



Reg.NO. : 158
NAME : **Mr. SHIDHARTH SHANKER**
REFERRED BY : Dr.Nitin Agarwal (D M)
SAMPLE : BLOOD

DATE : **23/03/2024**
AGE : 33 Yrs.
SEX : MALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
HAEMATOLOGY			
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN	13.3	gm/dl	12.0-18.0
TOTAL LEUCOCYTE COUNT	4,900	/cumm	4,000-11,000
DIFFERENTIAL LEUCOCYTE COUNT(DLC)			
Neutrophils	73	%	40-75
Lymphocytes	26	%	20-45
Eosinophils	01	%	01-08
TOTAL R.B.C. COUNT	4.23	million/cumm	3.5-6.5
P.C.V./ Haematocrit value	41.3	%	35-54
M C V	79.6	fL	76-96
M C H	28.9	pg	27.00-32.00
M C H C	31.2	g/dl	30.50-34.50
PLATELET COUNT	1.96	lacs/mm ³	1.50 - 4.50
E.S.R (WINTROBE METHOD)			
-in First hour	12	mm	00 - 15
BLOOD GROUP			
Blood Group	A		
Rh	POSITIVE		



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GLYCOSYLATED HAEMOGLOBIN(HBA1C)	5.6		

EXPECTED RESULTS :

Non diabetic patients	: 4.0% to 6.0%
Good Control	: 6.0% to 7.0%
Fair Control	: 7.0% to -8%
Poor Control	: Above 8%

***ADA: American Diabetes Association**

The glycosylated hemoglobin assay has been validated as a reliable indicator of mean blood glucose levels for a period of 8-12 week period prior to HBA1C determination.ADA recommends the testing twice a year in patients with stable blood glucose, and quarterly, if treatment changes, or if blood glucose levels are unstable.

METHOD : ADVANCED IMMUNO ASSAY.

BIOCHEMISTRY

BLOOD SUGAR F.	81	mg/dl	60-100
BLOOD UREA NITROGEN	16	mg/dL.	5 - 25
URIC ACID	7.2	mg/dl	3.5-8.0

CLINICAL SIGNIFICANCE:

Analysis of synovial fluid plays a major role in the diagnosis of joint disease.

SERUM CREATININE	0.8	mg/dL.	0.5-1.4
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LIVER PROFILE			
SERUM BILIRUBIN			
TOTAL	0.9	mg/dL	0.3-1.2
DIRECT	0.5	mg/dL	0.2-0.6
INDIRECT	0.4	mg/dL	0.1-0.4
SERUM PROTEINS			
Total Proteins	7.8	Gm/dL	6.4 - 8.3
Albumin	4.6	Gm/dL	3.5 - 5.5
Globulin	3.2	Gm/dL	2.3 - 3.5
A : G Ratio	1.44		0.0-2.0
SGOT	26	IU/L	0-40
SGPT	21	IU/L	0-40
SERUM ALK.PHOSPHATASE	81	IU/L	00-115

NORMAL RANGE : BILIRUBIN TOTAL

Premature infants. 0 to 1 day: <8 mg/dL Premature infants. 1 to 2 days: <12 mg/dL Adults: 0.3-1 mg/dL.

Premature infants. 3 to 5 days: <16 mg/dL Neonates, 0 to 1 day: 1.4-8.7 mg/dL

Neonates, 1 to 2 days: 3.4-11.5 mg/dL Neonates, 3 to 5 days: 1.5-12 mg/dL Children 6 days to 18 years: 0.3-1.2 mg/dL

COMMENTS--

Total and direct bilirubin determination in serum is used for the diagnosis, differentiation and follow -up of jaundice. Elevation of SGPT is found in liver and kidney diseases such as infectious or toxic hepatitis, IM and cirrhosis. Organs rich in SGOT are heart, liver and skeletal muscles. When any of these organs are damaged, the serum SGOT level rises in proportion to the severity of damage. Elevation of Alkaline Phosphatase in serum or plasma is found in hepatitis, biliary obstructions, hyperparathyroidism, steatorrhea and bone diseases.



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LIPID PROFILE			
SERUM CHOLESTEROL	183	mg/dL.	130 - 200
SERUM TRIGLYCERIDE	98	mg/dl.	30 - 160
HDL CHOLESTEROL	52	mg/dL.	30-70
VLDL CHOLESTEROL	19.6	mg/dL.	15 - 40
LDL CHOLESTEROL	111.40	mg/dL.	00-130
CHOL/HDL CHOLESTEROL RATIO	3.52	mg/dl	0-4
LDL/HDL CHOLESTEROL RATIO	2.14	mg/dl	0-3

INTERPRETATION

TRIGLYCERIDE level > 250mg/dL is associated with an approximately 2-fold greater risk of coronary vascular disease. Elevation of triglycerides can be seen with obesity, medication, fast less than 12 hrs., alcohol intake, diabetes melitus, and pancreatitis. CHOLESTEROL, its fractions and triglycerides are the important plasma lipids in defining cardiovascular risk factors and in the management of cardiovascular disease. Highest acceptable and optimum values of cholesterol values of cholesterol vary with age. Values above 220 mgm/dl are associated with increased risk of CHD regardless of HDL & LDL values. HDL-CHOLESTEROL level <35 mg/dL is associated with an increased risk of coronary vascular disease even in the face of desirable levels of cholesterol and LDL - cholesterol. LDL - CHOLESTEROL & TOTAL CHOLESTEROL levels can be strikingly altered by thyroid, renal and liver disease as well as hereditary factors. Based on total cholesterol, LDL- cholesterol, and total cholesterol HDL - cholesterol ratio, patients may be divided into the three risk categories.

Gamma Glutamyl Transferase (GGT) 26 U/L 7-32

URINE EXAMINATION



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URINE EXAMINATION REPORT			
PHYSICAL EXAMINATION			
pH	6.0		
TRANSPARENCY			
Volume	20	ml	
Colour	Light Yellow		
Appearance	Clear		Nil
Sediments	Nil		
Specific Gravity	1.020		1.015-1.025
Reaction	Acidic		
BIOCHEMICAL EXAMINATION			
UROBILINOGEN	Nil		NIL
BILIRUBIN	Nil		NEGATIVE
URINE KETONE	Nil		NEGATIVE
Sugar	Nil		Nil
Albumin	Nil		Nil
Phosphates	Absent		Nil
MICROSCOPIC EXAMINATION			
Red Blood Cells	Nil	/H.P.F.	
Pus Cells	1-2	/H.P.F.	
Epithelial Cells	1-2	/H.P.F.	
Crystals	NIL		NIL
Casts	Nil	/H.P.F.	
DEPOSITS	NIL		
Bacteria	NIL		
Other	NIL		

