

| | |
|-------------------------------------|--|
| Patient Name : Mr.SUDHANSHU JAISWAL | Collected : 07/Oct/2023 11:02AM |
| Age/Gender : 37 Y 0 M 0 D /M | Received : 07/Oct/2023 11:47AM |
| UHID/MR No : DSUS.0000005097 | Reported : 07/Oct/2023 12:45PM |
| Visit ID : DSUSOPV5899 | Status : Final Report |
| Ref Doctor : Dr.SELF | Client Name : PUP APOLLO CLINIC SAMRIDDHI AR |
| IP/OP NO : | Patient location : Raipur,Raipur |

DEPARTMENT OF HAEMATOLOGY

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|-----------|--------|------|-----------------|--------|
|-----------|--------|------|-----------------|--------|

| COMPLETE BLOOD COUNT (CBC) , WHOLE BLOOD EDTA | | | | |
|---|---------|---------------|---------------|--------------------------------|
| HAEMOGLOBIN | 14.2 | g/dL | 13-17 | Spectrophotometer |
| PCV | 42.60 | % | 40-50 | Electronic pulse & Calculation |
| RBC COUNT | 4.87 | Million/cu.mm | 4.5-5.5 | Electrical Impedance |
| MCV | 87.4 | fL | 83-101 | Calculated |
| MCH | 29.1 | pg | 27-32 | Calculated |
| MCHC | 33.3 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 14.1 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 8,039 | cells/cu.mm | 4000-10000 | Electrical Impedance |
| DIFFERENTIAL LEUCOCYTIC COUNT (DLC) | | | | |
| NEUTROPHILS | 56.3 | % | 40-80 | Electrical Impedance |
| LYMPHOCYTES | 34.4 | % | 20-40 | Electrical Impedance |
| EOSINOPHILS | 2.9 | % | 1-6 | Electrical Impedance |
| MONOCYTES | 5.5 | % | 2-10 | Electrical Impedance |
| BASOPHILS | 0.9 | % | <1-2 | Electrical Impedance |
| CORRECTED TLC | 8,039 | Cells/cu.mm | | Calculated |
| ABSOLUTE LEUCOCYTE COUNT | | | | |
| NEUTROPHILS | 4525.96 | Cells/cu.mm | 2000-7000 | Electrical Impedance |
| LYMPHOCYTES | 2765.42 | Cells/cu.mm | 1000-3000 | Electrical Impedance |
| EOSINOPHILS | 233.13 | Cells/cu.mm | 20-500 | Electrical Impedance |
| MONOCYTES | 442.15 | Cells/cu.mm | 200-1000 | Electrical Impedance |
| BASOPHILS | 72.35 | Cells/cu.mm | 0-100 | Electrical Impedance |
| PLATELET COUNT | 213000 | cells/cu.mm | 150000-410000 | Electrical impedance |

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Patient Name : MR SUDHANSHU JAISWAL
UHID/ MR No : 7100
Visit Date : 07/10/2023
Sample Collected On : 07/10/2023 04:26PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 37 Y Male
OP Visit No : OPD-UNIT-II-2
Reported On : 09/10/2023 03:12PM

HAEMATOLOGY

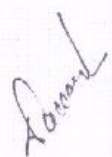
| Investigation | Observed Value | Unit | Biological Reference Interval |
|---------------------------------|----------------|------|-------------------------------|
| Blood Group (ABO Typing) | | | |
| Blood Group (ABO Typing) | O | | |
| RhD factor (Rh Typing) | POSITIVE | | |

End of Report

Results are to be correlated clinically

Lab Technician / Technologist
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DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY



Patient Name : MR SUDHANSHU JAISWAL
UHID/ MR No : 7100
Visit Date : 07/10/2023
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Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 37 Y Male
OP Visit No : OPD-UNIT-II-2
Reported On : 09/10/2023 03:12PM

BIO CHEMISTRY

| Investigation | Observed Value | Unit | Biological Reference Interval |
|---|----------------|------|--|
| HbA1c (Glycosalated Haemoglobin) | 5.5 | % | 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%.

- Trends in HbA1c are a better indicator of diabetic control than a solitary test.
- 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%.

- Trends in HbA1c are a better indicator of diabetic control than a solitary test.
- 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.
- To estimate the eAG from the HbA1C value, the following equation is used: $eAG(mg/dl) = 28.7 * A1c - 46.7$
- 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

End of Report
Results are to be corelated clinically

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Patient Name : MR SUDHANSHU JAISWAL
 UHID/ MR No : 7100
 Visit Date : 07/10/2023
 Sample Collected On : 07/10/2023 04:26PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 37 Y Male
 OP Visit No : OPD-UNIT-II-1
 Reported On : 09/10/2023 03:12PM

BIO CHEMISTRY

| Investigation | Observed Value | Unit | Biological Reference Interval |
|---|----------------|-------|-------------------------------|
| GLUCOSE - (POST PRANDIAL) | | | |
| Glucose -Post prandial Method: REAGENT GRADE WATER | 109.0 | mg/dl | 70-140 |
| GLUCOSE (FASTING) | | | |
| Glucose- Fasting SUGAR REAGENT GRADE WATER | 87.0 | mg/dl | 70 - 120 |
| KFT - RENAL PROFILE - SERUM | | | |
| BUN-Blood Urea Nitrogen METHOD: Spectrophotometric | 10 | mg/dl | 7 - 20 |
| Creatinine METHOD: Spectrophotometric | 0.99 | mg/dl | 0.6-1.4 |
| Uric Acid Method: Spectrophotometric | 3.2 | mg/dL | 2.6 - 7.2 |

End of Report
Results are to be correlated clinically

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DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

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 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 37 Y . Male
 OP Visit No : OPD-UNIT-II-1
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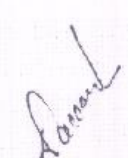
BIO CHEMISTRY

| Investigation | Observed Value | Unit | Biological Reference Interval |
|--|----------------|-------|--|
| LIPID PROFILE TEST (PACKAGE) | | | |
| Cholesterol - Total | 171.0 | mg/dl | Desirable: < 200 Borderline High: 200-239 High: >= 240 |
| Triglycerides level | 125.0 | mg/dl | Normal : < 150 Borderline High : 150-199 Very High : >=500 |
| Method: Spectrophotometric HDL Cholesterol | 43.0 | mg/dl | Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60 |
| Method: Spectrophotometric LDL Cholesterol | 103 | mg/dl | Optimal:< 100 Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189 Very High >=190 |
| Method: Spectrophotometric VLDL Cholesterol | 25 | mg/dl | 6 - 38 |
| Total Cholesterol/HDL Ratio | 3.98 | | 3.5-5 |
| Method: Spectrophotometric | | | |

End of Report
 Results are to be correlated clinically

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 DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

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 Sponsor Name :

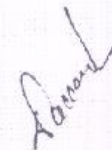
Age/Gender : 37 Y. Male
 OP Visit No : OPD-UNIT-II-2
 Reported On : 09/10/2023 03:12PM

BIO CHEMISTRY

| Investigation | Observed Value | Unit | Biological Reference Interval |
|---|----------------|-------|-------------------------------|
| LIVER FUNCTION TEST | | | |
| Bilirubin - Total Method: Spectrophotometric | 0.7 | mg/dl | 0.1- 1.2 |
| Bilirubin - Direct Method: Spectrophotometric | 0.2 | mg/dl | 0.05-0.3 |
| Bilirubin (Indirect) Method: Calculated | 0.50 | mg/dl | 0 - 1 |
| SGOT (AST) Method: Spectrophotometric | 29 | U/L | 0 - 40 |
| SGPT (ALT) Method: Spectrophotometric | 26 | U/L | 0 - 41 |
| ALKALINE PHOSPHATASE | 85 | U/L | 25-147 |
| Total Proteins Method: Spectrophotometric | 6.8 | g/dl | 6 - 8 |
| Albumin Method: Spectrophotometric | 4.5 | mg/dl | 3.4 - 5.0 |
| Globulin Method: Calculated | 2.3 | g/dl | 1.8 - 3.6 |
| A/G Ratio Method: Calculated | 1.95 | % | 1.1 - 2.2 |

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DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

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| | |
|-------------------------------------|--|
| Patient Name : Mr.SUDHANSHU JAISWAL | Collected : 07/Oct/2023 11:02AM |
| Age/Gender : 37 Y 0 M 0 D /M | Received : 07/Oct/2023 11:17AM |
| UHID/MR No : DSUS.0000005097 | Reported : 07/Oct/2023 02:08PM |
| Visit ID : DSUSOPV5899 | Status : Final Report |
| Ref Doctor : Dr.SELF | Client Name : PUP APOLLO CLINIC SAMRIDDHI AR |
| IP/OP NO : | Patient location : Raipur,Raipur |

DEPARTMENT OF IMMUNOLOGY

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|-----------|--------|------|-----------------|--------|
|-----------|--------|------|-----------------|--------|

THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

| | | | | |
|-----------------------------------|-------|--------|----------|------|
| TRI-IODOTHYRONINE (T3, TOTAL) | 1.67 | ng/mL | 0.6-1.81 | CLIA |
| THYROXINE (T4, TOTAL) | 12.60 | µg/dL | 3.2-12.6 | CLIA |
| THYROID STIMULATING HORMONE (TSH) | 1.420 | µIU/mL | 0.35-5.5 | CLIA |

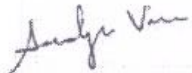
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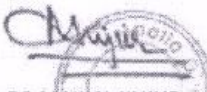
| | |
|----------------------|---|
| For pregnant females | Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association) |
| First trimester | 0.1 - 2.5 |
| Second trimester | 0.2 - 3.0 |
| Third trimester | 0.3 - 3.0 |

- TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
- Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

| TSH | T3 | T4 | FT4 | Conditions |
|-------|------|------|------|---|
| High | Low | Low | Low | Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis |
| High | N | N | N | Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy. |
| N/Low | Low | Low | Low | Secondary and Tertiary Hypothyroidism |
| Low | High | High | High | Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy |
| Low | N | N | N | Subclinical Hyperthyroidism |
| Low | Low | Low | Low | Central Hypothyroidism, Treatment with Hyperthyroidism |
| Low | N | High | High | Thyroiditis, Interfering Antibodies |
| N/Low | High | N | N | T3 Thyrotoxicosis, Non thyroidal causes |
| High | High | High | High | Pituitary Adenoma; TSHoma/Thyrotropinoma |

*** End Of Report ***


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MBBS, MD,(Pathology)
Consultant Pathologist


DR.MANKAL KUJUR
M.B.B.S,M.D(Pathology)
Consultant Pathologist

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CLINICAL PATHOLOGY

| Investigation | Observed Value | Unit | Biological Reference Interval |
|----------------------------------|----------------|------|-------------------------------|
| URINE ROUTINE EXAMINATION | | | |
| Physical Examination | | | |
| Volum of urine | 30ML | | |
| Appearance | Clear | | Clear |
| Colour | Pale Yellow | | Colourless |
| Specific Gravity | 1.020 | | 1.001 - 1.030 |
| Reaction (pH) | 6.5 | | |
| Chemical Examination | | | |
| 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 |
| Microscopic Examination | | | |
| RBC (Urine) | NIL | /hpf | 0 - 2 |
| Pus cells | 2-4 | /hpf | 0 - 5 |
| Epithelial Cell | Occasional | /hpf | 0 - 5 |
| Crystals | Not Seen | /hpf | Not Seen |
| Bacteria | Not Seen | /hpf | Not Seen |
| Budding yeast | Not Seen | /hpf | Not Seen |

End of Report
Results are to be corelated clinically

Lab Technician / Technologist
 path

