0 - 10.0 %
Poor Control	:	> 10.0 %

Summary :- 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.

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TEST NAME	METHOD	VALUE	UNITS	NORMAL RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	121.0	ng/dL	(60 - 200)
TOTAL THYROXINE (T4)	C.L.I.A	7.01	µg/dL	(4.5 - 12.0)
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	2.96	µIU/mL	(0.3 - 5.5)

Technology :

T3 - Competitive Chemi Luminescent Immuno Assay

T4 - Competitive Chemi Luminescent Immuno Assay

TSH - Ultra Sensitive Sandwich 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 expected increase in TSH demonstrate the classical feedback mechanism between pituitary and thyroid gland Additionally TSH measurement is equally important in differentiating secondary and tertiary(hypothalamic) 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
end of report


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