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**LABORATORY TEST REPORT**



Patient Information		Sample Information		Client/Location Information	
Name	: Mr Aditya Bhadrak Kumar Bhavsar	Lab Id	: 042315300024	Client Name	: Spectra Diagnostics Lab@Adajan
Sex/Age	: Male / 34 Y	Registration on	: 01-Apr-2023 10:45	Location	:
Ref. Id	:	Collected at	: non SAWPL	Approved on	: 01-Apr-2023 11:53 Status : Final
Ref. By	: Spectra Diagnostic Laboratory	Collected on	: 01-Apr-2023 11:03	Printed On	: 02-Apr-2023 16:54
		Sample Type	: Serum	Process At	: 153. Lab SAWPL Gujarat Surat Adajan

**Thyroid Function Test**

Test	Result	Unit	Biological Ref. Interval
T3 - Triiodothyronine <i>Chemiluminescence</i>	0.91	ng/mL	0.58 - 1.59
T4 - Thyroxine <i>Chemiluminescence</i>	8.22	micro g/dL	4.87 - 11.72
TSH - Thyroid Stimulating Hormone <i>Chemiluminescence</i>	2.6812	microIU/mL	0.35 - 4.94

**Interpretation**

TSH	T3/FT3	T4/FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	Isolated low T3 often seen in elderly & associated Non-Thyroid illness. In elderly the drop in T3 level can be up to 25%
Raised	Within Range	Within Range	- Isolated High TSH Especially in the range of 4.7 to 15 mIU/ml is commonly associated with physiological & Biological TSH Variability. - Subclinical Autoimmune Hypothyroidism. - Intermediate T4 therapy for hypothyroidism. - Recovery phase after Non-Thyroidal illness.
Raised	Decreased	Decreased	- Chronic Autoimmune Thyroiditis. - Post thyroidectomy, post radioiodine. - Hypothyroid phase of transient thyroiditis.
Raised or Within Range	Raised	Raised or Within Range	- Interfering antibodies to thyroid hormones (anti-TPO antibodies) - Intermediate T4 therapy of T4 overdose. - Drug Interference-Amiodarone, Heparin, Beta blocker, steroids, anti-epileptics.
Decreased	Raised or Within Range	Raised or Within Range	- Isolated Low TSH – Especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness. - Subclinical Hypothyroidism. - Thyroxine ingestion.
Decreased	Decreased	Decreased	- Central Hypothyroidism. - Non-Thyroidal illness. - Recent treatment for Hypothyroidism (TSH remains suppressed)
Decreased	Raised	Raised	- Primary Hypothyroidism (Graves' disease), Multinodular goitre Toxic nodule. - Transient thyroiditis: postpartum, Silent(lymphocytic), Post viral (granulomatous, subacute, DeQuervain'a) Gestational thyrotoxicosis hyperemesis gravidarum.
Decreased or Within Range	Raised	Within Range	- T3 toxicosis. - Non-Thyroidal illness

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**Dr. Bharat D. Tandel**

M.D. Pathology

A-5 Jay Jalaram Society, B/H DGVCL Office , Palanpur Patia, Rander Rd, surat 395005, P 2775550,2779805



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Sex/Age : <b>Male / 34 Y</b>	Registration on : 01-Apr-2023 10:45	Location :
Ref. Id :	Collected at : non SAWPL	Approved on : 02-Apr-2023 16:44 Status : Final
Ref. By : Spectra Diagnostic Laboratory	Collected on : 01-Apr-2023 11:03	Printed On : 02-Apr-2023 16:54
	Sample Type : Serum	Process At : 153. Lab SAWPL Gujarat Surat Adajan

## Immunoassay

Test	Result	Unit	Biological Ref. Interval
<b>25(OH) Vitamin D</b> <i>Chemiluminescence</i>	<b>9.9</b>	<b>ng/mL</b>	<b>Deficiency : &lt;10 Insufficiency : 10-30 Sufficiency : 30-100 Toxicity : &gt;100</b>

Vitamin D is a fat soluble vitamin and exists in two main forms as cholecalciferol(vitamin D3) which is synthesized in skin from 7-dehydrocholesterol in response to sunlight exposure & Ergocalciferol(vitamin D2) present mainly in dietary sources.Both cholecalciferol & Ergocalciferol are converted to 25(OH)vitamin D in liver.

### Interpretation:

#### Increased In

- Vitamin D intoxication
- Excessive exposure to sunlight

#### Decreased In

- Malabsorption
- Steatorrhea
- Dietary osteomalacia, anticonvulsant osteomalacia
- Biliary and portal cirrhosis
- Thyrotoxicosis
- Pancreatic insufficiency
- Celiac disease
- Rickets
- Alzheimer disease

### Limitations:

More recently, it has become clear that receptors for vitamin D are present in a wide variety of cells and that this hormone has biologic effects extending beyond the control of mineral metabolism. Vitamin D deficiency is not clear. Levels needed to prevent rickets and osteomalacia (15 ng/mL) are lower than those that dramatically suppress parathyroid hormone levels (20–30 ng/mL). In turn, those levels are lower than levels needed to optimize intestinal calcium absorption (34 ng/mL). Neuromuscular peak performance is associated with levels approximately 38 ng/mL. A recent study states that increasing mean baseline levels from 29 to 38 ng/mL was associated with a 50% lower risk for colon cancer and levels of 52 ng/mL with a 50% reduction in the incidence of breast cancer. It is recommended to have clinical correlation with serum 25(OH)vitamin D, serum calcium, serum PTH & serum alkaline phosphatase.

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Page 2 of 3

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## Immunoassay

Test	Result	Unit	Biological Ref. Interval
<b>Vitamin B12</b> <i>Chemiluminescence</i>	532.00	pg/mL	187 - 883

Vitamin B12 is essential in DNA synthesis, hematopoiesis, and CNS integrity.

### Interpretation:

- Increased In** : Chronic granulocytic leukemia , COPD and Chronic renal failure , Leukocytosis , Liver cell damage (hepatitis, cirrhosis) , Obesity and Severe CHF , Polycythemia vera , Protein malnutrition.
- Decreased In** : Abnormalities of cobalamin transport or metabolism , Bacterial overgrowth , Crohn disease , Dietary deficiency (e.g. in vegetarians) , Diphyllobothrium (fish tapeworm) infestation , Gastric or small intestine surgery , Hypochlorhydria , Inflammatory bowel diseases , Intestinal malabsorption and Intrinsic factor deficiency

### Limitations:

- Drugs such as chloral hydrate increase vitamin B12 levels. On the other hand , alcohol, aminosalicic acid, anticonvulsants, ascorbic acid, cholestyramine, cimetidine, colchicines, metformin, neomycin, oral contraceptives, ranitidine, and triamterene decrease vitamin B12 levels.
- The evaluation of macrocytic anemia requires measurements of both vitamin B12 and folate levels; ideally they should be measured simultaneously.
- Specimen collection soon after blood transfusion can falsely increase vitamin B12 levels.
- Patients taking vitamin B12 supplementation may have misleading results.
- A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12. The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.

----- End Of Report -----

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Page 3 of 3

Dr. Bharat D. Tandel

M.D. Pathology

A-5 Jay Jalaram Society, B/H DGVCL Office , Palanpur Patia, Rander Rd, surat 395005, P 2775550,2779805



Name: <b>ADITYA BHADRIK KUMAR BHAVSAR</b>	Ward: OPD
Lab ID: <b>00000001</b>	Registration on: 01/04/2023 09:08:00
Age & Sex: <b>34 Year   Male</b>	Reported on: 16:29:30
Reference: <b>VELOCITY HOSPITAL</b>	Sample Type: <b>BLOOD ~ URINE</b>

## CBC ESR

Test	Observed Value	Unit	Biological Reference Interval
Haemoglobin	14.1	g/dL	13.5 - 17.5
Total RBC	5.20	mill./cm	4.50 - 5.90
Total WBC	6400	/cmm	4000 - 11000
Platelet Count	217000	/cmm	150000 - 450000
HCT	42.5	%	36.0 - 48.0
MCV	81.7	fL	80.0 - 100.0
MCH	27.1	pg	27.0 - 32.0
MCHC	33.2	g/dL	31.5 - 36.0

### DIFFERENTIAL COUNT

Neutrophils	41	%	40 - 70
Lymphocytes	<b>52 H</b>	%	20 - 40
Eosinophils	02	%	02-05
Monocytes	05	%	01-07
Basophils	00	%	00 - 02
Band Cells	00	%	0.0 - 6.0

### ABSOLUTE DIFFERENTIAL COUNT

Neutrophils	2624	/cumm	2000 - 7000
Lymphocytes	<b>3328 H</b>	/cumm	1000 - 3000
Eosinophils	128	/cumm	20 - 500
Monocytes	320	/cumm	200 - 1000
Basophils	0	/cumm	0 - 100

### GLR / NLR

(Neutrophil/Lymphocyte Ratio)

**0.8**

### M ENTZER INDEX

**15.7**

RDW-CV	<b>11.9</b>	%	11.1 - 14.1
RDW-SD	<b>38.9</b>	fl	
MPV	6.6	fl	
PCT	<b>0.14</b>	%	

**DR. TEJAL BHATT**  
MD. PATHOLOGIST





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PDW 17.8 %

**PERIPHERAL SM EAR EXAMINATION**

RBC Morphology Normochromic and normocytic.  
WBC Morphology Appear normal, Immature cells are not seen .  
Platelets in Smear Adequate.

**Malarial Parasites** Not Detected.

**ESR**  
AFTER 1 HOUR 13 mm/hr 0.0 - 15.0

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MD. PATHOLOGIST





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## BLOOD GROUP

<u>Test</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<b>Blood Group</b>	"B"		
Rh Factor	POSITIVE		

**DR. TEJAL BHATT**  
MD. PATHOLOGIST





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Age & Sex: <b>34 Year   Male</b>	Reported on: <b>16:29:30</b>
Reference: <b>VELOCITY HOSPITAL</b>	Sample Type: <b>BLOOD ~ URINE</b>

## BLOOD GLUCOSE TEST

<u>Test</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Sample	FLOURIDE PLASMA		
<b>FASTING (FBS)</b>			
Blood Sugar-F	105.50	mg/dL	70.00-110.00

**DR. TEJAL BHATT**  
MD. PATHOLOGIST





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Age & Sex: **34 Year | Male**  
Reference: **VELOCITY HOSPITAL**

Ward: **OPD**  
Registration on: **01/04/2023 09:08:00**  
Reported on: **16:29:30**  
Sample Type: **BLOOD ~ URINE**

## HEMOGLOBIN A1c TEST

Test	Observed Value	Unit	Biological Reference Interval
<b>HbA1c</b>	5.3	%	> 8 : Action Suggested 7-8 : Good control < 7 : Goal 6.2-7 : Near Normal Glycemia < 6.2 : Non-diabetic Level
Mean Blood Glucose	105.4	mg/dL	70.0 - 140.0

### Importance of HbA1c - Glycated Hb. in Diabetes Mellitus

- HbA1c, also known as Glycated Hemoglobin is the most important test for the assessment of long term blood glucose control (also called glycemic control)
- HbA1c reflects mean blood glucose concentration over past 6-8 weeks and provides a much better indication of long term glycemic control than blood glucose determination
- HbA1c is formed by non-enzymatic reaction between glucose and Hb. , this reaction is irreversible and therefore remains unaffected by short term fluctuations in blood glucose levels.
- Long term complications of diabetes such as retinopathy-eye complications, nephropathy-kidney complications and neuropathy-nerve complications, are potentially serious and can lead to blindness, kidney failure etc.
- Glycemic control monitored by HbA1c measurement using HPLC method-(Gold Standard) is considered most important. (Ref. National Glycohemoglobin Standardization Program -NGSP).

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## LIPID PROFILE

Test	Observed Value	Unit	Biological Reference Interval
Sample	Fasting Blood Serum		
Cholesterol	167.1	mg/dL	<200 Desirable 200-229 Borderline >240 High
Triglyceride	61.0	mg/dL	<150 Normal 150-199 Borderline 200-499 High >=500 Very High
HDL Cholesterol	54.61	mg/dL	40-60
VLDL	12.20	mg/dL	0.00 - 30.00
LDL Cholesterol	100.29	mg/dL	< 130 : Optimal 130 - 159 : Borderline High 160 - 189 : High >= 190 : Very High
LDL Chol. / HDL Chol. Ratio	1.84		1.0 - 3.4
Cholesterol / HDL Chol. Ratio	3.1		0 - 3.5
Total Lipid	502.6	mg/dl	400.0 - 1000.0

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Lab ID **00000001**

Registration on: 01/04/2023 09:08:00

Age & Sex: **34 Year | Male**

Reported on: 16:29:31

Reference: **VELOCITY HOSPITAL**Sample Type: **BLOOD ~ URINE**

## RENAL FUNCTION TEST

Test		Unit	
S. Creatinine	1.07	mg/dL	0.5-1.30
Bl. Urea	21.0	mg/dL	10.0 - 40.0
BUN	9.8	mg/dl	6.0 - 22.0
Uric Acid	4.61	mg/dL	3.5 - 7.2

### PROTEINS

Total Protein	7.5	g/dL	6.0 - 8.0
Albumin	4.9	g/dL	3.50 - 5.50
Globulin	2.6	g/dL	2.0 - 4.0
A/G Ratio	1.9		

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Lab ID: **00000001**

Registration on: 01/04/2023 09:08:00

Age & Sex: **34 Year | Male**

Reported on: 16:29:31

Reference: **VELOCITY HOSPITAL**Sample Type: **BLOOD ~ URINE**

## LIVER FUNCTION TEST

Test	Observed Value	Unit	Biological Reference Interval
<b><u>BILIRUBIN</u></b>			
Total Bilirubin	0.7	mg/dL	0.00 - 1.20
Direct Bilirubin	0.2	mg/dL	0.00 - 0.40
Indirect Bilirubin	0.50	mg/dL	0.00 - 1.00
SGPT(ALT)	22.04	U/L	0.0 - 40.0
SGOT (AST)	27.0	U/L	0.0 - 46.0
Alkaline Phosphatase	95.8	U/L	40-129
<b><u>PROTEINS</u></b>			
Total Protein	7.5	g/dL	6.0 - 8.0
Albumin	4.9	g/dL	3.50 - 5.50
Globulin	2.6	g/dL	2.0 - 4.0
A/G Ratio	1.9		

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Ward: **OPD**  
Registration on: **01/04/2023 09:08:00**  
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Sample Type: **BLOOD ~ URINE**

## URINE ANALYSIS

<u>Test</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Sample	Fresh Urine		
<b><u>PHYSICAL EXAMINATION</u></b>			
Quantity	10.0	mL	
Colour	Pale-Yellow		
Appearance	<b>Sl.Turbid</b>		Clear
pH	6.0		
Specific Gravity	1.010		
Sediments	Absent		Absent
<b><u>CHEMICAL EXAMINATION</u></b>			
Protein (Albumin)	Absent		Absent
Sugar	Absent		Absent
Bile Salts	Absent		Absent
Bile Pigment	Absent		Absent
Ketone	Absent		Absent
Occult Blood	Absent		Absent
Nitrite	Absent		Absent
Leukocyte Esterase	Absent		Absent
Urobilinogen	Normal		Normal
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Pus Cells	<b>2-3</b>	/hpf	Absent
Red Blood Cells	Absent	/hpf	Absent
Epithelial Cells	<b>3-5</b>	/hpf	Absent
Crystals	Absent		Absent
Amorphous material	Absent		Absent
Casts	Absent		Absent
Yeast	Absent		Absent
Bacteria	Few		Absent

--- End of Report ---

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