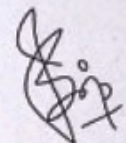


NAME OF PATIENT : SUMIT KUMAR MAJI
SEX : MALE

AGE : 29 YEARS
DATE : 10.06.2023

REPORT ON HEAMOTOLOGY EXAMINATION

<u>INVESTIGATION</u>	<u>RESULT</u>	<u>UNIT</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
HAEMOGLOBIN	: 13.6	gm/dl	Male : 14.0-17.5 Female : 11.6-14.5
T.R.B.C. COUNT	: 4.82	million/cumm	M: 4.5 - 6.5 F: 3.8 - 5.8
Total W.B.C. COUNT	: 8,900	cumm	4,000-11,000
Differential Count of W.B. C.			
Neutrophils	: 55	%	Adult: 40-75
Lymphocytes	: 39	%	Adult : 20-40
Eosinophils	: 04	%	Adult : 1-6
Monocytes	: 02	%	Adult : 2-10
Basophils	: 00	%	Adult: 0.2- 1.0
Erythrocyte Sedimentation Rate : 12		mm	Male : 15mm/hr Female : 20mm/hr
ESR 1 st . Hour			
PCV	: 41.5	%	M : 45 -55 % F :37 - 47%
MCV	: 86.1	fL	Adult: 76- 96
MCH	: 28.2	pgm	Adult: 27-32
MCHC	: 32.8	gm/dl	Adult: 30 - 35
PLATELET COUNT	: 2.00	lakhs/cumm	Adult 1.5 - 4.0 lakhs.



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MBBS(HONS)MD(Path.)

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URINE RE

REPORT ON CLINICAL PATHOLOGY

PHYSICAL EXAMINATION

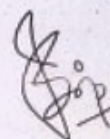
QUANTITY	30 ML	SEDIMENT	NIL
COLOUR	LIGHT STRAW	SPECIFIC GRAVITY	1.010
APPEARANCE	CLEAR		

CHEMICAL EXAMINATION

PH	5.0	REACTION	ACIDIC
ALBUMIN	NIL	BILE SALT	-
SUGAR	NIL	BILE PIGMENT	-
PHOSPHATE	NIL	OTHERS	-

MICROSCOPICAL EXAMINATION

PUS CELLS	2-3/HPF	CAST	NOT FOUND
EPITHELIAL CELLS	(+)	CRYSTALS	NOT FOUND
RBC	NIL	OTHERS	NIL



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REPORT ON THE BIOCHEMICAL EXAMINATION

<u>INVESTIGATION</u>	<u>RESULT</u>	<u>UNIT</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
TOTAL CHOLESTEROL (CHOD-PAD METHOD)	: 237	mg/dl	Desirable blood cholesterol 200mg/dl Borderline high blood cholesterol 200- 239 mg/dl High blood cholesterol >239 mg/dl
H.D.L. CHOLESTEROL (DIRECT METHOD)	: 68.4	mg/dl	M: 35.3 - 79.5 mg/dl F : 42.0 - 88.0 mg/dl
TRIGLYCERIDE (GPO METHOD)	: 114.9	mg/dl	M: 40-160 mg/dl F :35-135 mg/dl
L.D.L. CHOLESTEROL (DIRECT METHOD)	: 154.0	mg/dl	Optimal - Less than 100 mg/dl Near /Above optimal - 100 - 129 mg/dl Borderline high - 130 - 159 mg/dl High - 160 - 189 mg/dl Very high - \geq 190 mg/dl
V.L.D.L. (CALCULATIVE)	: 23.0	mg/dl	5-40
T. CHOLESTEROL/HDL CHOLESTEROL RATIO (CALCULATIVE)	: 3.5	Ratio	3.0-5.0
LDL- CHOLESTEROL / HDL- CHOLESTEROL RATIO (CALCULATIVE)	: 2.3	Ratio	1.5-3.5



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REPORT ON THE BIOCHEMICAL EXAMINATION

<u>INVESTIGATION</u>	<u>RESULT</u>	<u>UNIT</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
BILIRUBIN - TOTAL (DIAZO METHOD)	0.77	mg/dl	<2
BILIRUBIN - DIRCT (DIAZO METHOD)	0.29	mg/dl	<0.4
BILIRUBIN (INDIRECT)	0.48	mg/dl	<1.6
SGOT (IFCC METHOD)	17.4	U/l	M: 0 to 35 - F: 0 to 31
SGPT (IFCC METHOD)	45.7	U/l	M: 0 to 45 - F: 0 to 34
GGT (Glupa C METHOD)	33.9	U/l	M: 0 to 55 - F: 0 to 38
ALKALINE PHOSPHATASE (AMP METHOD)	143	U/l	M: 53 -128 U/ l F : 42 - 98 U/l
TOTAL PROTEIN (BIURET METHOD)	7.12	gm/dl	6.4 - 8.3
SERUM ALBUMIN (BCG METHOD)	4.18	gm/dl	3.5 - 5.2
SERUM GLOBULIN	2.94	gm/dl	2.50 - 3.40
ALBUMIN /GLOBULIN RATIO	1.4	Ratio	0.9 - 2.0



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REPORT ON THE EXAMINATION OF IMMUNOENZYMOMETRIC ASSAY

<u>INVESTIGATION</u>	<u>RESULT</u>	<u>UNIT</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Total Triiodothyronine (T3) (ELISA METHOD)	: 1.0	ng/dl	0.5 - 2.0
Total Thyroxine (T4) (ELISA METHOD)	: 7.8	µg/dl	M:- 4.4 - 10.8 F :- 4.8 - 11.6
Thyroid Stimulating Hormone(TSH) (ELISA METHOD)	: 7.4	µIU/ml	Adults : 0.39 - 6.16 Children: Age: Range: <3 Days 3.20 - 34.60 3-4 Days 0.70 - 15.40 5 Days - 5 Months 1.70 - 9.10 >5 Months - 12 Years 0.70 - 6.40 Pregnancy women: 1 st Trimester = 0.1 - 2.5 2 nd Trimester = 0.2 - 3.0 3 rd Trimester = 0.3 - 3.0

Test done by lisascan EM (Erba Mannheim).

Note:- Thyroid-stimulating hormone(TSH) or thyrotrophin is are glycoprotein with a molecular weight of about 28,000 secreted by the pituitary gland. TSH has a specific site of action which is the thyroid gland. Its main function is to regulate the release of thyroxin(T₄) and the more biologically active triiodothyronine(T₃).

*Kindly co- relate clinically.



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SEX : MALE	DATE : 10.06.2023

REPORT ON THE BIOCHEMICAL EXAMINATION

<u>INVESTIGATION</u>	<u>RESULT</u>	<u>UNIT</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
BLOOD SUGAR (F) (GOD-POD METHOD)	: 99.8	mg/dl	70-110
BLOOD SUGAR (PP) (GOD-POD METHOD)	: 112	mg/dl	80-140
UREA (UREASE-GLDH METHOD)	: 27.7	mg/dl	Male 18-55 Female 15-43
CREATININE (ENZYMATIC METHOD)	: 0.85	mg/dl	Male 0.7-1.3 Female 0.6-1.1
URIC ACID (URICASE METHOD)	: 8.6	mg/dl	Male: 3.5-7.2 Female : 2.6-6.0

EXAMINATION OF BLOOD FOR ABO & Rh TYPE

ABO : "O" Group
Rh - Type : "+ve" (Positive)

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REPORT ON THE BIOCHEMICAL EXAMINATION

Glycosylate Hemoglobin (HbA1c) : 5.5 %
(Turbidimetric Method)

<u>Biological Reference</u>	<u>% NGSP</u>
Non - diabetics	4 - 6
Target of therapy	>7
Change of therapy	>8

Estimated Average Glucose (EAG) : 111

Biological Reference

Excellent Control	: 90 - 120 mg/dl.
Good Control	: 120 - 150 mg.dl.
Fair control	: > 150 - 180 mg/dl.
Action suggested	: 181 - 210 mg/dl.
Panic value	: >211 mg / dl.

Method Standardization :

IFCC : International Federation of clinical chemistry.
DCCT : Diabetics control and complications trial .
NGSP : National Glycohemoglobin Standardization program.

Note:-

Hemoglobin A1c (HbA1c) is a glycosylated hemoglobin which is formed by the non - enzymatic reaction of glucose with native hemoglobin .This process runs continuously throughout the circulatory life of the red cell (average life time 100 - 120 days). The rate of glycation is directly proportional to the concentration of glucose in the blood .The blood level Of HbA1c represents the average blood glucose level over the preceding 6 to 8 weeks (due to the kinetics of erythrocyte turnover this period is more affected by the blood glucose level than the preceding weeks). Therefore , HbA1c is suitable for retrospective long - term monitoring of blood glucose concentration in individuals with diabetes mellitus. Clinical studies have shown that lowering of HbA1c level can help to prevent or delay the incidence of late diabetic complication. As the amount of HbA1c also depends on the total quantity of hemoglobin the reported HbA1c value is indicated as a percentage of the total hemoglobin concentration . Falsely low values (low HbA1c despite high blood glucose) may occur in people with conditions with shortened red blood cell survival (hemolytic diseases) or significant recent blood loss (higher fraction of young erythrocytes). Falsely high values (high HbA1c despite normal blood glucose) have been reported in iron deficiency anemia. These circumstances have to be considered in clinical interpretation of HbA1c values.



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Patient Name: MR. SUMIT RAJIA SONI

Unaveraged ECG Report

June 10, 2023

QT / QTc : 0.320 / 0.447 Sec

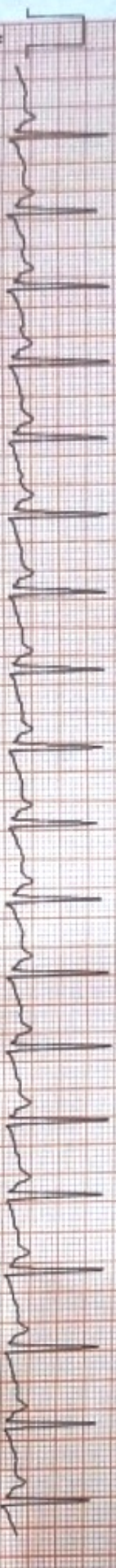
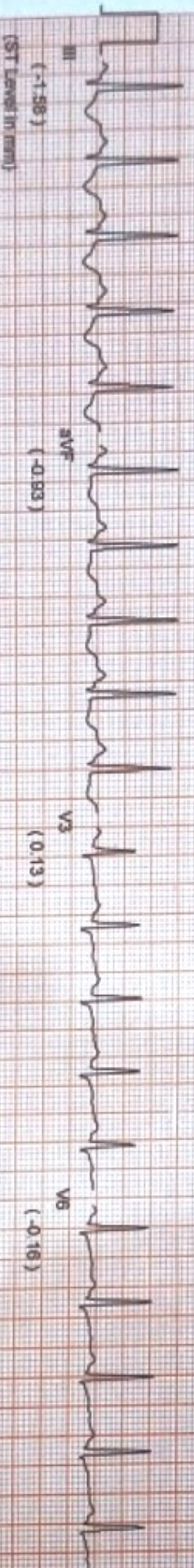
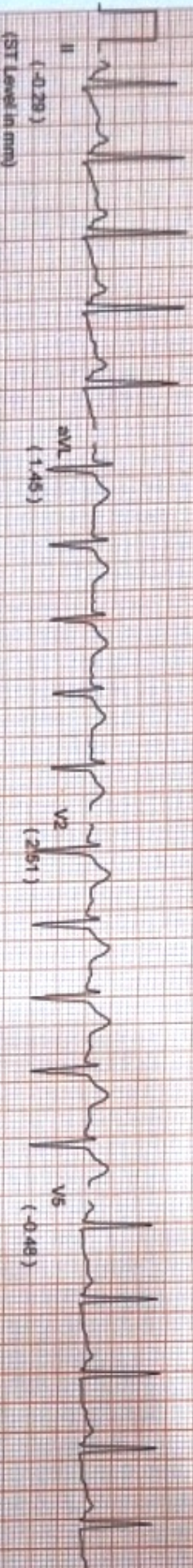
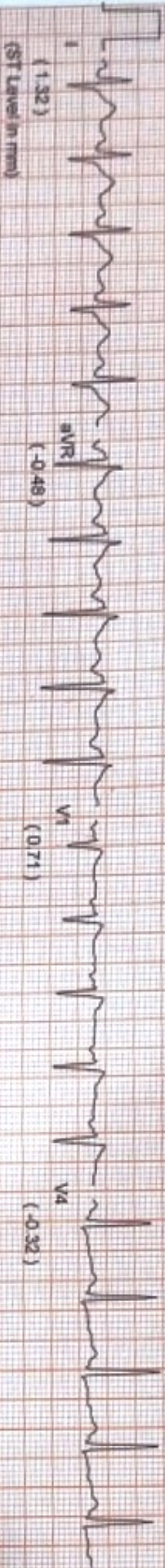
PR Interval: 0.16 sec

Time 13:09:12

P-QRS-T Axis (SB) (-55) (-20) (69)

QRS Duration: 0.072 Sec

HR : 117 bpm BP : 0/0 mmHg



Comments :-

Δ. Tachycardia 116 bpm : Axis +90° : hENT except ↑ HR

Dr.

26.6.23

Dr. Prithvi Bagchi
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 Ex - D.S.P. Hospital
 Regd. No. 28893 (W.B.)