

2/1, Residency Area, AB Road,
Geeta Bhavan Squire.
Indore (MP) 452001
T: 0731 - 4238111



MRN-240800614

Patient Name : MR. SACHIN PRAJAPATI [MRN-240800614]
Age / Gender : 33 Yr / Male
Address : Thandla, Jhabua, MADHYA PRADESH

Request Date : 10-08-2024 09:09 AM
Collection Date : 10-08-2024 09:28 AM
Sample ID : BIO6980
Acceptance Date: 10-08-2024 09:29 AM

Reporting Date : 10-08-2024 07:12 PM
Requesting Doctor : V ONE HOSPITAL
Reporting Status : Finalized

BIOCHEMISTRY

Investigations	Result	Biological Reference Range
GGT(GAMMA GLUTAMYL TRANSFERASE)	26.7 U/L	M 11 - 60 U/L

END OF REPORT.

Prepared and Checked by

DR.QUTBUDDIN CHAHWALA
M.D.PATHOLOGIST

Result relate to the sample as received.

V-ONE HOSPITAL Department of Laboratory Medicine.

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Reporting Date : 10-08-2024 06:13 PM

Collection Date : 10-08-2024 09:28 AM

Requesting Doctor : V ONE HOSPITAL

Sample ID : H-5806

Reporting Status : Finalized

Acceptance Date: 10-08-2024 09:29 AM

HAEMATOLOGY

Investigations	Result	Biological Reference Range
BLOOD GROUP		
ABO GROUP	B	
RH FACTOR	Positive	
HbA1C		
Glyco Hb (HbA1C)	5.1 %	4 - 6 %
Estimated Average Glucose	99.67 mg/dL	mg/dL
<i>Interpretation: 1HbA1C has been endorsed by clinical groups and American Diabetes Association guidelines 2017 for diagnosing diabetes using a cut off point of 6.5% 2.Low glycated haemoglobin in a non diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency and haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested. 3.In known diabetic patients, following values can be considered as a tool for monitoring the glycemc control. Excellent control-6-7 % Fair to Good control - 7-8 % Unsatisfactory control - 8 to 10 % Poor Control - More than 10 %</i>		

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HAEMATOLOGY

Investigations	Result	Biological Reference Range
CBC		
Haemoglobin	15.5 gm%	M 14 - 18 gm% (Age 1 - 100)
RBC Count	5.67 mill./cu.mm*	M 3.8 - 4.8 mill./cu.mm (Age 1 - 100)
Packed Cell Volume (PCV)	45.6 %	M 40 - 54 % (Age 1 - 100)
MCV	80.4 Cu.m.	76 - 96 Cu.m. (Age 1 - 100)
MCH	27.4 pg	27 - 32 pg (Age 1 - 100)
MCHC	34.1 %	30.5 - 34.5 % (Age 1 - 100)
Platelet Count	245 10 ³ /uL	150 - 450 10 ³ /uL (Age 1 - 100)
Total Leukocyte Count (TLC)	6.79 10 ³ /uL	4.5 - 11 10 ³ /uL (Age 1 - 100)
Differential Leukocyte Count (DLC)		
Neutrophils	45 %	40 - 70 % (Age 1 - 100)
Lymphocytes	50 % *	20 - 40 % (Age 1 - 100)
Monocytes	03 %	2 - 10 % (Age 1 - 100)
Eosinophils	02 %	1 - 6 % (Age 1 - 100)
Basophils	00 %	< 1 %
ESR (WINTROBE METHOD)	06 mm/hr	M 0 - 12 mm/hr

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Age / Gender : 33 Yr / M

Address: Thandla, Jhabua, MADHYA PRADESH

Req. Doctor: V ONE HOSPITAL

Regn. Number: WALKIN.24-25-7920



Request Date : 10-08-2024 09:09 AM

Reporting Date : 10-08-2024 12:41 PM

Report Status : Finalized

USG WHOLE ABDOMEN

Liver is normal in size (14 cm) and shape. Its echogenicity is normal. Margins are smooth and regular. The portal vein and biliary radicals are normal in calibre.

GB is well distended. Wall thickness is normal with echofree lumen. CBD is within normal limits.

Pancreas is normal in size, shape and echo pattern.

Bilateral kidneys are normal in shape, size and echotexture. Corticomedullary differentiation is maintained. No evidence of any calculus or hydronephrosis.

Rt. Kidney Length: 9.4 cm

Lt. Kidney Length: 9.8 cm

Spleen is normal in size and echopattern.

Urinary bladder is normal in shape and size. Lumen appears echofree. Wall thickness is normal.

Prostate is normal in size. Echotexture is homogenous. Capsule is intact.

No evidence of ascites / pleural effusion.

Visualized bowel loops are normal in course and calibre.

IMPRESSION :-

No significant abnormality detected.

END OF REPORT

DR. RAVINDRA SINGH

CONSULTANT RADIOLOGIST

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Reporting Date : 10-08-2024 06:08 PM

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Reporting Status : Finalized

BIOCHEMISTRY

Investigations	Result	Biological Reference Range
LFT		
SGOT	24.8 U/L	0 - 40 U/L
SGPT	37.4 U/L	M 0 - 40 U/L
TOTAL BILIRUBIN	0.90 mg/dL	0 - 1.1 mg/dL
DIRECT BILIRUBIN	0.27 mg/dL*	0 - 0.2 mg/dL
INDIRECT BILIRUBIN	0.63 mg/dL	0.2 - 0.8 mg/dL
TOTAL PROTEIN	7.38 mg/dL	6.6 - 8.8 mg/dL
S.ALBUMIN	4.43 mg/dL	3.5 - 5.5 mg/dL
GLOBULIN	2.95 mg/dL	2 - 3.5 mg/dL
A.G.RATIO	1.50	1.1 - 1.5
ALKALINE PHOSPHATASE	73 U/L	M 40 - 129 U/L CHILD 54 - 369 U/L
PT INR		
PT	12.8 sec *	13 - 15 sec
CONTROL	12.8 sec	
INR	1.0	0.8 - 1.1
HBSAG	Non Reactive	
ALT / AST RATIO	1.10	< 1.5
AST / ALT RATIO	0.66	< 1

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M.D. PATHOLOGIST

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BIOCHEMISTRY

Investigations	Result	Biological Reference Range
FBS & PPBS *[Ser/Plas]		
FBS	112.2 mg/dL*	70 - 110 mg/dL
PPBS	118.9 mg/dL	100 - 140 mg/dL

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Sample ID : PATH5095

Reporting Status : Finalized

Acceptance Date: 10-08-2024 09:29 AM

IMMUNOLOGY

Investigations	Result	Biological Reference Range
Thyroid Profile		
T3	1.14 ng/dL	0.58 - 1.62 ng/dL (Age 1 - 100)
T4	7.69 ug/dl	5 - 14.5 ug/dl (Age 1 - 100)
TSH	6.08 uIU/ml*	0.35 - 5.1 uIU/ml (Age 1 - 100)

Interpretation: Ultra sensitive-thyroid stimulating hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, sTSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased s-TSH indicates inadequate thyroid hormone, and suppressed s-TSH indicates excess thyroid hormone. Transient s-TSH abnormalities may be found in seriously ill, hospitalized patients, so this is not the ideal setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening test). when the s-TSH result is abnormal, appropriate follow-up tests T4 & free T3 levels should be performed. If TSH is between 5.0 to 10.0 & free T4 & free T3 level are normal then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & If TSH is > 10 & free T4 & free T3 level are normal then it is considered as overt hypothyroidism.

Serum triiodothyronine (T3) levels often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of hypothyroidism. However, in a small subset of hyperthyroid patients, hyperthyroidism may be caused by overproduction of T3 (T3 toxicosis). To help diagnose and monitor this subgroup, T3 is measured on all specimens with suppressed s-TSH and normal FT4 concentrations.

Normal ranges of TSH & thyroid hormones vary according trimester in pregnancy. TSH ref range in Pregnancy Reference range (microIU/ml)

First trimester 0.24 - 2.00
Second trimester 0.43-2.2
Third trimester 0.8-2.5

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Sample ID : BIO6980

Reporting Status : Finalized

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BIOCHEMISTRY

Investigations	Result	Biological Reference Range
Lipid Profile		
Total Cholesterol	195 mg/dL	0 - 200 mg/dL
Tryglyceride	159.8 mg/dL	150 - 200 mg/dL
HDL Cholesterol	49.4 mg/dL	35 - 79 mg/dL
VLDL (Calculated)	31.96 mg/dL	5 - 40 mg/dL
LDL	113.64 mg/dL	0 - 130 mg/dL
Total Cholesterol /HDL	3.95	0 - 5
LDL/HDL	2.30	0.3 - 5

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Reporting Status : Finalized

BIOCHEMISTRY

Investigations	Result	Biological Reference Range
URIC ACID	5.1 mg/dL	M 3.5 - 7.2 mg/dL
BUN		
BUN	13.91 mg/dL	5 - 20 mg/dL
CREATININE	0.84 mg/dL	0.7 - 1.4 mg/dL
BUN / CREATINE RATIO	16.55	10 - 20
AST/ ALT RATIO	0.66	< 1

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Sample ID : CP-2513

Reporting Status : Finalized

Acceptance Date: 10-08-2024 09:29 AM

CLINICAL PATHOLOGY

Investigations	Result	Biological Reference Range
Urine Routine		
PHYSICAL EXAMINATION		
Quantity	30 ml	
Colour	Pale yellow	Pale Yellow
Deposit	Absent	Absent
Clarity	Clear	Clear
Reaction	Acidic	Acidic
Specific Gravity	1.015	1.001 - 1.035
CHEMICAL EXAMINATION		
Albumin	Absent	Absent
Sugar	Absent	Absent
Bile Salt	Absent	Absent
Bile Pigment	Absent	Absent
Keton	Absent	Absent
Blood	Absent	Absent
MICROSCOPY EXAMINATION		
Red Blood Cells	Nil /hpf	Nil/hpf
Pus Cells	2-3 /hpf	2-3/hpf
Epithelial Cells	1-2 /hpf	3-4/hpf
Casts	Absent	Absent
Crystals	Absent	Absent
Bacteria	Absent	Absent

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