


Patient Name : Mr. BAL KISHAN VERMA	Reg No. : 2378/UHID21DL	Lab ID. : 2010/OPDPB21DL
Age / Gender : 38Y / Male	Date : 13-Feb-2022	
Mobile No. : 9650458103	Refd. By : Dr. INSURANCE	Collected : 13-Feb-2022 17.01
	Manual No. :	Received : 13-Feb-2022 17.02
Sample Type : EDTA whole blood	Sample ID : 1218/PATNS21DL	Report : 13-Feb-2022 17.39

TEST NAME	RESULT	UNIT	RANGE	METHOD
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HEAMOTOLOGY

BLOOD GROUPING(A,B,O)&Rh FACTOR

BLOOD GROUP ABO

"A"

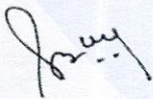
Manual

RH TYPING

"POSITIVE"

Manual

-----End of Report-----



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Age / Gender : 38Y / Male	Date : 13-Feb-2022	
Mobile No. : 9650458103	Refd. By : Dr. INSURANCE	Collected : 13-Feb-2022 10.51
	Manual No.:	Received : 13-Feb-2022 10.51
Sample Type : Plasma(Sodium fluoride)	Sample ID : 1210/PATNS21DL	Report : 13-Feb-2022 17.34

TEST NAME	RESULT	UNIT	RANGE	METHOD
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BIOCHEMISTRY

Blood Sugar F&PP

BLOOD SUGAR FASTING	98.0	mg/dl	74-100	GOD-POD
Blood Sugar PP	115.0	mg/dl	70-150	GOD-POD

INTERPRETATION:

2018 American Diabetes Association (ADA) Diabetes Guidelines

Criteria for Diabetes Diagnosis:

FPG > 126.0 mg/dl (Fasting is defined as no caloric intake for >8 hours)

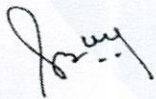
2-hr PG > 200 mg/dl during OGTT(75-G)*

Using a glucose load containing the equivalent of 75g anhydrous glucose dissolved in water

Random PG < 200 mg/dl

in individuals with symptoms of hyperglycemia or hyperglycemic crisis

-----End of Report-----



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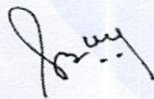
<u>HEAMOTOLOGY</u>				
HBA1C (GLYCOSYLATED HB)	5.6	%	4-6	PEIT

INTERPRETATION :

- Good control : 4.5 - 6.4 %
- Fair control : 6.5 - 7.4 %
- Poor control : Above - 7.5 %

COMMENTS: 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 within 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. Estimated Average Glucose mg/dl = (HbA1c x 35.6) - 77.3) Correlation between HbA1c and Mean Plasma Glucose (MPG) is not "perfect" but rather only this means that to predict or estimate average glucose from Hb-A1c or vice-versa is not "perfect" but gives a good working ballpark estimate. Afternoon and evening results correlate more closely to HbA1c than morning results, perhaps because morning fasting glucose levels vary much more than daytime glucose levels, which are easier to predict and control. As per IFCC recommendations 2007, HbA1c being reported as above maintaining traceability to both IFCC (mmol/mol) & NGSP (%) units.

-----End of Report-----



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	Manual No. :	Received : 13-Feb-2022 10.51
Sample Type : Serum	Sample ID : 1210/PATNS21DL	Report : 13-Feb-2022 17.34

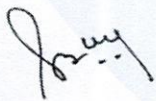
TEST NAME	RESULT	UNIT	RANGE	METHOD
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BIOCHEMISTRY

KIDNEY FUNCTION TEST

Blood Urea	34.2	mg/dl	15.0-45.0	urease
Serum Creatinine	0.97	mg/dl	0.7-1.3	Jaffes Kinetic
Serum Uric Acid	7.50	mg/dl	2.5-7.2	Uricase
Total Protein				
PROTEN	7.30	g/dl	6.4-8.3	Biuret
ALBUMIN	4.1	g/dl	3.4-4.8	Bcg
GLOBULIN	3.20	g/dl	2.3-3.5	
A/G RATIO	1.28	g/dl		
Calcium	9	mg/dl	8.6-10.2	Arsenazo
Sodium	142.9	mmol/L	136.0-149.0	ISE Indirect
Potassium	4.2	mmol/L	3.5-5.5	
Chloride	103.3	mmol/L	98.0-109.0	ISE Indirect

-----End of Report-----



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Sample Type : Serum	Sample ID : 1210/PATNS21DL	Report : 13-Feb-2022 17.34

TEST NAME	RESULT	UNIT	RANGE	METHOD
BIOCHEMISTRY				
LIPID PROFILE				
Total Cholesterol	159.00	mg/dl	123-199	CHOD-PAP
Triglycerides	102.8	mg/dl	40-160	Gpo
HDL Cholesterol Direct	46.6	mg/dl	35.3-79.5	Direct
Vldl	21	mg/dl	4.7-22.1	
LDL Cholesterol Direct	91.8	mg/dl	63-129	
Total Cholesterol/HDL Ratio	3.4		0.0-4.97	
LDL/HDL Ratio	2.0		0.0-3.55	

INTERPRETATION:-

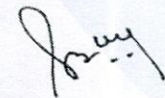
Acceptable/Low Risk : < 200 mg/dL : <130 mg/dL : < 4.5
 Borderline High Risk : 200-239 mg/dL : 130-159 mg/dl : 4.5 - 6.0
 High Risk : > 240 mg /dL : > 160 mg/dL : > 6.0

APO A1 & APO B: Recent studies have shown that Apolipoproteins A1 & B might be the best indicators of Coronary Artery.

COMMENTS:-

TRIGLYCERIDE level > 250mg/dL is associated with an approximately 2-fold greater risk of coronary vascular disease. Elevation of triglycerides can be seen with obesity, medication, fast less than 12 hrs., alcohol intake, diabetes melitus, and pancreatitis.

CHOLESTEROL, its fractions and triglycerides are the important plasma lipids in defining cardiovascular risk factors and in the



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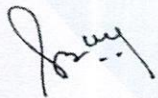
management of cardiovascular disease. Highest acceptable and optimum values of cholesterol values of cholesterol vary with age. Values above 220 mgm/dl are associated with increased risk of CHD regardless of HDL & LDL values. HDL-CHOLESTEROL level <35 mg/dL is associated with an increased risk of coronary vascular disease even in the face of desirable levels of cholesterol and LDL - cholesterol.

LDL - CHOLESTEROL & TOTAL CHOLESTEROL levels can be strikingly altered by thyroid, renal and liver disease as well as hereditary factors. Based on total cholesterol, LDL- cholesterol, and total cholesterol/HDL - cholesterol ratio, patients may be divided into the three risk categories :-

CHOLESTEROL	LDL-CHOLESTEROL	CHO/HDL RATIO
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Artery Disease risk in an individual. Patients who have normal lipid profile may have abnormal Apo A1 & Apo B values. Ratio of Apo B : Apo A1 is >1 in cases of increased CHD risk.

-----End of Report-----



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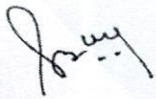
BIOCHEMISTRY

LIVER FUNCTION TEST

Serum Bilirubin

Total Bilirubin	0.52	mg/dl	0.0-2.0	Diazo
Direct Bilirubin	0.22	mg/dl	0-0.4	Diazo
Indirect Bilirubin	0.30	mg/dl	0-0.8	Calculated
Total Protein				
PROTEN	7.30	g/dl	6.4-8.3	Biuret
ALBUMIN	4.1	g/dl	3.4-4.8	Bcg
GLOBULIN	3.20	g/dl	2.3-3.5	
A/G RATIO	1.28	g/dl		
SGOT	37	U/L	0-35	IFCC
SGPT	75	U/L	0.0-45	IFCC
Gamma GT	23.1	U/L	0-55	Glupa-c
Alkaline Phosphatase	104	U/L	53-128	Amp

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TEST NAME	RESULT	UNIT	RANGE	METHOD
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HORMONES

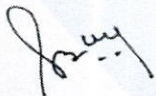
THYROID PROFILE

T3	1.10	ng/dl		CLIA
T4	9.45	ug/dl		CLIA
TSH	1.20	uIU/ml		CLIA

Adults 21-100 yrs 0.35 - 5.50
 Pediatric 0-12 Months 0.98-5.63
 1-5 years 0.64-5.76
 6-10 Years 0.51-4.82
 11-14 Years 0.53-5.27
 15-20 years 0.43-4.20

COMMENTS: Assay results should be interpreted in context to the clinical condition and associated results of other investigations. Previous treatment with corticosteroid therapy may result in lower TSH levels while thyroid hormone levels are normal. Results are invalidated if the client has undergone a radionuclide scan within 7-14 days before the test. Abnormal thyroid test findings often found in critically ill clients should be repeated after the critical nature of the condition is resolved. The production, circulation, and disintegration of thyroid hormones are altered throughout the stages of pregnancy

-----End of Report-----



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Age / Gender : 38Y / Male	Date : 13-Feb-2022	
Mobile No. : 9650458103	Refd. By : Dr. INSURANCE	Collected : 13-Feb-2022 10.51
Sample Type : URINE	Manual No. :	Received : 13-Feb-2022 10.51
	Sample ID : 1210/PATNS21DL	Report : 13-Feb-2022 17.34

TEST NAME	RESULT	UNIT	RANGE	METHOD
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CLINICAL PATHOLOGY

URINE ROUTINE

MICROSCOPY

PHYSICAL EXAMINATION

QUANTITY

30.00 ml 10-30 Automated /Manual

COLOUR

PALE YELLOW

TRANSPARENCY

CLEAR

SPECIFIC GRAVITY

1.020 1.005-1.030

PH

6.5

CHEMICAL EXAMINATION

ALBUMIN

NIL Automated/Manual

SUGAR

NIL

MICROSCOPIC EXAMINATION

PUS CELLS

NIL /hpf Automated/Manual

RBC'S

NIL NIL

CASTS

NIL

CRYSTALS

NIL

EPITHELIAL CELLS

NIL

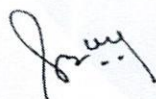
BACTERIA

NIL

OTHERS

NIL

-----End of Report-----



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Age / Gender : 38Y / Male	Date : 13-Feb-2022	
Mobile No. : 9650458103	Refd. By : Dr. INSURANCE	Collected : 13-Feb-2022 10.51
Sample Type : STOOL	Manual No.:	Received : 13-Feb-2022 10.51
	Sample ID : 1210/PATNS21DL	Report : 13-Feb-2022 17.34

TEST NAME	RESULT	UNIT	RANGE	METHOD
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CLINICAL PATHOLOGY

STOOL R/M

PHYSICAL EXAMINATION

COLOUR/ APPEARANCE BROWNISH

CONSISTENCY SOFT

MUCUS NIL

OVA. NIL

CHEMICAL REACTION

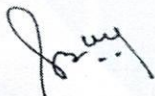
REACTION ACIDIC

MICROSCOPY EXAMINATION

PUS CELLS 1-2

RBC NIL
OTHER NIL

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