Sample Collection Date :17-09-2021
Lab Ref. No. :CP/78
Name :PRABHAT KUMAR Age :40Y
Ref. by **: DR.PARASAR HOSPITAL** Sex : F

PATHOLOGY REPORT

TESTS	RESULTS	*EXPECTED VALUES*
THYROID		
TSH	**0.96**	***Euthyroidism: 0.25-5µIU/ml***
T3	**1.12**	***Euthyroidism: 0.61-1.63ng/ml***
T4	***8.99***	***Euthyroidism: 4.68-9.36 µg/dl***

Wallach's reference range for Thyroid for neonates and children

1-4 days	1-39	11.08-21.61	0.97-7.42
1-4 wks	1.7-9.1	8.29-17.24	1.04-3.45
1-12 mon	0.8-8.2	5.93-16.38	1.04-2.47
1-5 yrs	0.7-5.7	7.33-15.04	1.04-2.66
6-10 yrs	0.7-5.7	6.40-13.33	0.91-2.40
11-15 yrs	0.7-5.7	5.54-11.78	0.84-2.14
16-18 yrs	0.7-5.7	4.21-11.86	0.78-2.0

Pregnancy	TSH	T3	T4
1st Trimester	0.3 to 4.5	0.81 -1.90	7.8 -14.77
2nd Trimester	0.5 to 4.6	1.00-2.60	7.14-19.58
3rd Trimester	0.8 to 5.2	1.00-2.60	8.32-17.02

Note:

- TSH stimulates the thyroid gland to produce the main thyroid hormones T3 and T4.
- In cases of hyperthyroidism TSH level is severely inhibited and may even be undetectable.
- In rare forms of high-origin hyperthyroidism, the TSH level is not reduced, since the negative-feedback control of the thyroid hormones has no effect.
- In cases of primary hypothyroidism, TSH levels are always much higher than normal and thyroid hormone levels are low.
- The TSH assay aids in diagnosing thyroid or hypophysial disorders.
- The T4 assay aids in assessing thyroid function, which is characterized by a decrease in thyroxine levels in patients with hypothyroidism and an increase in patients with hyperthyroidism.
- The T3 plays an important part in maintaining euthyroidism.
- TSH, T4 & T3 determination may be associated with other tests such as FT4 & FT3 assay, as well as with the clinical examination of the patient.

Dr Sima kumari
Ph.D.(Micro)
M.Sc. (Micro)
Ex. Project Trainee
AIIMS New Delhi (Lab. Medicine Dept.)

Dr.R.K.Narayan
M.D. (Path)
Regd.No.14962

Indra Diagnostics

WE ASSURE QUALITY

Add. : G-127, PC Colony, Kankarbagh, Patna-20

Mob. : 7870077439, Ph. : 0612-2351609

email : indradiagnostics439@gmail.com

Pt. No	: MUZ3096	**Location**	:
Patient Name	: PRABHAT KUMAR	**Primary Sample**	: Serum
Age	: 49 years	**Collected On**	: 17/09/2021, 12:40 PM
Sex	: Male	**Received Date & Time**	: 17/09/2021, 10:30 PM
Organization	: MUZAFFARPUR- CC	**Reported Date & Time**	: 18/09/2021, 12:49 AM
Referred By	: PRASHAR HOSPITAL	**Accession No**	212600091

Test Description	Result	Reference Range	Unit(s)
TUMOR MARKER			
PROSTATE SPECIFIC ANTIGEN			
PSA (Prostate Specific Antigen)-Total Method : Serum, CLIA	1.30	0 - 4.0	ng/mL

Interpretation:

- Increased levels are noted in Prostate cancer, Bengin prostatic hypertrophy, Prostatitis.
- Values obtained with different assay methods or kits may be different and cannot be used interchangeably.
- Specimens drawn from patients undergoing prostate manipulation, especially needle biopsy and transurethral resection, may show erroneously high prostatic-specific antigen (PSA) results. Care should be taken that specimens are drawn before these procedures are performed.

END OF REPORT

[illegible]
MBBS (AFMC)
MD Microbiology (IGIM[illegible]

Dr. Shailesh Kumar Pankaj
MBBS (Grant Medical College)
MD Pathology (RIMS, Ranchi)

PATIENT NAME	**:PRABHAT KUMAR**	**REFF.NO**	**:18/09/21CP/93**
AGE/SEX	**:49Y/Adult-M**	**TEST.DATE**	**:18/09/2021**
REF.BY DR.	**:DR.PARASAR HOSPITAL**	RPT.DATE	:18/09/2021

INVESTIGATIONS	VALUE	REF.RANGE	UNIT
URINE ROUTINE			
Physical Examination			
Colour	Pale Straw		
Appearance	Clear		
Chemical Examination			
PH	Neutral		
Specific Gravity	1.025		
Sugar	Negative		
Albumin	Negative		
Microscopic Examination			
Crystal	Nil		
RBC	Nil		
WBC	0-1/HPF		
Epithelial Cells	A Few		
Granular Cast	Absent		
Bacteria	Absent		
Cast	Absent		
Other	NIL		

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INVESTIGATIONS	VALUE	REF.RANGE	UNIT

ROUTINE

Stool Examination.

Colour	Yellow
Consistency	Semi Solid
Reducing Sugar	Nil
Mucus	Nil
Epethelial Cells	Nil
* Occult Blood	Negative
Parasites	E.Histolytica(+)
RBC	Nil
Undigested Food Particles	Absent
WBC	Nil
CYSTS	Nil
OVA	Nil

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INVESTIGATIONS	VALUE	REF.RANGE	UNIT
		HAEMATOLOGY	
CBC (COMPLETE BLOOD COUNT)			
RBC (Red Blood Cells)	4.90	3.8-6.5	M/uL
Hb (Heamoglobin)	14.2	12-16	gm/dl
HCT (Haematocrit)	45.8	37-54	%
MCV	93.4	76-96	fl
MCH	**33.6**	27-32	pq
MCHC	36.0	31-36	gm%
TC of WBC	8,800	4500-10500	/cumm
DC of WBC			
Neutrophil (seg)	60	50 - 70	%
Lymphocyte	35	20 - 40	%
Eosinophil	04	1 - 6	%
Monocyte	**01**	2 - 8	%
Basophil	00	0 - 1	%
Platelets	**1.25**	1.5-3.5	lakh/cumm
Red Cell Distribution Width (RDW)	13.5	11.5-14.5	fL
ESR (DONE BY AUTO ANALYZER)	04	0-20	mm/hr
		BIOCHEMISTRY	
Plasma Glucose (Fasting)	73	70-110	mg/dl
Plasma Glucose(Post Prandial)	106	100-140	mg/dl
LIVER PROFILE			
Serum Bilirubin			
Total	0.9	0.1-1.2	mg%
Direct	0.5	0-0.3	mg%
Indirect	0.40	0-0.6	mg%
Serum SGPT(ALAT)	26	9-38	IU/L

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INVESTIGATIONS	VALUE	REF.RANGE	UNIT
Serum SGOT(ASAT)	32	10-40	IU/L
Alkaline Phosphatase	236	80-306	U/L
Total Protien			
Protein	7.4	6.0-8.0	g/dl
Albumin	4.6	3.7-5.3	g/dl
Globulin	**2.80**	2.3-3.6	g/dl
A:G Ratio	1.64:1	1.0-2.3	Ratio
Gamma Glutamyl transferase(GGT)	26	9-58	U/L
RENAL FUNCTION TEST (RFT)			
Serum Creatinine	**1.1**	0.7-1.4	mg/dl
Blood Urea Nitrogen(Bun)	13.08	7-21	mg/dl
Serum Uric Acid	5.1	3.6-7.7	mg/dl
Serum Calcium(Total)	10.0	8.7-11.0	mg/dl
Blood Urea	28	13-45	mg/dl
SERUM ELECTROLYTE			
Sodium (Na)+	144.7	135-150	m mol/L
Potassium (K)+	4.1	3.5-5.1	m mol/L
Chloride (Cl)-	106.2	97-111	m mol/L
LIPID PROFILE			
Serum Total Cholesterol	**245**	50-230	mg/dl
Serum HDL Cholesterol Direct	35	30-65	mg/dl
Serum Triglycerides	**298**	25-200	mg/dl
Serum LDL Cholesterol	**150.40**	85-130	mg/dl
Serum VLDL Cholesterol	**59.60**	7-32	mg/dl
TC/HDL Cholesterol Ratio	**7.00**	3.0-5.0	Ratio
LDL/HDL Ratio	**4.30:1**	1.5-3.5	Ratio

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INVESTIGATIONS	VALUE	REF.RANGE	UNIT

IMMUNOLOGY

Blood Group

ABORH	"O"POSITIVE		

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CURE PATHOLOGY
(A Unit of Anand arya Healthcare)

022105IN ISO 9001

Juran Chapra Road No. 3, Near SBI Bank, Muzaffarpur
0621-2223409 9798478565
curepathology@rediffmail.com www.curepathology.com

Patient Name	PRABHAT KUMAR	CP	:78	Age/Sex	:49Y/M
Refered Doctor	:DR.PARASAR HOSPITAL	OPD/IPD	: OPD		
		Date	17-09-2021		

BLOOD EXAMINATION REPORT

Investigation	Result	R.Range		Unit
GLYCOSYLATED HEMOGLOBIN, BLOOD				
GLYCOSYLATED HEMOGLOBIN (HBA1C)	5.3	**High**	Non-diabetic: < 5.7 Pre-diabetics: 5.7 - 6.4 Diabetics: > or = 6.5 ADA Target: 7.0 Action suggested: > 8.0	%
MEAN PLASMA GLUCOSE	91	**High**	< 116.0	mg/dL

Interpretation(s)

GLYCOSYLATED HEMOGLOBIN, BLOOD-

Glycation is nonenzymatic addition of sugar residue to amino groups of proteins. HbA1C is formed by the condensation of glucose with n-terminal valine residue of each beta chain of hb a to form an unstable schif base. It is the major fraction, constituting approximately 80% of HbA1. Formation of glycated hemoglobin (GHb) is essentially irreversible and the concentration in the blood depends on both the lifespan of the red blood cells (RBC) (120 days) and the blood glucose concentration. The GHb concentration represents the integrated values for glucose aver the period of 6 to 8 weeks. GHb values are free of day to day glucose fluctuations and are unaffected by recent exercise or food ingestion. Concentration of plasma glucose concentration in GHb depends on the time interval, with more recent values providing a larger contribution than earlier values.

The interpretation of GHb depends on RBC having a normal life span. Patients with hemolytic disease or other conditions with shortened RBC survival exhibit a substantial reduction of GHb. High GHb have been reported in iron deficiency anemia .

GHb has been firmly established as an index of long term blood glucose concentrations and as a measure of the risk for the development of complications in patients with diabetes mellitus. The absolute risk of retinopathy and nephropathy are directly proportional to the mean of HbA1C.

"Targets should be individualized More or less stringent glycemic goals may be appropriate for individual patients. Goals should be individualized based on duration of diabetes, age/life expectancy, comorbid conditions, known CVD or advanced microvascular complications, hypoglycemia unawareness, and individual patient considerations."

****End Of Report****

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