JAINIS PATHOHUB
Fully Automated Pathology Laboratory
Excellent in Healthcare

24/7 HOURS SERVICE

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21, 22, Ground Floor, City Center Complex,
Opp. Janpath Hotel, Radhanpur Circle,
Mehsana-384 002. Mo. 93277 28049

Patient ID	: 022424004	**Sample Collected on**	: 24-Feb-2024 9:36 AM
Patient Name	: MR. URVIL KANDOI	**Report Released on**	: 24-Feb-2024 2:26 PM
Age / Gender	: 37 Years / Male	**Center Name**	: JAINIS PATHOHUB PATHOLOGY LABORATORY
Ref. By	: HEALTH CHECK UP		
Affiliation	: NAVJIVAN ICU AND MULTISPECIALITY HOSPITAL		

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THYROID FUNCTION TEST

Investigation	Result	Unit	Bio. Ref. Interval
TFT (T3 T4 TSH)			
TOTAL TRIIODOTHYRONINE (T3)	1.99	pmol/L	Adult :0.9- 2.15 ng/ml
TOTAL THYROXINE (T4)	102	nmol/L	Adult: 60-135 nmol/l
ULTRA TSH	1.99	uIU/mL	Adult: 0.25 - 5.00 1-4 week : 1.7-9.1 1-12 month: 0.8-8.2 1-15 yr: 0.7-5.7

INTERPRETATION :

TSH	T3	T4	Interpretation
High	Normal	Normal	Mild (Sub clinical) Hypothyroidism
High	Low or Normal	Low	Hypothyroidism
Low	Normal	Normal	Mild (Sub clinical) Hyperthyroidism
Low	High or Normal	High or Normal	Hyperthyroidism
Low	Low or Normal	Low or Normal	Non thyroidal illness; rare pituitary (secondary) hypothyroidism

Interpretation :
Only TSH levels can prove to be misleading in patients on treatment. Therefore Free T3, Free T4 should be checked as it ismetabolically active. Physiological rise in Total T3 or T4 levels is seen in patients on steroid therapy and during pregnancy. Collection time for Thyroid function test is very important as per circardian variation / rhythm, the levels are at its peak between 2-4 a.m and are minimum between 6-10 pm. Thyroid abnormality should not get interpret based on single test report. It should be checked for establishment of the abnormality based on repeated investigations at intervals.

Comment : Please correlate with Clinical Condition
Technology : minividas
Notes : Clinical diagnosis should not be made on the findings of a single test result, but should integrate both clinical and laboratory data.

---------- END OF REPORT ----------

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HAEMATOLOGY

Investigation	Result	Unit	Bio. Ref. Interval
ESR (ERYTHROCYTE SEDIMENTATION RATE)			
ERYTHROCYTE SEDIMENTATION RATE	12	mm/1hr.	<50 years: < 15 mm/hr >50 years: < 20 mm/hr

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Patient Name	: MR. URVIL KANDOI	**Report Released on**	: 24-Feb-2024 11:33 AM
Age / Gender	: 37 Years / Male	**Center Name**	: JAINIS PATHOHUB PATHOLOGY LABORATORY
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Affiliation	: NAVJIVAN ICU AND MULTISPECIALITY HOSPITAL		

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DIABETES CARE

Investigation	Result	Unit	Bio. Ref. Interval
FASTING BLOOD SUGAR(FBS)			
FASTING BLOOD SUGAR	97.3	mg/dL	normal Glucose: 60.00 - 100.00 Mg/dL Impaired Glucose: 101-125.00 Mg/dL Diabetic: >=126Mg/dL

Interpretation :
The fasting (F) blood glucose test is the test most commonly used to diagnose diabetes. It measures blood glucose levels after a period of fasting, usually at least eight hours without food or liquid (except water). This test is more definitive than a random test, because there is no chance that it has been influenced by recent food intake.

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Patient Name	: MR. URVIL KANDOI	**Report Released on**	: 24-Feb-2024 4:03 PM
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Ref. By	: HEALTH CHECK UP		
Affiliation	: NAVJIVAN ICU AND MULTISPECIALITY HOSPITAL		

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BIOCHEMISTRY

Investigation	Result	Unit	Bio. Ref. Interval
GLUCOSE - POST PRANDIAL(PP)			
GLUCOSE - POST PRANDIAL	115.0	mg/dL	Normal: 80-140 Impaired Tolerance :140-199 Diabetes mellitus: ≥200
URINE SUGAR	NIL		

Interpretation :
A postprandial (PP) glucose test is a blood glucose test that determines the amount of a type of sugar, called glucose, in the blood after a meal. A 2-hour postprandial blood glucose test measures blood glucose exactly 2 hours after eating a meal, timed from the start of the meal. By this point blood sugar has usually gone back down in healthy people, but it may still be elevated in people with diabetes.

Method: Spectrophotometry. Clinical diagnosis should not be made on the findings of a single test result, but should integrate both clinical and laboratory data.

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Patient Name	: MR. URVIL KANDOI	**Report Released on**	: 24-Feb-2024 11:55 AM
Age / Gender	: 37 Years / Male	**Center Name**	: JAINIS PATHOHUB PATHOLOGY LABORATORY
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Affiliation	: NAVJIVAN ICU AND MULTISPECIALITY HOSPITAL		

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BLOOD EXAMINATION

Investigation	Result
BLOOD GROUP	
ABO GROUPING	AB
RH GROUPING	POSITIVE

Interpretation :
Blood typing is used to determine an individual's blood group, to establish whether a person is blood group A, B, AB, or O and whether he or she is Rh positive or Rh negative. Blood typing has the following significance,

- Ensure compatibility between the blood type of a person who requires a transfusion of blood or blood components and the ABO and Rh type of the unit of blood that will be transfused.
- Determine compatibility between a pregnant woman and her developing baby (fetus). Rh typing is especially important during pregnancy because a mother and her fetus could be incompatible.

Technology : Agglutination

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Affiliation	: NAVJIVAN ICU AND MULTISPECIALITY HOSPITAL		

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URINE ROUTINE MICROSCOPIC

Investigation	Result	Unit	Bio. Ref. Range
PHYSICAL EXAMINATION			
COLOUR	Pale Yellow		
APPEARANCE	Clear		
SPECIFIC GRAVITY	1.030		
PH	6.0		
CHEMICAL EXAMINATION			
ALBUMIN	Absent		
GLUCOSE	Absent		
BILE PIGMENT	Absent		
BILE SALT	Absent		
KETONE	Absent		
UROBILINOGEN	Normal		
NITRITE	Negative		
MICROSCOPIC EXAMINATION			
PUS CELLS	0-2	/ HPF	
RBCS	NIL	/ HPF	
EPITHELLIAL CELLS	0-2	/ HPF	
HYALINE CAST	Absent		
GRANULAR CAST	Absent		
CALCIUM OXALATE CRYSTALS	Absent		
AMORPHOUS DEPOSIT	Absent		

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Patient ID	: 022424004	**Sample Collected on**	: 24-Feb-2024 9:36 AM
Patient Name	: **MR. URVIL KANDOI**	**Report Released on**	: 24-Feb-2024 3:44 PM
Age / Gender	: 37 Years / Male	**Center Name**	: JAINIS PATHOHUB PATHOLOGY LABORATORY
Ref. By	: HEALTH CHECK UP		
Affiliation	: NAVJIVAN ICU AND MULTISPECIALITY HOSPITAL		

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DIABETES CARE

Investigation	Value	Unit	
HBA1C			
HBA1C (GLYCOSYLATED HEMOGLOBIN), BLOOD	5.63	%	Below 6.0 : Normal Value 6.0-7.0 : Good Control 7.0-8.0 : Fair Control 8.0-10.0 : Unsatisfactory Control Above 10 : Poor Control
MEAN BLOOD GLUCOSE	114.88	mg/dL	Below 136 : Normal Value 137 - 172 : Good Control 173 - 208 : Fair Control 208 - 279 : Unsatisfactory Control Above 279 : Poor Control

Interpretation
HbA1c is an indicator of glycemic control. HbA1c represents average glycemia over the past six to eight weeks. Glycation of hemoglobin occurs over the entire 120 day life span of the red blood cell, but with in this 120 days. Recent glycemia has the largest influence on the HbA1c value. Clinical studies suggest that a patient in stable control will have 50% of their HbA1c formed in the month before sampling, 25% in the month before that, and the remaining 25% in months two to four.

Comment Please correlate with with Clinical condition
Notes : Clinical diagnosis should not be made on the findings of a single test result, but should integrate both clinical and laboratory data.

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Patient Name	: MR. URVIL KANDOI	**Report Released on**	: 24-Feb-2024 2:24 PM
Age / Gender	: 37 Years / Male	**Center Name**	: JAINIS PATHOHUB PATHOLOGY LABORATORY
Ref. By	: HEALTH CHECK UP		
Affiliation	: NAVJIVAN ICU AND MULTISPECIALITY HOSPITAL		

0224240044

LIPID PROFILE REPORT

Investigation	Result	Unit	Bio. Ref. Interval
LIPID PROFILE REPORT			
TOTAL CHOLESTEROL	184.5	mg/dL	130-200
HDL CHOLESTEROL - DIRECT	51.3	mg/dL	30 - 60
TRIGLYCERIDES	**53.5**	mg/dL	60 - 170
LDL CHOLESTEROL	122.5	mg/dL	Up To 150
VLDL CHOLESTEROL	10.7	mg/dL	5-40
TC/HDL CHOLESTEROL RATIO	3.6	Ratio	3.0-5.0
LDL / HDL RATIO	2.4	Ratio	Less Than 5

Interpretation :
The lipid profile is used as part of a cardiac risk assessment to help determine an individual's risk of heart disease and to help make decisions about what treatment may be best if there is borderline or high risk. Lipids are a group of fats and fat-like substances that are important constituents of cells and sources of energy. Monitoring and maintaining healthy levels of these lipids is important in staying healthy. A lipid profile typically includes: 1. Total cholesterol — this test measures all of the cholesterol in all the lipoprotein particles. 2. High-density lipoprotein cholesterol (HDL-C) — measures the cholesterol in HDL particles; often called "good cholesterol" because it removes excess cholesterol and carries it to the liver for removal. 3. Low-density lipoprotein cholesterol (LDL-C) — calculates the cholesterol in LDL particles; often called "bad cholesterol" because it d

Comment : Please correlate with clinical condition
Technology : Spectrophotometry
Notes : Clinical diagnosis should not be made on the findings of a single test result, but should integrate both clinical and laboratory data.

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Patient ID	: 022424004	**Sample Collected on**	: 24-Feb-2024 9:36 AM
Patient Name	: MR. URVIL KANDOI	**Report Released on**	: 24-Feb-2024 2:25 PM
Age / Gender	: 37 Years / Male	**Center Name**	: JAINIS PATHOHUB PATHOLOGY LABORATORY
Ref. By	: HEALTH CHECK UP		
Affiliation	: NAVJIVAN ICU AND MULTISPECIALITY HOSPITAL		

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BIOCHEMISTRY

Investigation	Result	Unit	Bio. Ref. Interval
RENAL FUNCTION TEST			
BLOOD UREA	24.30	mg/dL	10 - 50 mg/dL
SERUM CREATININE	0.73	mg/dL	0.50 - 1.30 mg/dL
SERUM SODIUM (NA)	136.4	mEq/L	130.00 - 150.00 mEq/L
SERUM POTASSIUM (K)	3.90	mEq/L	3.5 - 5.5 mEq/L
SERUM CHLORIDE (CL)	99.30	mEq/L	96 - 106 mEq/L
LIVER FUNCTION TEST			
SGPT (ALT)	17.67	IU/L	00-50 IU/L
SGOT (AST)	19.06	IU/L	Up to 50 IU/L
ALKALINE PHOSPHATASE	98.5	U/L	0.0 - 306.0 U/L
S. BILIRUBIN TOTAL	0.60	mg/dL	0.0 - 1.2 mg/dl 0.0 - 1.2 mg/dl Ascetic Fluid 0.6 - 0.8 mg/dl
S. BILIRUBIN DIRECT	0.13	mg/dL	Up to 0.5 mg/dl
S. BILIRUBIN INDIRECT	0.47	mg/dL	0.1-1.0 Mg/dl

Please correlate with clinical condition

FULLY AUTO BIOCHEM ANALYSER

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HAEMATOLOGY

Investigation	Result	Unit	Bio. Ref. Interval
HAEMOGLOBIN	14.6	gms%	13.5 - 17.5 gm%
RED BLOOD CELL COUNT	4.77	/cumm	4.2 - 5.6 mill/cmm
RBC INDICES			
HEMATOCRIT	41.6	%	40-50
MCV	87.0	fl	80 - 98 fL
MCH	30.6	pg	26 - 34 pg
MCHC	35.1	g/dl	32 - 37 %
RDW_CV	12.8	/ cumm	12 - 14 %
TOTAL WBC COUNT	5700	/ cumm	4000 - 11000 /cmm
WBC DIFFERENTIAL COUNT			
NEUTROPHILS	58.3	%	50 - 74 %
LYMPHOCYTES	35.6	%	20 - 45%
EOSINOPHILS	1.6	%	01 - 06 %
MONOCYTES	05	%	02 - 10 %
BASOPHILS	0.0	%	00 - 01 %
PLATELET COUNT	242000	/ cumm	1,50,000 - 4,50,000 /cmm.
MEAN PLATELET VOLUME	8.9	fl	7.4-10.4
PDW	**16**	fl	10-14
PCT	0.22	%	0.10-0.28

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