

Patient Name : Mr. SATYENDRA KUMAR [UHIDNO:FHP27110708042023]
Age / Gender : 34 Yr / M
Address : SECR-137 NOIDA, Noida Sector 137, Gautam Buddha Nagar, UTTAR PRADESH
Req. Doctor: Dr. ANSHUMALA SINHA
Regn. ID: OPD.24-25-2511

HAEMATOLOGY

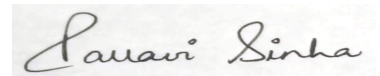
Request Date : 06-04-2024 09:55 AM
Collection Date : 06-04-2024 10:39 AM | HA12891
Acceptance Date : 06-04-2024 10:39 AM | **TAT:** 01:58 [HH:MM]

Reporting Date : 06-04-2024 12:37 PM
Reporting Status : Finalized

Investigations	Result	Unit	Biological Reference Range	Method
Blood Group (RH Type) *[EDTA tube(purple top)]				
Blood Group	O			Forward Grouping Method
Rh Type	POSITIVE			Forward Grouping Method
<i>Method- Forward & Reverse Grouping (Tube Agglutination)</i>				

END OF REPORT.

Prepared By
Ms. POOJA



Verified by
Dr. PALLAVI SINHA
MBBS, MD, DNB
(PATHOLOGY)

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Regn. ID: OPD.24-25-2511


BIOCHEMISTRY

Request Date : 06-04-2024 09:55 AM **Reporting Date :** 06-04-2024 03:52 PM
Collection Date : 06-04-2024 12:12 PM | BI17953 **Reporting Status :** Finalized
Acceptance Date : 06-04-2024 02:21 PM | **TAT:** 01:31 [HH:MM]

Investigations	Result	Unit	Biological Reference Range	Method
BLOOD SUGAR POST PRONDIAL (BSPP) *[Sodium fluoride(grey top)] <i>Performed On: DIASYS SYS400 PRO</i>	151.00 H	mg/dL	80 - 140 (Age = 100)	
<i>Please correlate clinically</i>				

END OF REPORT.

Prepared By
Mr. AJAY KUMAR


Verified by
Dr. KRITIKA JAIN
MBBS MD (PATHOLOGY)

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IMMUNOLOGY

Request Date : 06-04-2024 09:55 AM **Reporting Date :** 06-04-2024 02:42 PM
Collection Date : 06-04-2024 10:39 AM | IMMU35153 **Reporting Status :** Finalized
Acceptance Date : 06-04-2024 10:39 AM | **TAT:** 04:03 [HH:MM]

Investigations	Result	Unit	Biological Reference Range	Method
THYROID PROFILE TOTAL(T3,T4,TSH) * Plain tube (red top)]				CLIA
Total T3	1.77	nmol/L	1.11 - 2.29 (Age 0 - 100)	
Total T4	184.56	nmol/L	62 - 201.4 (Age 0 - 100)	
TSH	21.93 H	µIU/mL	0.38 - 5.33 (Age 0 - 100)	
<i>Performed On: ACCESS 2 (BECKMAN COULTER)</i>				
<p>1. A circadian variation in serum TSH in healthy subjects is well documented. TSH level is reaching peak levels between 2-4 am and at a minimum between 6-10 pm. The variation is of the order of 50%, hence time of the day has influence on the value of TSH.</p> <p>2. TSH levels between 6.3 and 15.0 may represent subclinical or compensated hypothyroidism or show considerable physiological & seasonal variation, suggest clinical correlation or repeat testing with fresh sample.</p> <p>3. TSH levels may be transiently altered because of non-thyroid illness, like severe infection, renal disease, liver disease, heart disease, severe burns, trauma, surgery etc. Few drugs also altered the TSH values.</p> <p>4. A high TSH result often means an underactive thyroid gland caused by failure of the gland (hypothyroidism). A low TSH result can indicate an overactive thyroid gland (hyperthyroidism) or damage to the pituitary gland that prevents it from producing TSH.</p> <p>5. Resistance to thyroid hormone (RTH) and central hyperthyroidism (TSH-oma) are rare conditions associated with elevated TSH, T4 and T3 levels.</p> <p><i>Performed on: ACCESS 2 (BECKMAN COULTER)</i></p>				

END OF REPORT.

Prepared By
Mr. PIYUSH SHUKLA



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Dr. KRITIKA JAIN
MBBS MD (PATHOLOGY)

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BIOCHEMISTRY

Request Date : 06-04-2024 09:55 AM **Reporting Date :** 06-04-2024 02:03 PM
Collection Date : 06-04-2024 10:39 AM | BI17905 **Reporting Status :** Finalized
Acceptance Date : 06-04-2024 10:39 AM | **TAT:** 03:24 [HH:MM]

Investigations	Result	Unit	Biological Reference Range	Method
KIDNEY FUNCTION TEST(KFT) *[Plain tube (red top)]				
UREA (UREASE METHOD)*	23.20	mg/dL	M 19 - 44 (Age 20 Y - 50 Y)	
S.CREATININE (ENZYMATIC)*	0.74	mg/dL	M 0.67 - 1.17	
S.URIC ACID (URICASE, COLORIMETRY)*	6.42	mg/dL	M 3.5 - 7.2	
S.CALCIUM (ARSENazo DYE)*	9.40	mg/dL	8.6 - 10.3	Arsenazo III
S. SODIUM (DIRECT I.S.E.)*	139.30	mmol/L	137 - 145	
S. POTASSIUM (DIRECT I.S.E.)*	4.20	mmol/L	3.5 - 5.1	
S. PHOSPHORUS (PMA PHENOL)*	3.22	mg/dL	2.6 - 4.5	
S. CHLORIDE (DIRECT I.S.E)	104.80	mmol/L	98 - 107 (Age 0 - 100)	
<i>Performed On: DIASYS SYS400 PRO</i>				
LIVER FUNCTION TEST *[Plain tube (red top)]				
TOTAL BILIRUBIN (AZOBILIRUBIN/DIPHYLLINE)*	0.94	mg/dL	Adult 0.1 - 1.2	
CONJUGATED(D.Bilirubin) (CALCULATED)	0.48	mg/dL	<= 0.2	
UNCONJUGATED(I.D.Bilirubin) (SPECTROPHOTOMETRY)	0.46	mg/dL	Adult 0 - 1	
S.G.O.T (AST) (KINETIC LEUCO DYE)*	58.20	IU/L	M < 31	IFCC(Modified)
S.G.P.T (ALT) (KINETIC LDH/NADH)*	85.30	IU/L	M < 41	IFCC(Modified)
ALKALINE PHOSPHATASE (pNPP/AMP)*	150.80 H	IU/L	M 40 - 129	IFCC(Modified)
TOTAL PROTEIN (BIURET)*	8.40	gm/dL	Adult 6.6 - 8.8	
ALBUMIN (BROMOCRESOL GREEN)*	4.87	gm/dL	Adult 3.5 - 5.2	
GLOBULIN (CALCULATED)*	3.53 H	gm/dL	Adult 2 - 3.5	Calculated
A/G RATIO (CALCULATED)	1.38		1 - 2.1	
<i>Performed On: DIASYS SYS400 PRO</i>				
<i>Please correlate clinically</i>				

END OF REPORT.

Prepared By
Mr. AJAY KUMAR



Verified by
Dr. KRITIKA JAIN
MBBS MD (PATHOLOGY)

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Req. Doctor: Dr. ANSHUMALA SINHA
Regn. ID: OPD.24-25-2511

BIOCHEMISTRY


Request Date : 06-04-2024 09:55 AM
Collection Date : 06-04-2024 10:39 AM | BI17905
Acceptance Date : 06-04-2024 10:39 AM | **TAT:** 03:23 [HH:MM]

Reporting Date : 06-04-2024 02:02 PM
Reporting Status : Finalized

Investigations	Result	Unit	Biological Reference Range	Method
GGTP *[Plain tube (red top)]	43.20	U/L	M 0 - 55	KINETIC
<i>Performed On: DIASYS SYS400 PRO</i>				
<i>An increased GGT level may be due to any of the following:</i>				
<ul style="list-style-type: none">• Alcohol use• Diabetes• Flow of bile from the liver is blocked (cholestasis)• Heart failure• Swollen and inflamed liver (hepatitis)• Lack of blood flow to the liver• Death of liver tissue• Liver cancer or tumor• Lung disease• Pancreas disease• Scarring of the liver (cirrhosis)• Use of drugs that are toxic to the liver				
<i>Comments :-</i>				
<i>Urinary total proteins are nearly negligible in healthy adults. The Protein Creatinine ratio is a simple and convenient method to quantitate and monitor proteinuria in adults with chronic kidney disease.</i>				

END OF REPORT.

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Mr. AJAY KUMAR


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BIOCHEMISTRY

Request Date : 06-04-2024 09:55 AM
Collection Date : 06-04-2024 10:39 AM | BI17905
Acceptance Date : 06-04-2024 10:39 AM | **TAT:** 03:23 [HH:MM]

Reporting Date : 06-04-2024 02:02 PM
Reporting Status : Finalized

Investigations	Result	Unit	Biological Reference Range	Method
LIPID PROFILE *[Plain tube (red top)]				
TOTAL CHOLESTEROL Enzymatic (CHE/CHO/POD)*	231.40	mg/dL	Normal <200, Borderline High 200 - 240, High >240	
TRIGLYCERIDES Enzymatic (Lipase/GK/GPO/POD)*	248.00	mg/dL	Normal : <200, Borderline High: 200 - 400 High: >400 Very High : >650	
HDL -CHOLESTEROL PTA/ MgCl2- enzymatic*	34.30	mg/dL	Low <40, high ≥ 60	
LDL(Low density lipid) Calculated	147.50	mg/dL	Desirable ≤130, Borderline High Risk 130-160, High Risk >160	
VLDL(Very low density lipid) Calculated	49.60 H	mg/dL	16 - 45	
CHOL/HDL Ratio Calculated	6.75 H		3 - 6	
<i>Performed On: DIASYS SYS400 PRO</i>				
<i>Please correlate clinically</i>				

END OF REPORT.

Prepared By
Mr. AJAY KUMAR



Verified by
Dr. KRITIKA JAIN
MBBS MD (PATHOLOGY)

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BIOCHEMISTRY

Request Date : 06-04-2024 09:55 AM **Reporting Date :** 06-04-2024 02:01 PM
Collection Date : 06-04-2024 10:39 AM | BI17907 **Reporting Status :** Finalized
Acceptance Date : 06-04-2024 10:40 AM | **TAT:** 03:21 [HH:MM]

Investigations	Result	Unit	Biological Reference Range	Method
GLYCOSYLATED HAEMOGLOBIN (Hb A1c) *[edta tube(purple top)] Performed On: SD BIOSENSOR 2400 (Method:HPLC Assay) <u>Ref Range for HBA1c</u> Non Diabetic:< 5.7 % Pre-Diabetic: 5.7 - 6.5 % Diabetic: > 6.5 % Remark: Hemoglobin A1c criteria for diagnosing diabetes have not been established for patients who are <18 years of age. <u>HbA1c goals in treatment of diabetes:</u> Ages 0-6 years: 7.6% - 8.4% Ages 6-12 years: <8% Ages 13-19 years: <7.5% Adults: <7% 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 glycemc control as compared to blood and urinary glucose determinations. (Note: If a person has anemia, hemolysis, or heavy bleeding, HbA1c test results may be falsely low. If someone is iron-deficient, the HbA1c level may be increased. If a person has had a recent blood transfusion, the HbA1c may be inaccurate and may not accurately reflect glucose control for 2 to 3 months.) ADA criteria for correlation between HbA1c & Mean plasma glucose levels: HbA1c(%): 6 7 8 9 10 11 12 Mean Plasma Glucose: 126 154 183 212 240 269 298 (mg/dL) Please correlate clinically	6.20	%		

Regn. No. - OPD.24-25-2511

Mr. SATYENDRA KUMAR / UHIDNO:FHP27110708042023

END OF REPORT.

Prepared By
Mr. AJAY KUMAR



Verified by
Dr. KRITIKA JAIN
MBBS MD (PATHOLOGY)

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BIOCHEMISTRY

Request Date : 06-04-2024 09:55 AM
Collection Date : 06-04-2024 10:39 AM | BI17906
Acceptance Date : 06-04-2024 10:39 AM | **TAT:** 02:13 [HH:MM]

Reporting Date : 06-04-2024 12:52 PM
Reporting Status : Finalized

Investigations	Result	Unit	Biological Reference Range	Method
BLOOD SUGAR FASTING (BSF) *[Sodium fluoride(grey top)] <i>Performed On: DIASYS SYS400 PRO</i> <i>Please correlate clinically</i>	87.00	mg/dL	74 - 110 (Age = 100)	

END OF REPORT.

Prepared By
Mr. AJAY KUMAR



Verified by
Dr. KRITIKA JAIN
MBBS MD (PATHOLOGY)

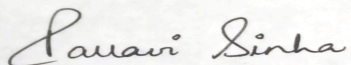
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CLINICAL PATHOLOGY

Request Date : 06-04-2024 09:55 AM **Reporting Date :** 06-04-2024 12:00 PM
Collection Date : 06-04-2024 10:39 AM | CLP289 **Reporting Status :** Finalized
Acceptance Date : 06-04-2024 10:44 AM | **TAT:** 01:16 [HH:MM]

Investigations	Result	Unit	Biological Reference Range	Method
URINE ROUTINE AUTOMATED *[Random Urine]				
PHYSICAL EXAMINATION:				
VOLUME	40	ML	>10	
COLOR	PALE YELLOW		PALE YELLOW	
APPERANCE	CLEAR		CLEAR	
SPECIFIC GRAVITY	1.030		1.005 - 1.030	pKa change
pH	6.0		5.0 - 8.5	Double Indicator
URINE PROTEIN	NIL		NIL	3% SULPHOSALIC YLIC ACID
GLUCOSE	NIL		NIL	BENEDICTS
BILIRUBIN	NIL		NIL	DIAZONIUM SALT
MICROSCOPIC EXAMINATION				
PUS CELLS	2-3		0.0 - 3.0 / HPF	MICROSCOPY
EPITHELIAL CELLS	1-2	/HPF	M 0 - 3	MICROSCOPY
RBC	NIL	/HPF	NIL	MICROSCOPY
CAST	ABSENT		ABSENT	MICROSCOPY
CRYSTAL	ABSENT		ABSENT	MICROSCOPY
BACTERIA	ABSENT		ABSENT	MICROSCOPY
OTHER	ABSENT			
<i>Please correlate clinically</i>				

END OF REPORT.



Prepared By
Mr. AVANISH KUMAR YADAV

Verified by
Dr. PALLAVI SINHA
MBBS, MD, DNB
(PATHOLOGY)

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HAEMATOLOGY

Request Date : 06-04-2024 09:55 AM
Collection Date : 06-04-2024 10:39 AM | HA12891
Acceptance Date : 06-04-2024 10:39 AM | **TAT:** 02:07 [HH:MM]


Reporting Date : 06-04-2024 12:46 PM
Reporting Status : Finalized

Investigations	Result	Unit	Biological Reference Range	Method
HAEMOGRAM (CBC & ESR) *[EDTA tube(purple top)]				
HEMOGLOBIN(NON CYNAMETH/PHOTOMETRY)*	13.60	gm/dL	13 - 17	
TOTAL LEUCOCYTE COUNT (TLC) (FLOWCYTOMETRY)*	4600	/cumm	4000 - 10000	
DLC (FLOWCELL & CYTOCHEMISTRY/MANUAL)*				
NEUTROPHIL	51.6	%	40 - 80	
LYMPHOCYTE	38.9	%	20 - 40	
MONOCYTE	5.8	%	2 - 10	
EOSINOPHIL	3.7	%	1 - 6	
BASOPHIL	0.0	%		
RBC (IMPEDENCE)*	4.43 L	millions/cumm	4.5 - 6.5	
HEMATOCRIT/P.C.V (RBC PULSE HEIGHT)*	40.6	%	40 - 54	
MCV(Calculated)*	91.7	fL	80 - 100	
MCH(Calculated)*	30.8	Picogram	27 - 32	
MCHC(Calculated)*	33.6	%	31.5 - 34.5	
PLATELET COUNT (IMPEDANCE)*	1.28 L	Lakh/cumm	1.5 - 4	
ESR(Westergren's Method)*	30	mm/hr	M 0 - 10 F 5 - 20	

Performed On: PENTRA ES60 (Horiba),5-Part

END OF REPORT.

Prepared By
Ms. POOJA


Verified by
Dr. KRITIKA JAIN
MBBS MD (PATHOLOGY)