

Name: **ASHA GEHLOT PARIKSHIT GEHLOT**

Ward: OPD

Lab ID: **00000239**

Registration on: 28/01/2023 09:13:00

Age & Sex: **27 Year | Female**

Reported on: 12:30:30

Reference: **VELOCITY HOSPITAL**Sample Type: **BLOOD & URINE**

CBC ESR

Test	Observed Value	Unit	Biological Reference Interval
Haemoglobin	13.4	g/dL	12.0 - 16.0
Total RBC	4.68	mill./cm	4.00 - 5.20
Total WBC	10000	/cmm	4000 - 11000
Platelet Count	270000	/cmm	150000 - 450000
HCT	41.5	%	36.0 - 48.0
MCV	88.7	fL	80.0 - 100.0
MCH	28.6	pg	27.0 - 32.0
MCHC	32.3	g/dL	31.5 - 36.0

DIFFERENTIAL COUNT

Neutrophils	83	H	%	40-70
Lymphocytes	13	L	%	20-40
Eosinophils	02		%	02-05
Monocytes	02		%	01-07
Basophils	00		%	00 - 02
Band Cells	00		%	0.0 - 6.0

ABSOLUTE DIFFERENTIAL COUNT

Neutrophils	8300	H	/cumm	2000 - 7000
Lymphocytes	1300		/cumm	1000 - 3000
Eosinophils	200		/cumm	20 - 500
Monocytes	200		/cumm	200 - 1000
Basophils	0		/cumm	0 - 100

GLR / NLR

(Neutrophil/Lymphocyte Ratio)

6.4

MENTZER INDEX

19.0

RDW-CV	13.3	%	11.1 - 14.1
MPV	7.4	fL	
PCT	0.20	%	
PDW	17.2	%	

DR. TEJAL BHATT
MD. PATHOLOGIST



Name: ASHA GEHLOT PARIKSHIT GEHLOT	Ward: OPD
Lab ID 00000239	Registration on: 28/01/2023 09:13:00
Age & Sex: 27 Year Female	Reported on: 12:30:30
Reference: VELOCITY HOSPITAL	Sample Type: BLOOD & URINE

PERIPHERAL SM EAR EXAMINATION

RBC Morphology
WBC Morphology
Platelets in Smear

Normochromic and normocytic.
Appear normal, Immature cells are not seen .
Adequate.

Malarial Parasites

Not Detected.

ESR

AFTER 1 HOUR

08

mm/hr

0.0 - 20.0

DR. TEJAL BHATT
MD. PATHOLOGIST





Name: ASHA GEHLOT PARIKSHIT GEHLOT	Ward: OPD
Lab ID: 00000239	Registration on: 28/01/2023 09:13:00
Age & Sex: 27 Year Female	Reported on: 12:30:30
Reference: VELOCITY HOSPITAL	Sample Type: BLOOD & URINE

BLOOD GROUP

<u>Test</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Blood Group	"O"		
Rh Factor	POSITIVE		

DR. TEJAL BHATT
MD. PATHOLOGIST





Name: ASHA GEHLOT PARIKSHIT GEHLOT	Ward: OPD
Lab ID: 00000239	Registration on: 28/01/2023 09:13:00
Age & Sex: 27 Year Female	Reported on: 12:30:30
Reference: VELOCITY HOSPITAL	Sample Type: BLOOD & URINE

BLOOD GLUCOSE TEST

<u>Test</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Sample	FLOURIDE PLASMA		
<u>FASTING (FBS)</u>			
Blood Sugar-F	84.4	mg/dL	70.00-110.00
Urine Sugar-F	Sample Not Received		

DR. TEJAL BHATT
MD. PATHOLOGIST



Name: **ASHA GEHLOT PARIKSHIT GEHLOT**

Ward: OPD

Lab ID **00000239**

Registration on: 28/01/2023 09:13:00

Age & Sex: **27 Year | Female**

Reported on: 12:30:30

Reference: **VELOCITY HOSPITAL**Sample Type: **BLOOD & URINE**

HEMOGLOBIN A1c TEST

Test	Observed Value	Unit	Biological Reference Interval
HbA1c	5.6	%	> 8 : Action Suggested 7-8 : Good control < 7 : Goal 6.2-7 : Near Normal Glycemia < 6.2 : Non-diabetic Level
Mean Blood Glucose	114.0	mg/dL	80.0 - 140.0

Importance of HbA1c - Glycated Hb. in Diabetes Mellitus

- HbA1c, also known as Glycated Hemoglobin is the most important test for the assessment of long term blood glucose control (also called glycemic control)
- HbA1c reflects mean blood glucose concentration over past 6-8 weeks and provides a much better indication of long term glycemic control than blood glucose determination
- HbA1c is formed by non-enzymatic reaction between glucose and Hb. , this reaction is irreversible and therefore remains unaffected by short term fluctuations in blood glucose levels.
- Long term complications of diabetes such as retinopathy-eye complications, nephropathy-kidney complications and neuropathy-nerve complications, are potentially serious and can lead to blindness, kidney failure etc.
- Glycemic control monitored by HbA1c measurement using HPLC method-(Gold Standard) is considered most important. (Ref. National Glycohemoglobin Standardization Program -NGSP).

DR. TEJAL BHATT
MD. PATHOLOGIST





Name: ASHA GEHLOT PARIKSHIT GEHLOT	Ward: OPD
Lab ID 00000239	Registration on: 28/01/2023 09:13:00
Age & Sex: 27 Year Female	Reported on: 12:30:30
Reference: VELOCITY HOSPITAL	Sample Type: BLOOD & URINE

LIPID PROFILE

Test	Observed Value	Unit	Biological Reference Interval
Sample	Fasting Blood Serum		0.0 - 0.0
Cholesterol	173.2	mg/dL	<200 Desirable 200-239 Borderline >240 Hig
Triglyceride	114.2	mg/dL	< 150 Normal 150 - 199 Borderline High 200 - 499 High >=500 Very High
HDL Cholesterol	60.0	mg/dL	40-60
VLDL	22.84	mg/dL	10-40
LDL Cholesterol	90.36	mg/dL	<100 Optimal 100-129 Near optimal/above optimal 130-159 Borderline High 160-189 High >190 Very high
Cholesterol / HDL Chol. Ratio	1.51		0 - 4.1
Total Lipid	2.9 L	mg/dl	400.0 - 1000.0
NOTE	569.7		

DR. TEJAL BHATT
 MD. PATHOLOGIST





Name: ASHA GEHLOT PARIKSHIT GEHLOT	Ward: OPD
Lab ID 00000239	Registration on: 28/01/2023 09:13:00
Age & Sex: 27 Year Female	Reported on: 12:30:30
Reference: VELOCITY HOSPITAL	Sample Type: BLOOD & URINE

RENAL FUNCTION TEST

Test		Unit	
S. Creatinine	0.63	mg/dL	0.5-1.30
Bl. Urea	17.0	mg/dL	10.0 - 40.0
BUN	7.9	mg/dl	6.0 - 22.0
S.Calcium	9.8	mg/dL	8.8-10.3
Uric Acid	3.8	mg/dL	2.6 - 6.0

DR. TEJAL BHATT
MD. PATHOLOGIST



Name: **ASHA GEHLOT PARIKSHIT GEHLOT**

Ward: OPD

Lab ID: **00000239**

Registration on: 28/01/2023 09:13:00

Age & Sex: **27 Year | Female**

Reported on: 12:30:31

Reference: **VELOCITY HOSPITAL**Sample Type: **BLOOD & URINE**

LIVER FUNCTION TEST

Test	Observed Value	Unit	Biological Reference Interval
<u>BIURUBIN</u>			
Total Bilirubin	0.5	mg/dL	0.00 - 1.20
Direct Bilirubin	0.2	mg/dL	0.00 - 0.40
Indirect Bilirubin	0.30	mg/dL	0.20 - 1.00
SGPT(ALT)	10.2	U/L	0.0 - 40.0
SGOT (AST)	23.0	U/L	0.00-46.00
Alkaline Phosphatase	86.0	U/L	40-129
<u>PROTEINS</u>			
Total Protein	6.8	g/dL	6.0 - 8.0
Albumin	4.0	g/dL	3.50 - 5.50
Globulin	2.8	g/dL	2.5 - 4.0
A/G Ratio	1.4		

DR. TEJAL BHATT
MD. PATHOLOGIST

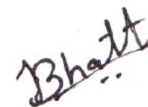


Name: ASHA GEHLOT PARIKSHIT GEHLOT	Ward: OPD
Lab ID 00000239	Registration on: 28/01/2023 09:13:00
Age & Sex: 27 Year Female	Reported on: 12:30:31
Reference: VELOCITY HOSPITAL	Sample Type: BLOOD & URINE

URINE ANALYSIS

Test	Observed Value	Unit	Biological Reference Interval
Sample	Fresh Urine		
<u>PHYSICAL EXAMINATION</u>			
Quantity	10.0	mL	
Colour	Colorless		
Appearance	Sl. Turbid		Clear
pH	6.5		
Specific Gravity	1.030		
Sediments	Absent		Absent
<u>CHEMICAL EXAMINATION</u>			
Protein (Albumin)	Absent		Absent
Sugar	Absent		Absent
Bile Salts	Absent		Absent
Bile Pigment	Absent		Absent
Ketone	Absent		Absent
Occult Blood	Absent		Absent
Nitrite	Absent		Absent
Leukocyte Esterase	Absent		Absent
Urobilinogen	Normal		Normal
<u>MICROSCOPIC EXAMINATION</u>			
Pus Cells	3-4	/hpf	Absent
Red Blood Cells	1-2	/hpf	Absent
Epithelial Cells	8-10	/hpf	Absent
Crystals	Absent		Absent
Amorphous material	Absent		Absent
Casts	Absent		Absent
Yeast	Absent		Absent
Bacteria	Absent		Absent

--- End of Report ---



DR. TEJAL BHATT
 MD. PATHOLOGIST





Scan QR code to check
report authenticity

Passport No :

LABORATORY TEST REPORT



Patient Information		Sample Information		Client/Location Information	
Name	: Ms Asha Parikshit Gehlot	Lab Id	: 012315302862	Client Name	: Spectra Diagnostics Lab@Adajan
Sex/Age	: Female / 27 Y	Registration on	: 28-Jan-2023 10:37	Location	:
Ref. Id	:	Collected at	: non SAWPL	Approved on	: 28-Jan-2023 11:51 Status : Final
Ref. By	:	Collected on	: 28-Jan-2023 10:37	Printed On	: 28-Jan-2023 12:11
		Sample Type	: Serum	Process At	: 153. Lab SAWPL Gujarat Surat Adajan

Thyroid Function Test

Test	Result	Unit	Biological Ref. Interval
T3 - Triiodothyronine <i>Chemiluminescence</i>	L 0.52	ng/mL	0.58 - 1.59
T4 - Thyroxine <i>Chemiluminescence</i>	L 4.41	micro g/dL	4.87 - 11.72
TSH - Thyroid Stimulating Hormone <i>Chemiluminescence</i>	0.8983	microIU/mL	0.35 - 4.94

TSH	T3/FT3	T4/FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	- Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within Range	Within Range	- Isolated High TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with physiological & Biological TSH Variability. - Subclinical Autoimmune Hypothyroidism - Intermittent T4 therapy for hypothyroidism - Recovery phase after Non-Thyroidal illness
Raised	Decreased	Decreased	- Chronic autoimmune Thyroiditis - Post thyroidectomy, Post radiiodine - Hypothyroid phase of transient thyroiditis
Raised or Within Range	Raised	Raised or Within range	- Interfering antibodies to thyroid hormones (anti-TPO antibodies) - intermittent T4 therapy or T4 overdose - Drug interference-Amiodarone, Heparin, Beta blockers, steroids, anti-epileptics
Decreased	Raised or within Range	Raised or within Range	- Isolated Low TSH - especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness - Subclinical Hyperthyroidism - Thyroxine ingestion
Decreased	Decreased	Decreased	- Central Hypothyroidism - Non-Thyroidal illness - Recent treatment for Hyperthyroidism (TSH remains suppressed)
Decreased	Raised	Raised	- Primary Hyperthyroidism (Graves disease), Multinodular goitre Toxic nodule - Transient thyroiditis: Postpartum, Silent (lymphocytic), Postviral (granulomatous, subacute, DeQuervain'a) Gestational thyrotoxicosis with hyperemesis gravidarum
Decreased or within range	Raised	Within Range	- T3 toxicosis - Non-Thyroidal illness

----- End Of Report -----

This is an Electronically Authenticated Report.

Page 1 of 1

Dr. Bharat D. Tandel

M.D. Pathology

A-5 Jay Jalaram Society, B/H DGVCL Office , Palanpur Patia, Rander Rd, surat 395005, P 2775550,2779805