A Venture of Apple Cardiac Care
A-3, Ekta Nagar, Stadium Road,
(Opp. Care Hospital),
Bareilly - 243 122 (U.P.) India
Tel. : 07599031977, 09458888448

APPLE PATHOLOGY
TRUSTED RESULT

Reg.NO. : 438
NAME : **Mr. KAPIL DIXIT**
REFERRED BY : Dr.Nitin Agarwal (D M)
SAMPLE : BLOOD

DATE : **28/01/2023**
AGE : 30 Yrs.
SEX : MALE

TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
	HAEMATOLOGY		
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN	15.0	gm/dl	12.0-18.0
TOTAL LEUCOCYTE COUNT	6,000	/cumm	4,000-11,000
DIFFERENTIAL LEUCOCYTE COUNT(DLC)			
Neutrophils	67	%	40-75
Lymphocytes	30	%	20-45
Eosinophils	03	%	01-08
TOTAL R.B.C. COUNT	4.57	million/cumm	3.5-6.5
P.C.V./ Haematocrit value	44.5	%	35-54
M C V	**97.4**	fL	76-96
M C H	**32.8**	pg	27.00-32.00
M C H C	33.7	g/dl	30.50-34.50
PLATELET COUNT	2.00	lacs/mm3	1.50 - 4.50
E.S.R. (Westergren Method)	09	mm/1st hr.	0 - 20
GLYCOSYLATED HAEMOGLOBIN	5.5		

EXPECTED RESULTS :

Non diabetic patients	: 4.0% to 6.0%
Good Control	: 6.0% to 7.0%
Fair Control	: 7.0% to -8%
Poor Control	: Above 8%

***ADA: American Diabetes Association**
The glycosylated hemoglobin assay has been validated as a reliable indicator of mean blood glucose levels for a period of 8-12 week period prior to HBA1C determination.ADA recommends the testing twice a year in patients with stable blood glucose, and quarterly, if treatment changes, or if blood glucose levels are unstable.

METHOD : ADVANCED IMMUNO ASSAY.

BIOCHEMISTRY

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TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
BLOOD SUGAR RANDOM	76	mg/dl	60-160
Gamma Glutamyl Transferase (GGT)	27	U/L	7-32

BIOCHEMICAL

Prostatic Specific Antigen	1.8	ng/ml	0-4

Prostatic Specific Antigen (P.S.A)

Comment : The fact of PSA is unique to prostate tissue makes it a suitable marker for monitoring men with cancer of the prostate. PSA is also useful for determining possible recurrence after therapy. Measurement of serum PSA levels is not recommended as a screening procedure for the diagnosis of cancer because elevated PSA levels also are observed in patients with bening prostatic hypertrophy.

* Quality controlled report with external quality assurance

HAEMATOLOGY

BLOOD GROUP

Blood Group	O
Rh	POSITIVE

BIOCHEMISTRY

BLOOD UREA	24	mg/dL.	10-40

* Low serum urea is usually associated with status of overhydration severe hepatic failure.
* A urea level of 10-45 mg/dl indicates normal glomerular function and a level of 100-250 mg/dl indicates a serious imparement of renal function. In chronic renal failure , urea correlates better with the symptoms of uremia than does serum creatinine.
* Urine/Serum urea is more than 9 in prerenal and less than 3 in renal uremia.

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TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
SERUM CREATININE	1.0	mg/dL.	0.5-1.4
URIC ACID	7.2	mg/dl	3.5-8.0

CLINICAL SIGNIFICANCE:

Analysis of synovial fluid plays a major role in the diagnosis of joint disease.

SERUM SODIUM (Na)	137	m Eq/litre.	135 - 155
SERUM POTASSIUM (K)	4.5	m Eq/litre.	3.5 - 5.5
SERUM CALCIUM	9.3	mg/dl	8.5 - 10.5

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TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
LIVER PROFILE			
SERUM BILIRUBIN			
TOTAL	0.7	mg/dL	0.3-1.2
DIRECT	0.4	mg/dL	0.2-0.6
INDIRECT	0.3	mg/dL	0.1-0.4
SERUM PROTEINS			
Total Proteins	7.5	Gm/dL	6.4 - 8.3
Albumin	4.8	Gm/dL	3.5 - 5.5
Globulin	2.7	Gm/dL	2.3 - 3.5
A : G Ratio	1.78		0.0-2.0
SGOT	24	IU/L	0-40
SGPT	20	IU/L	0-40
SERUM ALK.PHOSPHATASE	72	IU/L	00-115

NORMAL RANGE : BILIRUBIN TOTAL

Premature infants. 0 to 1 day: <8 mg/dL **Premature infants**. 1 to 2 days: <12 mg/dL **Adults**: 0.3-1 mg/dL.
Premature infants. 3 to 5 days: <16 mg/dL **Neonates, 0 to 1 day:** 1.4-8.7 mg/dL
Neonates, 1 to 2 days: 3.4-11.5 mg/dL **Neonates, 3 to 5 days:** 1.5-12 mg/dL **Children 6 days to 18 years**: 0.3-1.2 mg/dL

COMMENTS–

Total and direct bilirubin determination in serum is used for the diagnosis,differentiation and follow -up of jaundice.Elevation of SGPT is found in liver and kidney diseases such as infectious or toxic hepatitis,IM and cirrhosis.Organs rich in SGOT are heart ,liver and skeletal muscles. When any of these organs are damaged,the serum SGOT level rises in proportion to the severity of damage.Elevation of Alkaline Phosphatase in serum or plasma is found in hepatitis ,biliary obstructions,hyperparathyroidism,steatorrhea and bone diseases.

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TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
LIPID PROFILE			
SERUM CHOLESTEROL	154	mg/dL.	130 - 200
SERUM TRIGLYCERIDE	100	mg/dl.	30 - 160
HDL CHOLESTEROL	47	mg/dL.	30-70
VLDL CHOLESTEROL	20	mg/dL.	15 - 40
LDL CHOLESTEROL	87	mg/dL.	00-130
CHOL/HDL CHOLESTEROL RATIO	3.28	mg/dl	
LDL/HDL CHOLESTEROL RATIO	1.85	mg/dl	

INTERPRETATION

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 indefining cardiovascular risk factors and in the managment 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.

URINE EXAMINATION

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TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
URINE EXAMINATION REPORT			
PHYSICAL EXAMINATION			
TRANSPARENCY			
Volume	20	ml	
Colour	Light Yellow		
Appearence	NIL		Nil
Odour	NIL		
Sediments	Nil		
Specific Gravity	1.015		1.015-1.025
Reaction	NIL		
BIOCHEMICAL EXAMINATION			
UROBILINOGEN	Nil		NIL
BILIRUBIN	Nil		NEGATIVE
URINE KETONE	Nil		NEGATIVE
Sugar	Nil		Nil
Albumin	Nil		Nil
Phosphates	NIL		Nil
MICROSCOPIC EXAMINATION			
Red Blood Cells	Nil	/H.P.F.	
Pus Cells	1-2	/H.P.F.	
Epithelial Cells	1-2	/H.P.F.	
Crystals	NIL		NIL
Casts	Nil	/H.P.F.	
DEPOSITS	NIL		
	BIOCHEMISTRY		
BLOOD SUGAR P.P.	102	mg/dl	80-140

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TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE

---{End of Report}---

Dr. Shweta Agarwal, M.D.
(Pathologist)

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TEST REPORT

Visit ID	**: MBAR34722**	Registration	: 28/Jan/2023 01:34PM
UHID/MR No	: ABAR.0000034710	Collected	: 28/Jan/2023 01:39PM
Patient Name	**: Mr.KAPIL DIXIT**	Received	: 28/Jan/2023 01:41PM
Age/Gender	: 30 Y 0 M 0 D /M	Reported	: 28/Jan/2023 02:54PM
Ref Doctor	: Dr.NITIN AGARWAL	Status	: Final Report
Client Name	: MODERN PATH SERVICES, BARELLY	Client Code	: 2423
Client Add	: 240,Sanjay Nagar Bareilly (UP)	Barcode No	: A3575954

DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE (T3,T4,ULTRASENSITIVE TSH)				
Sample Type : SERUM				
T3	1.04	ng/ml	0.61-1.81	CLIA
T4	12.2	ug/dl	5.01-12.45	CLIA
Ultrasensitive TSH	3.438	ulU/mL	0.55-4.78	CLIA

INTERPRETATION:
1. Serum T3, T4 and TSH are the measurements form three components of thyroid screening panel and are useful in diagnosing various disorders of thyroid gland function.
2. Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values along with depressed TSH levels.
3. Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
4. Normal T4 levels accompanied by high T3 levels are seen in patients with T3 thyrotoxicosis. Slightly elevated T3 levels may be found in pregnancy and in estrogen therapy while depressed levels may be encountered in severe illness, malnutrition, renal failure and during therapy with drugs like propanolol and propylthiouracil.
5. Although elevated TSH levels are nearly always indicative of primary hypothyroidism, rarely they can result from TSH secreting pituitary tumors (secondary hyperthyroidism).
6. Low levels of Thyroid hormones (T3, T4 & FT3, FT4) are seen in cases of primary, secondary and tertiary hypothyroidism and sometimes in non-thyroidal illness also.
7. Increased levels are found in Grave's disease, hyperthyroidism and thyroid hormone resistance.
8. TSH levels are raised in primary hypothyroidism and are low in hyperthyroidism and secondary hypothyroidism.
9. **REFERENCE RANGE:**

PREGNANCY	Ultrasensitive TSH in uIU/mL
1st Trimester	0.100 – 2.500
2nd Trimester	0.200 – 3.000
3rd Trimester	0.300 – 3.000

(Reference range recommended by the American Thyroid Association)

Comments :
1. During pregnancy, Free thyroid profile (FT3, FT4 & Ultra-TSH) is recommended.
2. TSH levels are subject to circadian variation, reaches peak levels between 2-4 AM and at a minimum between 6-10 PM. The variation of the day has influence on the measured serum TSH concentrations.

***** End Of Report *****

Miti

Dr. Miti Gupta
DNB ; MD [Pathology]

LH - MDRC | GUR - VER - 020322

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