

**Patient Name** : MR SUBHAM KAR GUPTA  
**UHID/ MR No** : 7102  
**Visit Date** : 07/10/2023  
**Sample Collected On** : 07/10/2023 04:43PM  
**Ref. Doctor** : SELF  
**Sponsor Name** :

**Age/Gender** : 37 Y Male  
**OP Visit No** : OPD-UNIT-II-2  
**Reported On** : 09/10/2023 08:26PM

### HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>HEMOGRAM</b>			
Haemoglobin(HB) Method: CELL COUNTER	13.2	gm/dl	12 - 17
Erythrocyte (RBC) Count Method: CELL COUNTER	5.59	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	39.60	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	<b>70.8</b>	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	<b>23.6</b>	pg	26 - 34
MCHC (Mean Corpuscular Hb Conc.) Method: CELL COUNTER	33.3	g/dl	32 - 35
RDW (Red Cell Distribution Width) Method: CELL COUNTER	<b>16.2</b>	%	11- 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	4.94	cells/cumm	3.50 - 10.00
Neutrophils Method: CELL COUNTER	61	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	32	%	15.0 - 45.0
Eosinophils Method: CELL COUNTER	03	%	1-6%
Monocytes	04	%	4.0 - 12.0
Basophils Method: CELL COUNTER	00	%	0.0 - 2.0

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### HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count Method: CELL COUNTER	72	lacs/cu.mm	150-400
ESR- Erythrocyte Sedimentation Rate Method: Westergren's Method	20	mm /HR	0 - 10

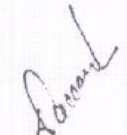
### Blood Group (ABO Typing)

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

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DR DHANANJAY RAMCHANDRA PRASAD  
M.D. PATHOLOGY

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### BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>GLUCOSE (FASTING)</b>			
Glucose- Fasting	86.0	mg/dl	70 - 120
SUGAR REAGENT GRADE WATER			
<b>KFT - RENAL PROFILE - SERUM</b>			
BUN-Blood Urea Nitrogen	10	mg/dl	7 - 20
METHOD: Spectrophotometric			
<b>Creatinine</b>	0.99	mg/dl	0.6-1.4
METHOD: Spectrophotometric			
<b>Uric Acid</b>	3.62	mg/dL	2.6 - 7.2
Method: Spectrophotometric			

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\*THIS PAPER IS USED FOR CLINICAL REPORTING PURPOSE ONLY

Apollo Clinic

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### BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>LIPID PROFILE TEST (PACKAGE)</b>			
Cholesterol - Total	191.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	<b>410.0</b>	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotometric			
HDL Cholesterol	38.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotometric			
LDL Cholesterol	71.0	mg/dl	Optimal:< 100                      Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189                      Very High : >=190
Method: Spectrophotometric			
VLDL Cholesterol	<b>82.0</b>	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	<b>5.03</b>		3.5-5
Method: Spectrophotometric			

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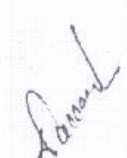
### BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>LIVER FUNCTION TEST</b>			
<b>Bilirubin - Total</b> Method: Spectrophotometric	0.8	mg/dl	0.1- 1.2
<b>Bilirubin - Direct</b> Method: Spectrophotometric	0.1	mg/dl	0.05-0.3
<b>Bilirubin (Indirect)</b> Method: Calculated	0.70	mg/dl	0 - 1
<b>SGOT (AST)</b> Method: Spectrophotometric	20	U/L	0 - 40
<b>SGPT (ALT)</b> Method: Spectrophotometric	28	U/L	0 - 41
<b>ALKALINE PHOSPHATASE</b>	69	U/L	25-147
<b>Total Proteins</b> Method: Spectrophotometric	7.0	g/dl	6 - 8
<b>Albumin</b> Method: Spectrophotometric	4.7	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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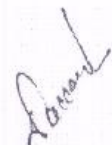
### BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>HbA1c (Glycosalated Haemoglobin)</b>	5.6	%	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:  $eAG(mg/dl) = 28.7 * A1c - 46.7$
  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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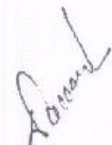
### IMMUNO ASSAY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>T3, T4, TSH</b>			
<b>T3 (Total) by CLIA,serum</b>	1.22	ng/mL	0.79-1.58
Clinical Use · Diagnose and monitor treatment of Hyperthyroidism Increased Levels: Pregnancy, Graves disease, T3 thyrotoxicosis, TSH dependent Hyperthyroidism, Increased TBG Decreased Levels: Nonthyroidal illness, Hypothyroidism, Nutritional deficiency, Systemic illness, Decreased TBG			
<b>T4(Total) by CLIA,serum</b>	5.70	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>	4.29	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	1.010		1.001 - 1.030
Reaction (pH)	6.5		
<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	Occasional	/hpf	0 - 5
Epithelial Cell	2-4	/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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