



Dept. of Pathology

(For Report Purpose Only)



PRN : 103801
 Patient Name : Mrs. JADHAV ANURADHA GIRISH
 Age/Sex : 29Yr(s)/Female
 Company Name : BANK OF BARODA
 Referred By : Dr.HOSPITAL PATIENT

Lab No : 5111
 Req.No : 5111

Collection Date & Time : 10/12/2021 11:54 AM
 Reporting Date & Time : 10/12/2021 12:12 PM
 Print Date & Time : 10/12/2021 03:39 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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HAEMOGRAM

HAEMATOLOGY

HAEMOGLOBIN (Hb)	: 11.5	GM/DL	Male : 13.5 - 18.0 Female : 11.5 - 16.5
PCV	: 36.2	%	Male : 40 - 54 Female : 37 - 47
RBC COUNT	: 4.36	Million/cu mm	Male : 4.5 - 6.5 Female : 3.9 - 5.6
M.C.V	: 83.0	cu micron	76 - 96
M.C.H.	: 26.4	pg	27 - 32
M.C.H.C	: 31.8	picograms	32 - 36
RDW-CV	: 13.3	%	11 - 16
WBC TOTAL COUNT	: 4960	/cumm	ADULT : 4000 - 11000 CHILD 1-7 DAYS : 8000 - 18000 CHILD 8-14 DAYS : 7800 - 16000 CHILD 1MONTH-<1YR : 4000 - 10000 150000 - 450000
PLATELET COUNT	: 241000	cumm	
WBC DIFFERENTIAL COUNT			
NEUTROPHILS	: 54	%	ADULT : 40 - 70 CHILD : 20 - 40
ABSOLUTE NEUTROPHILS	: 2678.40	µL	2000 - 7000
LYMPHOCYTES	: 36	%	ADULT : 20 - 40 CHILD : 40 - 70
ABSOLUTE LYMPHOCYTES	: 1785.60	µL	1000 - 3000
EOSINOPHILS	: 04	%	01 - 04
ABSOLUTE EOSINOPHILS	: 198.40	µL	20 - 500
MONOCYTES	: 06	%	02 - 08
ABSOLUTE MONOCYTES	: 297.60	µL	200 - 1000
BASOPHILS	: 00	%	00 - 01
ABSOLUTE BASOPHILS	: 0	µL	0 - 100

Technician

Report Type By :- KAJAL SARDAR

Dr. POONAM KADAM
 MD (Microbiology), Dir. Pathology



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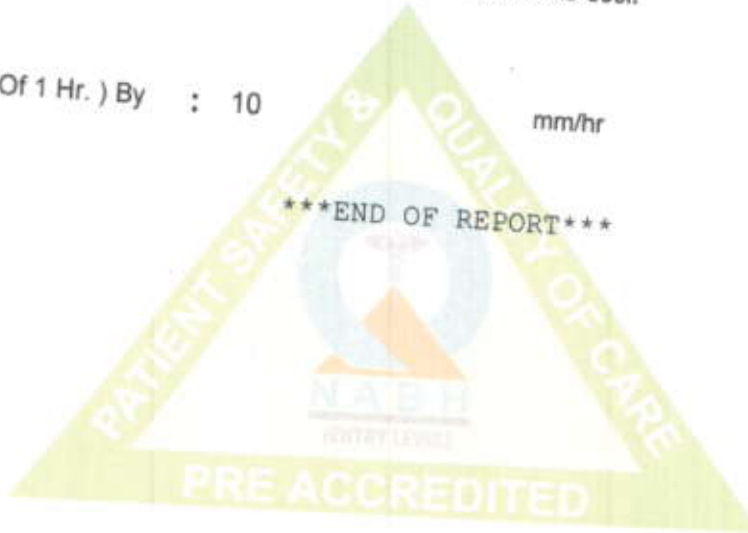
PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
RBC Morphology	: Normocytic Normochromic		
WBC Abnormality	: Within Normal Limits		
PLATELETS	: Adequate		
PARASITES	: Not Detected		

Method : Processed on 5 Part Fully Automated Blood Cell Counter - sysmex XS-800i.

ESR

ESR MM(At The End Of 1 Hr.) By Wintrob's Method : 10 mm/hr
 Male : 0 - 9
 Female : 0 - 20

END OF REPORT



Technician

Report Type By :- KAJAL SADIKALE

Dr. POONAM KADAM
 MD (Microbiology), Dip Pathology



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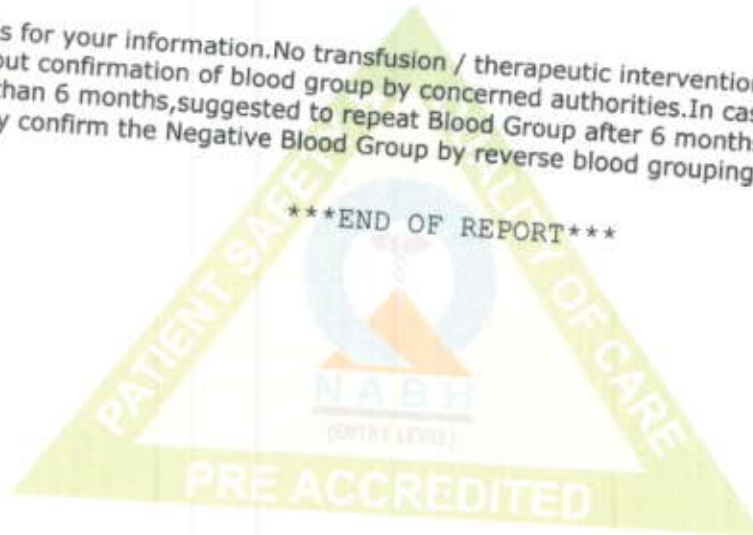
BLOOD GROUP

HAEMATOLOGY

BLOOD GROUP : "AB"
 RH FACTOR : POSITIVE

NOTE : This is for your information.No transfusion / therapeutic intervention is done without confirmation of blood group by concerned authorities.In case of infants less than 6 months,suggested to repeat Blood Group after 6 months of age for confirmation. Kindly confirm the Negative Blood Group by reverse blood grouping (Tube method).

END OF REPORT



Technician

Dr. POONAM KADAM
 MD (Microbiology)

Report Type By : KA11A



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Company Name : BANK OF BARODA
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Collection Date & Time : 10/12/2021 11:54 AM
Reporting Date & Time : 11/12/2021 11:08 AM
Print Date & Time : 11/12/2021 11:10 AM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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BIOCHEMISTRY

BSL-F & PP

Blood Sugar Level Fasting	: 95	MG/DL	60 - 110
Blood Sugar Level PP	: 89	MG/DL	70 - 140

END OF REPORT



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 Lab No : 5111
 Req.No : 5111
 Collection Date & Time : 10/12/2021 12:34 PM
 Reporting Date & Time : 10/12/2021 03:26 PM
 Print Date & Time : 11/12/2021 11:10 AM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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BIOCHEMISTRY

LIPID PROFILE

CHOLESTEROL (serum)	: 141	MG/DL	Male : 120 - 240 Female : 110 - 230
TRIGLYCERIDE (serum)	: 90	MG/DL	0 - 150
HDL (serum)	: 37	MG/DL	Male : 42 - 79.5 Female : 42 - 79.5
LDL (serum)	: 89	MG/DL	0 - 130
VLDL (serum)	: 18	MG/DL	5 - 51
CHOLESTROL/HDL RATIO	: 3.81	MG/DL	Male : 1.0 - 5.0 Female : 1.0 - 4.5
LDL/HDL RATIO	: 2.41		Male : <= 3.6 Female : <=3.2

NCEP Guidelines

	Desirable	Borderline	Undesirable
Total Cholesterol (mg/dl)	Below 200	200-240	Above 240
HDL Cholesterol (mg/dl)	Above 60	40-59	Below 40
Triglycerides (mg/dl)	Below 150	150-499	Above 500
LDL Cholesterol (mg/dl)	Below 130	130-160	Above 160

Suggested to repeat lipid profile with low fat diet for 2-3 days prior to day of test and abstinence from alcoholic beverages if applicable.
 Cholesterol & Triglycerides reprocessed , & confirmed.

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Print Date & Time : 10/12/2021 03:40 PM

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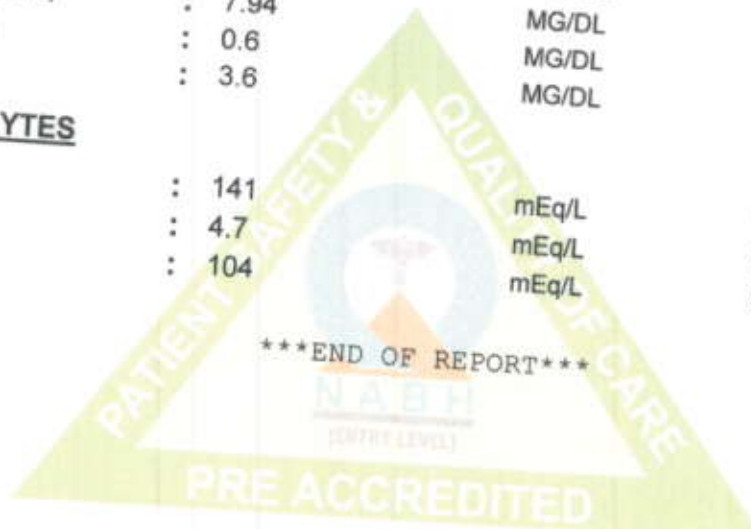
BIOCHEMISTRY

RFT (RENAL FUNCTION TEST)

BIOCHEMICAL EXAMINATION

UREA (serum)	: 17	MG/DL	0 - 45
UREA NITROGEN (serum)	: 7.94	MG/DL	7 - 21
CREATININE (serum)	: 0.6	MG/DL	0.5 - 1.5
URIC ACID (serum)	: 3.6	MG/DL	Male : 3.4 - 7.0 Female : 2.4 - 5.7
SERUM ELECTROLYTES			
SERUM SODIUM	: 141	mEq/L	136 - 149
SERUM POTASSIUM	: 4.7	mEq/L	3.8 - 5.2
SERUM CHLORIDE	: 104	mEq/L	98 - 107

END OF REPORT



Technician

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 Print Date & Time : 10/12/2021 03:41 PM

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BIOCHEMISTRY

CALCIUM

CALCIUM (serum) : 9.1 MG/DL 8.4 - 10.4

LFT (Liver function Test)

BILIRUBIN TOTAL (serum)	: 0.4	MG/DL	INFANTS : 1.2 - 12.0
BILIRUBIN DIRECT (serum)	: 0.2	MG/DL	ADULT : 0.1 - 1.2
BILIRUBIN INDIRECT (serum)	: 0.20	MG/DL	ADULT & INFANTS : 0.0 - 0.4
S.G.O.T (serum)	: 19	IU/L	0.0 - 1.0
S.G.P.T (serum)	: 10	IU/L	5 - 40
ALKALINE PHOSPHATASE (serum)	: 57	IU/L	5 - 40
PROTEINS TOTAL (serum)	: 6.2	GM/DL	CHILD BELOW 6 YRS : 60 - 321
ALBUMIN (serum)	: 3.8	GM/DL	CHILD : 67 - 382
GLOBULIN (serum)	: 2.40	GM/DL	ADULT : 36 - 113
A/G RATIO	: 1.58	GM/DL	6.4 - 8.3
			3.5 - 5.7
			1.8 - 3.6
			1:2 - 2:1



END OF REPORT

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THYROID FUNCTION TEST

ENDOCRINOLOGY

T3-Total (Tri iodothyronine)	: 1.18	ng/mL	0.970 - 1.69
T4 - Total (Thyroxin)	: 8.00	µg/dL	5.53 - 11.0
Thyroid Stimulating Hormones (Ultra TSH)	: 0.869	µIU/mL	0.465 - 4.68

NOTE:-

Three common ways in which there may be inadequate amounts of the thyroid hormone for normal metabolism. Primary hypothyroidism, in which there is a raised TSH & a low T3. This is due to failure of the thyroid gland, possibly due to autoimmune disease, possibly due to toxic stress or possibly due to iodine deficiency. The second, the most common cause of thyroid failure, occurs at the pituitary level. In this condition there is inadequate thyroid stimulating hormone (TSH) produced from the pituitary and so one tends to see low or normal TSH, low T4s and variable T3s. This condition is most common in many patients with chronic fatigue syndrome, where there is a general suppression of the hypothalamic-pituitary-adrenal axis. The third type of under-functioning is due to poor conversion of there are normal or possibly slightly raised levels of TSH, normal levels of T4 but low levels of thyroid problem routinely TSH, a Free T4 and a Free T3 are also advisable. Any patients who are taking T3 as part of their thyroid supplement need to have their T3 levels monitored as well as T4. T3 is much more quickly metabolized than T4 and blood tests should be done between 4-6 hours after their morning dose.

The Guideline for pregnancy reference ranges for total T3, T4, Ultra TSH Level in pregnancy

	Total T3	Total T4	Ultra TSH
First Trimester	0.86 - 1.87	6.60 - 12.4	0.30 - 4.50
2nd Trimester	1.0 - 2.60	6.60 - 15.5	0.50 - 4.60
3rd Trimester	1.0 - 2.60	6.60 - 15.5	0.80 - 5.20

The guidelines for age related reference ranges for T3, T4, & Ultra TSH

	Total T3	Total T4	Ultra TSH
Cord Blood	0.30 - 0.70	1-3 day 8.2-19.9	Birth- 4 day: 1.0-38.9
New Born	0.75 - 2.60	1 Week 6.0-15.9	2-20 Week : 1.7-9.1
1-5 Years	1.0-2.60	1-12 Months 6.8 - 14.9	20 Week- 20 years 0.7 - 6.4
5-10 Years	0.90 - 2.40	1-3 Years 6.8-13.5	
10-15 Years	0.80 - 2.10	3-10 Years 5.5-12.8	

END OF REPORT

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 Print Date & Time : 10/12/2021 06:05 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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URINE ROUTINE

CLINICAL PATHOLOGY

PHYSICAL EXAMINATION

QUANTITY : 25 ML
 COLOUR : PALE YELLOW
 APPEARANCE : SLIGHTLY HAZY
 REACTION : ALKALINE
 SPECIFIC GRAVITY : 1.010

CHEMICAL EXAMINATION

PROTEIN : ABSENT
 SUGAR : ABSENT
 KETONES : ABSENT
 BILE SALTS : ABSENT
 BILE PIGMENTS : ABSENT
 UROBILINOGEN : NORMAL

MICROSCOPIC EXAMINATION

PUS CELLS : 1-2 /hpf
 RBC CELLS : ABSENT / hpf
 EPITHELIAL CELLS : 2-3 /hpf
 CASTS : ABSENT /hpf
 CRYSTALS : ABSENT /hpf
 OTHER FINDINGS : ABSENT
 BACTERIA : ABSENT

END OF REPORT

Technician
 Report Type By :- MONIKA MANG

Dr. POONAM KADAM
 MD (Microbiology) Dip. Pathology