

Patient Name : **MR. ARUN DUBEY**  
Age / Sex : 38 years / Male  
Ref. Doctor : APEX HOSPITAL  
Client Name : CUDDLES N CURE DIAGNOSTIC CENTRE  
Sample ID : 2403122730  
Printed By : CUDDLES N CURE DIAGNOSTIC CENTRE



Patient ID / Billing ID : 1193057 / 1374684  
Specimen Collected at : CUDDLES N CURE DIAGNOSTIC CENTRE  
Sample Collected On : 29/03/2024, 07:47 p.m.  
Reported On : 29/03/2024, 08:31 p.m.  
Printed On : 30/03/2024, 09:17 p.m.



TEST DONE	OBSERVED VALUE	UNIT	REFERENCE RANGE	METHOD
<b>T3, T4, TSH SERUM</b>				
<b>T3 TOTAL (Triiodothyronine) SERUM ^</b>	1.38	ng/mL	0.80 - 2.00 ng/mL	ECLIA
<b>T4 TOTAL (Thyroxine) SERUM ^</b>	6.56	µg/dL	5.1 - 14.1 µg/dL	ECLIA
<b>TSH (THYROID STIMULATING HORMONE) SERUM ^ (Ultrasensitive)</b>	3.59	µIU/mL	0.27 - 5.3	ECLIA

**Interpretation**

Decreased TSH with raised or within range T3 and T4 is seen in primary hyperthyroidism, toxic thyroid nodule, sub-clinical hyper-thyroidism, on thyroxine ingestion, post-partum and gestational thyrotoxicosis. Raised TSH with decreased T3 and T4 is seen in hypothyroidism and with intermittent T4 therapy. Alterations in TSH are also seen in non-thyroidal illnesses like HIV infection, chronic active hepatitis, estrogen producing tumors, pregnancy, new-born, steroids, glucocorticoids and may cause false thyroid levels for thyroid function tests as with increased age, marked variations in thyroid hormones are seen. In pregnancy T3 and T4 levels are raised, hence FT3 and FT4 is to be done to determine hyper or hypothyroidism.

**NOTE**

Tests marked with ^ are included in NABL scope.

Test results relate to the sample as received.

Marked variations in thyroid hormones are seen with age.

in pregnancy T3 and T4 levels are raised. Hence FT3 and FT4 is recommended to be done to determine hyper or hypothyroidism.

By ECLIA method, false low or false high values can be because of Biotin (Vitamin B7) consumption.

Processed By : NABL Accredited Dr. Vaidya's Laboratory , Thane  
Scan QR for Authentication

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

Checked by

**Dr. Vivek Bonde**  
MD Pathology

Star Ankur Building, 1<sup>st</sup> Floor, Near Fatima Church, Majiwada, Thane (W) - 400601.

Patient ID : 2403052719  
 Patient Name : MR. ARUN DUBEY  
 Age : 38 Yrs  
 Gender : MALE  
 Ref. By Doctor : APEX HOSPITAL  
 Sample Collected At APEX HOSPITAL MULUND



For Authenticity Scan QR Code

Registered On : 30/03/2024,11:55 AM  
 Collected On : 30/03/2024,12:55 PM  
 Reported On : 30/03/2024,02:54 PM  
 Sample ID



**Glycosylated Hemoglobin (GHb/HbA1c)**

Test Name	Result	Unit	Biological Reference Interval
HbA1c (Glycosylated Haemoglobin)	5.30	%	Below 6.0% : Normal 6.0% 7.0% : Good Control 7.0% - 8.0% : Fair Control 8.0%-10% : Unisatisfactory Above 10% Poor Control
HPLC- H9			
Mean Blood Glucose Calculated	105.4	mg/dL	70 - 125

**CLINICAL SIGNIFICANCE :**

Glycosylated Haemoglobin is a accurate and true index of the "Mean Blood Glucose Level" in the body for the previous 2 -3 months.HbA1c is an indicator of glycemic control, HbA1c represents average glycemia over the past six to eight weeks.Glycation of hemoglobin occurs over the entire 120 day life span of the red blood cell but with in this 120 days. Recent glycemia has the largest influence on the HbA1c value. Clinical studies suggest that a patient in stable control will have 50% of their HbA1c formed in the month before sampling 25% in the month before that and the remaining 25% in months two to four.

Please correlate with clinical conditions.


End of Report

Results relate only to the sample as received. Kindly correlate with clinical condition

Note : If the test results are alarming or unexpected, Client is advised to contact the Physician immediately for possible remedial action.

This report is system generated and electronically authenticated.

Page 1 of 1

  
 Dr. Roshan Shaikh  
 MBBS MD Pathology  
 Consultant Pathologist



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# APEX HOSPITALS MULUND DIAGNOSTIC

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Tele.:  
**022-41624000 (100 Lines)**

Patient Name : **MR. ARUN DUBEY**  
Age/Sex : 38 Years /Male  
Ref Doctor : APEX HOSPITAL  
Client Name : Apex Hospital

Patient ID : 86294  
Sample Collected on : 29-3-24, 2:00 pm  
Registration On : 29-3-24, 2:00 pm  
Reported On : 29-3-24, 8:38 pm

Test Done	Observed Value	Unit	Ref. Range
<b>Complete Blood Count(CBC)</b>			
HEMOGLOBIN	15.0	gm/dl	12 - 16
<b>Red Blood Corpuscles</b>			
PCV ( HCT )	44.2	%	42 - 52
RBC COUNT	5.27	$\times 10^6/\mu\text{L}$	4.70 - 6.50
<b>RBC Indices</b>			
MCV	83.9	fl	78 - 94
MCH	28.4	pg	26 - 31
MCHC	33.9	g/L	31 - 36
RDW-CV	13.7	%	11.5 - 14.5
<b>White Blood Corpuscles</b>			
TOTAL LEUCOCYTE COUNT	8200	/cumm	4000 - 11000
<b>Differential Count</b>			
NEUTROPHILS	65	%	40 - 75
LYMPHOCYTES	30	%	20 - 45
EOSINOPHILS	02	%	0 - 6
MONOCYTES	03	%	1 - 10
BASOPHILS	0	%	0 - 1
<b>Platelets</b>			
PLATELET COUNT	339000	Lakh/cumm	150000 - 450000
MPV	7.4	fl	6.5 - 9.8
RBC MORPHOLOGY	Normochromic, Normocytic		
WBC MORPHOLOGY	No abnormality detected		
PLATELETS ON SMEAR	Adequate on Smear		

Instrument : Mindray BC 3000 Plus

**Dr. Hrishikesh Chevle**  
(MBBS.DCP.)



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Test Done	Observed Value	Unit	Ref. Range
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**Blood Group & RH Factor**

SPECIMEN	WHOLE BLOOD
ABO GROUP	'B'
RH FACTOR	POSITIVE
INTERPRETATION	

The ABO system consists of A, B, AB, and O blood types. People with type AB blood are called universal recipients, because they can receive any of the ABO types. People with type O blood are called universal donors, because their blood can be given to people with any of the ABO types. Mismatches with the ABO and Rh blood types are responsible for the most serious, sometimes life-threatening, transfusion reactions. But these types of reactions are rare.

**Rh system**

The Rh system classifies blood as Rh-positive or Rh-negative, based on the presence or absence of Rh antibodies in the blood. People with Rh-positive blood can receive Rh-negative blood, but people with Rh-negative blood will have a transfusion reaction if they receive Rh-positive blood. Transfusion reactions caused by mismatched Rh blood types can be serious.

Dr. Hrishikesh Chevle  
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Test Done	Observed Value	Unit	Ref. Range
<b>ESR (ERYTHROCYTES SEDIMENTATION RATE)</b>			
ESR	11	mm/1hr.	0 - 20
METHOD - WESTERGRN			

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Test Done	Observed Value	Unit	Ref. Range
<b>BLOOD GLUCOSE FASTING &amp; PP</b>			
FASTING BLOOD GLUCOSE	72.1	mg/dL	70 - 110
URINE GLUCOSE	NO SAMPLE		ABSENT
URINE KETONE	NO SAMPLE		ABSENT
POST PRANDIAL BLOOD GLUCOSE	89.1	mg/dL	70 - 140
URINE GLUCOSE	NO SAMPLE		ABSENT
URINE KETONE	NO SAMPLE		ABSENT

Method - GOD-POD

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Test Done	Observed Value	Unit	Ref. Range
<b>RENAL FUNCTION TEST</b>			
BLOOD UREA	21.0	mg/dL	10 - 50
BLOOD UREA NITROGEN	9.81	mg/dL	0.0 - 23.0
S. CREATININE	<b>0.68</b>	mg/dL	0.7 to 1.4
S. SODIUM	137.6	mEq/L	135 - 155
S. POTASSIUM	4.21	mEq/L	3.5 - 5.5
S. CHLORIDE	107.0	mEq/L	95 - 109
S. URIC ACID	4.7	mg/dL	3.5 - 7.2
S. CALCIUM	<b>8.3</b>	mg/dL	8.4 - 10.4
S. PHOSPHORUS	3.9	mg/dL	2.5 - 4.5
S. PROTIEN	6.2	g/dl	6.0 to 8.3
S. ALBUMIN	4.0	g/dl	3.5 to 5.3
S. GLOBULIN	<b>2.20</b>	g/dl	2.3 to 3.6
A/G RATIO	1.82		1.0 to 2.3

METHOD - EM200 Fully Automatic

INTERPRETATION -

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Test Done	Observed Value	Unit	Ref. Range
<b>LIVER FUNCTION TEST</b>			
TOTAL BILLIRUBIN	<b>1.60</b>	mg/dL	UP to 1.2
DIRECT BILLIRUBIN	<b>0.70</b>	mg/dL	UP to 0.5
INDIRECT BILLIRUBIN	<b>0.90</b>	mg/dL	UP to 0.7
SGOT(AST)	24.3	U/L	UP to 40
SGPT(ALT)	21.2	U/L	UP to 40
ALKALINE PHOSPHATASE	184.1	IU/L	64 to 306
S. PROTIEN	6.27	g/dl	6.0 to 8.3
S. ALBUMIN	4.0	g/dl	3.5 - 5.0
S. GLOBULIN	<b>2.27</b>	g/dl	2.3 to 3.6
A/G RATIO	1.76		0.9 to 2.3

METHOD - EM200 Fully Automatic



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Test Done	Observed Value	Unit	Ref. Range
<b>LIPID PROFILE</b>			
TOTAL CHOLESTEROL	<b>168.1</b>	mg/dL	200 - 240
S. TRIGLYCERIDE	123.2	mg/dL	0 - 200
S.HDL CHOLESTEROL	42	mg/dL	30 - 70
VLDL CHOLESTEROL	25	mg/dL	Up to 35
S.LDL CHOLESTEROL	101.46	mg/dL	Up to 160
LDL CHOL/HDL RATIO	2.42		Up to 4.5
CHOL/HDL CHOL RATIO	4.00		Up to 4.8
Transasia-EM200 FULLY AUTOMATIC			

#### INTERPRETATION

Above reference ranges are as per ADULT TREATMENT PANEL III RECOMMENDATION by NCEP (May 2015).

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## URINE ROUTINE EXAMINATION

### Physical Examination

VOLUME	30 ml	- -
COLOUR	Pale Yellow	Pale Yellow
APPEARANCE	Slightly Hazy	Clear
DEPOSIT	Absent	Absent

### Chemical Examination

REACTION (PH)	Acidic	Acidic
SPECIFIC GRAVITY	1.020	1.003 - 1.035
PROTEIN (ALBUMIN)	Absent	Absent
OCCULT BLOOD	Negative	Negative
SUGAR	Absent	Absent
KETONES	Absent	Absent
BILE SALT & PIGMENT	Absent	Absent
UROBILINOGEN	Normal	Normal

### Microscopic Examination

RED BLOOD CELLS	Absent	Absent
PUS CELLS	2-3 /HPF	0 - 5 /HPF
EPITHELIAL CELLS	1-2 /HPF	0 - 3 /HPF
CASTS	Absent	
CRYSTALS	Absent	
BACTERIA	Absent	Absent
YEAST CELLS	Absent	Absent
ANY OTHER FINDINGS	Absent	

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