

Patient Name : MR. ASIT MISHRA

Age / Gender : 29 years / Male

Patient ID : 9441

Referral : SELF

Collection Time : Feb 26, 2022, 11:11 a.m.

Reporting Time : Feb 26, 2022, 01:05 p.m.

Sample ID :



221452

Test Description	Value(s)	Unit(s)	Reference Range
<b>BLOOD GLUCOSE - RBS</b>			
Glucose Random (Plasma) [ Hexokinase ]	85.0	mg/dL	70-140

\*\*END OF REPORT\*\*

*Bankim Behari Mohanty*  
**Dr. BANKIM BEHARI MOHANTY**  
MD, PATHOLOGY

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Test Description	Value(s)	Unit(s)	Reference Range
<b>COMPLETE BLOOD COUNT(CBC)</b>			
<b>BLOOD COUNTS</b>			
Hemoglobin (Hb)	15.4	g/dL	12.5 - 17
RED BLOOD CELL COUNT	4.8	mil/ $\mu$ L	4.5 - 5.5
WHITE BLOOD CELL COUNT	7.5	thou/ $\mu$ L	4.0 - 10.0
PLATELET COUNT	254	thou/ $\mu$ L	150 - 450
<b>RBC AND PLATELET INDICES</b>			
HEMATOCRIT	46	%	37 - 50
MEAN CORPUSCULAR VOLUME (MCV)	96	fL	76 - 96
MEAN CORPUSCULAR HEMOGLOBIN (MCH)	32	pg	27 - 32
MCHC	34	g/dL	30 - 35
MEAN PLATELET VOLUM (MPV)	12.6	fL	6.0 - 9.5
RDW-SD	47.8	fL	37 - 54
RDW-CV	13.5	%	11.5 - 14.0
PCT	0.32	%	0.17 - 0.40
<b>WBC DIFFERENTIAL COUNT</b>			
Neutrophils	71	%	40 - 75
Absolute Neutrophil Count	5.33	thou/ $\mu$ L	2.0 - 7.0
Lymphocytes	24	%	20 - 45
Absolute Lymphocyte Count	1.75	thou/ $\mu$ L	1.5 - 4.0
Eosinophils	01	%	1 - 6
Absolute Eosinophil Count	0.1	thou/ $\mu$ L	0.04 - 0.40
Monocytes	04	%	02 - 10
Absolute Monocyte Count	0.32	thou/ $\mu$ L	0.20 - 0.80
Basophils	0	%	00 - 01
Absolute Basophils Count	0.0	thou/ $\mu$ L	0.01 - 0.10
IG%	0.1	%	0.00 - 0.5

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Test Description	Value(s)	Unit(s)	Reference Range
<b>ESR ( 1 hr )</b>			
<b>ESR ( Erythrocyte Sedimentation Rate )</b>	10	mm/hr	< 15
<b>(EDTA Whole Blood) [ Capillary Photometry ]</b>			

**Interpretation:**

High ESR is not diagnostics of any disease but just indicative of some inflammatory process. ESR is to be used to monitor outcome of therapy. Microcytic anemia can increase ESR. High ESR can also be seen in apparently healthy adults.

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Test Description	Value(s)	Unit(s)	Reference Range
<b><u>LIPID PROFILE.</u></b>			
Cholesterol-Total [ CHOD-POD ]	169	mg/dL	Desirable level   < 200 Borderline High   200-239 High   >or = 240
Triglycerides [ : GOD-POD METHOD ]	<b>184</b>	mg/dL	Normal: < 150 Borderline High: 150-199 High: 200-499 Very High: >= 500
HDL Cholesterol [ Serum, Direct measure-PEG ]	46.3	mg/dL	Normal: > 40 Major Risk for Heart: < 40
LDL Cholesterol [ Enzymatic selective protection ]	85.90	mg/dL	Optimal < 100 Near / Above Optimal 100-129 Borderline High 130-159 High 160-189 Very High >or = 190
Non HDL Cholesterol	122.7	mg/dL	Optimal : <130 Desirable : 130 - 150 Border Line High : 159 - 189 High : 189 - 220 Very High : >=220
CHOL/HDL Ratio [ CALCULATED PARAMETER ]	3.65		3.5 - 5.0
LDL/HDL Ratio [ CALCULATED PARAMETER ]	<b>1.86</b>		2.5 - 3.5
VERY LOW DENSITY LIPOPROTEIN [ Serum, Enzymatic ]	36.80	mg/dL	6 - 38

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Test Description	Value(s)	Unit(s)	Reference Range
<b>LIVER FUNCTION TEST (LFT)</b>			
Bilirubin - Total [ Serum, Jendrassik Grof ]	0.90	mg/dL	0.3 - 1.2
Bilirubin - Direct [ Serum, Diazotization ]	0.20	mg/dL	< 0.2
Bilirubin - Indirect [ Serum, Calculated ]	0.70	mg/dL	0.1 - 1.0
SGOT [ Serum, UV with P5P, IFCC 37 degree ]	25.9	U/L	< 50
SGPT [ Serum, UV with P5P, IFCC 37 degree ]	35.6	U/L	< 50
Alkaline Phosphatase [ PNPP-AMP Buffer/Kinetic ]	105.0	U/L	30 - 120
Total Protein [ Serum, Biuret, reagent blank end point ]	8.2	g/dL	6.6 - 8.3
Albumin [ Serum, Bromocresol green ]	5.4	g/dL	3.2 - 4.6
Globulin [ Serum, EIA ]	2.80	g/dL	1.8 - 3.6
A/G Ratio [ Serum, EIA ]	1.93		1.2 - 2.2
Gamma GT(GGT)	62	U/L	<55

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Test Description	Value(s)	Unit(s)	Reference Range
<b>RENAL FUNCTION TEST (RFT)</b>			
Urea [ Uricase ]	29.0	mg/dL	17 - 43
Blood Urea Nitrogen-BUN [ Serum, Urease ]	13.55	mg/dL	7 - 18
Creatinine [ Serum, Jaffe ]	0.80	mg/dL	0.67 - 1.17
Uric Acid [ Serum, Uricase ]	5.3	mg/dL	3.5 - 7.2
Sodium	142.7	mmol/L	136 - 149 Premature, cord: 116-140 Premature 48 hrs: 128-148 Newborn cord: 126-166 Newborn: 133-146
Potassium	4.30	mmol/L	3.8 - 5.0 Premature cord: 5-10.2 Premature , 48 hrs: 3-6 Newborn cord: 5.6-12 Newborn: 3.7-5.9
Chlorides	105.7	mmol/L	101.00 - 109.00

**Remark:**

In blood, Urea is usually reported as BUN and expressed in mg/dl. BUN mass units can be converted to urea mass units by multiplying by 2.14.

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Test Description	Value(s)	Unit(s)	Reference Range
<b><u>Routine Examination Of Urine</u></b>			
<b><u>General Examination</u></b>			
Colour	PALE YELLOW		Pale Yellow
Transparency (Appearance)	Slightly Hazy		Clear
Deposit	Present		Absent
Reaction (pH)	Acidic 6.0		4.5 - 7.0
Specific gravity	1.015		1.005 - 1.030
<b><u>Chemical Examination</u></b>			
Urine Protein (Albumin)	TRACE		Absent
Urine Glucose (Sugar)	NIL		Absent
<b><u>Microscopic Examination</u></b>			
Red blood cells	NIL	/hpf	1 - 2
Pus cells (WBCs)	04 - 06	/hpf	1 - 2
Epithelial cells	01 - 02	/hpf	0-4
Crystals	Absent		Absent
Cast	Absent		Absent
Bacteria	Absent		Absent
Yeast cells	Absent		Absent
<b>Others</b>	Spermatozoa Present (Few)		

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Test Description	Value(s)	Unit(s)	Reference Range
<b>THYROID PANEL, SERUM</b>			
<b>T3 [ ELECTROCHEMILUMINESCENCE ]</b>	106.1	ng/dl	80 - 200
<b>T4 [ ELECTROCHEMILUMINESCENCE ]</b>	9.47	ug/dL	5.1 - 14.1
<b>TSH 3RD GENERATION [ ELECTROCHEMILUMINESCENCE ]</b>	0.96	uIU/ml	0.27 - 4.20

**Specimen Type :** Serum

**Interpretation :**

**Reference:**

1. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics, edited by Carl A Burtis, Edward R. Ashwood, David E Bruns, 4th Edition, Elsevier publication, 2006, 563, 1314-1315.
2. Wallach's Interpretation of Diagnostic tests, 9th Edition, Ed Mary A Williamson and L Michael Snyder. Pub Lippincott Williams and Wilkins, 2011, 234-235.

THYROID PANEL, SERUM Triiodothyronine T3, is a thyroid hormone. It affects almost every physiological process in the body, including growth, development, metabolism, body temperature, and heart rate. Production of T3 and its prohormone thyroxine (T4) is activated by thyroid-stimulating hormone (TSH), which is released from the pituitary gland. Elevated concentrations of T3, and T4 in the blood inhibit the production of TSH.

Thyroxine T4, Thyroxine's principal function is to stimulate the metabolism of all cells and tissues in the body. Excessive secretion of thyroxine in the body is hyperthyroidism, and deficient secretion is called hypothyroidism. Most of the thyroid hormone in blood is bound to transport proteins. Only a very small fraction of the circulating hormone is free and biologically active.

In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low. Below mentioned are the guidelines for Pregnancy related reference ranges for Total T4, TSH & Total T3

Levels in	TOTAL T4	TSH3G	TOTAL T3
Pregnancy	(µg/dL)	(µIU/mL)	(ng/dL)
First Trimester	6.6 - 12.4	0.1 - 2.5	81 - 190
2nd Trimester	6.6 - 15.5	0.2 - 3.0	100 - 260
3rd Trimester	6.6 - 15.5	0.3 - 3.0	100 - 260

Below mentioned are the guidelines for age related reference ranges for T3 and T4.

T3	T4
(ng/dL)	(µg/dL)
New Born: 75 - 260	1-3 day: 8.2 - 19.9
	. 1 Week: 6.0 - 15.9

**NOTE:** TSH concentrations in apparently normal euthyroid subjects are known to be highly skewed, with a strong tailed distribution towards higher TSH values. This is well documented in the pediatric population including the infant age group.

Kindly note: Method specific reference ranges are appearing on the report under biological reference range

**\*\*END OF REPORT\*\***



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Test Description	Value(s)	Unit(s)	Reference Range
<b>BLOOD GROUPING &amp; RH TYPING</b>			
Blood Group (ABO typing) [ Manual-Hemagglutination ]	"AB"		
RhD Factor (Rh Typing) [ Manual hemagglutination ]	Positive		

\*\*END OF REPORT\*\*

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Test Description	Value(s)	Unit(s)	Reference Range
<b>HbA1C</b>			
<b>HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD [ (HPLC, NGSP certified) ]</b>	5.5	%	Non-diabetic: < 5.7 Pre-diabetics: 5.7 - 6.4 Diabetics: > or = 6.5 ADA Target: 7.0 Action suggested: > 8.0
MEAN PLASMA GLUCOSE [ HB VARIANT (HPLC) ]	111.0		< 116.0

**Note:**

1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled .
2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

**Comments**

HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

**ADA criteria for correlation between HbA1c & Mean plasma glucose levels.**

HbA1c(%)	Mean Plasma Glucose (mg/dL)
6	126
7	154
8	183
9	212
10	240
11	269
12	298

**Interpretation**

As per American Diabetes Association (ADA)	
Reference Group	HbA1c in %
Non diabetic adults >=18 years	<5.7
At risk (Prediabetes)	5.7 - 6.4
Diagnosing Diabetes	>= 6.5

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Test Description	Value(s)	Unit(s)	Reference Range
Therapeutic goals for glycemc control	Age > 19 years Goal of therapy: < 7.0 Action suggested: > 8.0 Age < 19 years Goal of therapy: <7.5		

\*\*END OF REPORT\*\*

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22145203

### X-RAY CHEST PA / AP VIEW

## RADIOGRAPH CHEST ( PA VIEW )

Mediastinum is central in position and width.  
Cardiac silhouette appears normal in shape, size and position.  
Lung fields are clear.  
Both Hila are normal in position and density.  
Domes of Diaphragm appear normal in position and contour bilaterally.  
Both CP Angles appear clear.

### IMPRESSION :

*Normal Radiograph.*

\*\*END OF REPORT\*\*

DR. BISWAJIT MISHRA, MD, RADIODIAGNOSIS