



Reg.NO. : 147  
NAME : **Mrs. SONAM SHARMA**  
REFERRED BY : Dr.Nitin Agarwal (D M)  
SAMPLE : BLOOD

DATE : **23/03/2024**  
AGE : 28 Yrs.  
SEX : FEMALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
<b>HAEMATOTOLOGY</b>			
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN	12.7	gm/dl	12.0-15.0
TOTAL LEUCOCYTE COUNT	6,600	/cumm	4,000-11,000
DIFFERENTIAL LEUCOCYTE COUNT(DLC)			
Neutrophils	60	%	40-75
Lymphocytes	36	%	20-45
Eosinophils	04	%	01-08
TOTAL R.B.C. COUNT	4.32	million/cumm	3.5-6.5
P.C.V./ Haematocrit value	42.3	%	35-54
M C V	88.3	fL	76-96
M C H	30.2	pg	27.00-32.00
M C H C	32.2	g/dl	30.50-34.50
PLATELET COUNT	1.89	lacs/mm <sup>3</sup>	1.50 - 4.50
E.S.R (WINTROBE METHOD)			
-in First hour	12	mm	00- 20
<b>BLOOD GROUP</b>			
Blood Group	B		
Rh	POSITIVE		
<b>BIOCHEMISTRY</b>			
BLOOD SUGAR F.	80	mg/dl	60-100

**HAEMATOTOLOGY**



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GLYCOSYLATED HAEMOGLOBIN(HBA1C)	5.7		

**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 UREA NITROGEN	14	mg/dL.	5 - 25
SERUM CREATININE	0.7	mg/dL.	0.5-1.4
URIC ACID	5.8	mg/dl	3.0-6.0

**CLINICAL SIGNIFICANCE:**

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



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<b>LIVER PROFILE</b>			
SERUM BILIRUBIN			
TOTAL	0.8	mg/dL	0.3-1.2
DIRECT	0.5	mg/dL	0.2-0.6
INDIRECT	0.3	mg/dL	0.1-0.4
SERUM PROTEINS			
Total Proteins	7.0	Gm/dL	6.4 - 8.3
Albumin	4.1	Gm/dL	3.5 - 5.5
Globulin	2.9	Gm/dL	2.3 - 3.5
A : G Ratio	1.41		0.0-2.0
SGOT	30	IU/L	0-40
SGPT	21	IU/L	0-40
SERUM ALK.PHOSPHATASE	79	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.

**URINE EXAMINATION**





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<b>LIPID PROFILE</b>			
SERUM CHOLESTEROL	<b>221</b>	mg/dL.	130 - 200
SERUM TRIGLYCERIDE	129	mg/dl.	30 - 160
HDL CHOLESTEROL	49	mg/dL.	30-70
VLDL CHOLESTEROL	25.8	mg/dL.	15 - 40
LDL CHOLESTEROL	<b>146.20</b>	mg/dL.	00-130
CHOL/HDL CHOLESTEROL RATIO	<b>4.51</b>	mg/dl	0-4
LDL/HDL CHOLESTEROL RATIO	2.98	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)	31	U/L	11-50
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**URINE EXAMINATION**

able  
year in patients  
levels for

### Care of Apple Cardiac Care

Apple Nagar, Stadium Road,  
Care Hospital),  
Care Hospital)  
Care - 243 122 (U.P.) India  
Care - 07599031977, 09458888448

Blood Group

BLOOD GROUP



**APPLE**  
**PATHOLOGY**  
TRUSTED RESULT

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#### RESULTS

UNITS BIOLOGICAL REF. RANGE

#### URINE EXAMINATION REPORT

##### PHYSICAL EXAMINATION

pH 6.0  
TRANSPARENCY  
Volume 20 ml  
Colour Light Yellow  
Appearance Clear  
Sediments Nil  
Specific Gravity 1.020  
Reaction Acidic

Nil

1.015-1.025

##### BIOCHEMICAL EXAMINATION

UROBILINOGEN Nil  
BILIRUBIN Nil  
URINE KETONE Nil  
Sugar Nil  
Albumin Nil  
Phosphates Absent

NIL

NEGATIVE

NEGATIVE

Nil

Nil

Nil

##### MICROSCOPIC EXAMINATION

Red Blood Cells Nil /H.P.F.  
Pus Cells 2-3 /H.P.F.  
Epithelial Cells 3-4 /H.P.F.  
Crystals NIL  
Casts Nil  
DEPOSITS NIL  
Bacteria Nil /H.P.F.  
Other NIL

NIL

/H.P.F.

/H.P.F.

/H.P.F.

/H.P.F.

**Apple Cardiac Care**

Ekta Nagar, Stadium Road,  
Ekta Care Hospital,  
Apple Care Hospital,  
Gurgaon - 243 122 (U.P.) India  
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**RESULTS**

---{End of Report}---

**UNITS BIOLOGICAL REF. RANGE**

*Agarwal*

**Dr. Shweta Agarwal, M.D.**  
(Pathologist)