Patient Name	: **Mr. AKASH**	UHID	: 23472		
Age / Gender	: 29 Years / Male	IPNO	:		
Referred By	: Dr. Upendra Kumar	Requisitions	: 12/03/2022	/ 9:37 AM	
Req.No	: **2190193**	Sample collection	: 12/03/2022	/ 10:13 AM	
Patient Type	: **OPD**	Sample Receiving	: 12/03/2022	/ 10:13:36	
		Reported on	: 12/03/2022	/ 3:48 PM	

BIOCHEMISTRY

BLOOD SUGAR RANDOM

Specimen Type

TEST NAME	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL	METHOD
Glucose Random	90.1	mg/dL	70 - 140	GOD-POD Hexokinase

Note: Random Glucose refers to levels between meals with a minimum time lapse of 2 hours

-** End of Report ****

Please Correlate With Clinical Findings

Lab Technician

Dr. GAURVI PIPLANI
MD (Pathology)

Dr. KANIKA GUPTA
MD (Pathology)

Patient Name	: **Mr. AKASH**	UHID	: 23172	
Age / Gender	: 29 Years / Male	IPNO	:	
Referred By	: Dr. Upendra Kumar	Requisitions	: 12/03/2022	/ 9:37 AM
Req.No	: **2190193**	Sample collection	: 12/03/2022	/ 10:13 AM
Patient Type	: **OPD**	Sample Receiving	: null	/ 10:13:36
		Reported on	: 12/03/2022	/ 3:49 PM

HAEMATOLOGY

COMPLETE HAEMOGRAM (CBC ESR)

Specimen Type Whole Blood

TEST NAME	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL	METHOD
Haemoglobin	15.8	gm/dl	13.0 - 17.5	Cyanide-Free Colorimetry
Total Leucocyte Count	6400	/µL	4000 - 11000	Impedance Variation
DIFFERENTIAL COUNT				
Neutrophils.	57	%	40.0 - 75.0	Flow Cytometry
Lymphocytes.	33	%	20.0 - 45.0	Flow Cytometry
Monocytes	08	%	2.0 - 10.0	Flow Cytometry
Eosinophils.	02	%	0.0 - 4.0	Flow Cytometry
Basophils	00	%	0.0 - 1.0	Flow Cytometry
Platelet Count	3.48	1000/cumm	1.50 - 4.50	Electrical Impedance
RED BLOOD CELL COUNT	5.49	millions/cumm	3.5 - 5.5	Electrical Impedance
PACKED CELL VOLUME	47.2	%	36 - 46	Calculated
MEAN CORPUSCULAR VOLUME	78.8	fl	76 - 96	Measured
MEAN CORPUSCULAR HAEMOGLOBIN	**26.4**	pg	27 - 32	Calculated
MEAN CORPUSCULAR Hb CONC	33.5	gm/dl	33 - 37	Calculated

-** End of Report ******

Please Correlate With Clinical Findings

Lab Technician

Dr. GAURVI PIPLANI
MD (Pathology)

Dr. KANIKA GUPTA
MD (Pathology)

Patient Name	: **Mr. AKASH**	UHID	: 23472	
Age / Gender	: 29 Years / Male	IPNO	:	
Referred By	: Dr. Upendra Kumar	Requisitions	: 12/03/2022	/ 9:37 AM
Req.No	: **2190193**	Sample collection	: 12/03/2022	/ 10:13 AM
Patient Type	: **OPD**	Sample Receiving	: null	/ 10:13:36
		Reported on	: [illegible]	[illegible]

HAEMATOLOGY

E.S.R.	15 mm	mm at the end of 1st hr	0 - 15	Westergren

****** End of Report ******

Please Correlate With Clinical Findings

Lab Technician

Dr. GAURVI PIPLANI
MD (Pathology)

Dr. KANIKA GUPTA
MD (Pathology)

Patient Name	: **Mr. AKASH**		UHID	: 23472	
Age / Gender	: 29 Years / Male		IPNO		
Referred By	: Dr. Upendra Kumar		Requisitions	: 12/03/2022	/ 9:37 AM
Req.No	: **2190193**		Sample collection	: 12/03/2022	/ 10:13 AM
Patient Type	: **OPD**		Sample Receiving	: null	/
			Reported on	: 12/03/2022	/ 2:43 PM

CLINICAL PATHOLOGY

URINE ROUTINE MICROSCOPY

Specimen Type

TEST NAME	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL	METHOD
PHYSICAL EXAMINATION				
volume	20	ml		
colour	Pale Yellow		Pale Yellow	
Appearance	Clear		Clear	
Specific Gravity	1.025			Polyelectorlytes Ionic

-**** End of Report ****

Please Correlate With Clinical Findings

Lab Technician

Dr. GAURVI PIPLANI
MD (Pathology)

Dr. KANIKA GUPTA
MD (Pathology)

Patient Name	: **Mr. AKASH**	UHID	: 23173	
Age / Gender	: 29 Years / Male	IPNO	:	
Referred By	: Dr. Upendra Kumar	Requisitions	: 12/03/2022 / 9:37 AM	
Req.No	: **2190193**	Sample collection	: 12/03/2022 / 10:13 AM	
Patient Type	: **OPD**	Sample Receiving	: null /	
		Reported on	: 12/03/2022 / 2:43 PM	

CLINICAL PATHOLOGY

reaction	Acidic	Acidic	
pH -Urine	6.0		PH paper
Blood	Negative	Negative	
Albumin	NIL	NIL	Protein-error-of-Indicator/Sulphosalicylic Acid
Glucose	NIL	NIL	GODPOD/Benedicts
Urine Ketone	Negative	Negative	Sodium nitroprusside
Bile Salt	NIL	NIL	
Bile Pigment	NIL	NIL	Diazo/Fouchets Test
Urobilinogen	NIL.	NIL	Ehrich Aldehyde
Leucocyte	Negative	Negative	
MICROSCOPIC EXAMINATION			
PUS CELLS - URINE	3-4 /HPF		
Red blood cells	1-2	NIL	
Epithelial Cells - Urine	Nil	4---5/HPF	
Casts	NIL	NIL	Microscopic
Crystals.	NIL	NIL	Microscopic

Albumin test positive by Multistrip Method is confirmed by Sulphosalycylic acid method

****** End of Report ******

Please Correlate With Clinical Findings

Lab Technician

Dr. GAURVI PIPLANI
MD (Pathology)

Dr. KANIKA GUPTA
MD (Pathology)

Patient Name	: **Mr. AKASH**	UHID	: 2412	
Age / Gender	: 29 Years / Male	IPNO	:	
Referred By	: Dr. Upendra Kumar	Requisitions	: 12/03/2022 / 9:37 AM	
Req.No	: **2190193**	Sample collection	: 12/03/2022 / 10:13 AM	
Patient Type	: **OPD**	Sample Receiving	: 12/03/2022 / 10:13:36	
		Reported on	: 12/03/2022 / 3:50 PM	

BIOCHEMISTRY

BLOOD GROUP And RH TYPE

TEST NAME	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL	METHOD
Specimen Type				
Blood Group	" B " RH POSITIVE			MATRIX GEL ABO/Rho (D) FORWARD & REVERSE GROUPING

Internal Autocontrols are satisfactory

****** End of Report ******

Please Correlate With Clinical Findings

Gaurvi

Lab Technician

Dr. GAURVI PIPLANI
MD (Pathology)

Dr. KANIKA GUPTA
MD (Pathology)

Patient Name	: **Mr. AKASH**	UHID	: 23472	
Age / Gender	: 29 Years / Male	IPNO	:	
Referred By	: Dr. Upendra Kumar	Requisitions	: 12/03/2022	/ 9:17 AM
Req.No	: **2190193**	Sample collection	: 12/03/2022	/ 10:13 AM
Patient Type	: **OPD**	Sample Receiving	: 12/03/2022	/ 10:13:36
		Reported on	: 12/03/2022	/ 3:52 PM

BIOCHEMISTRY

LIPID PROFILE.(TOTAL CHOLESTEROL,LDL,HDL,TREIGYLCERIDES)

Specimen Type			BIOLOGICAL	
TEST NAME	RESULT	UNITS	REFERENCE INTERVAL	METHOD
LIPID PROFILE				
SERUM CHOLESTROL	**215.0**	mg/dl	0 - 200	Cholestrol Oxidase
Serum Triglycerides	109.9	mg/dl	Up to 150	GPO -Trinder
HDL Cholesterol	53.2	mg/dl	0 - >50	Direct Method
LDL Cholesterol	139.8	mg/dl	Optimal <100,Above Opt. 100-129 -high 160-189	Direct Measure
VLDL Cholesterol	22.0	mg/dL	*Less than 30	Calculated

*Automated Direct HDL And LDL Estimation.

*Results of these tests should always be interpreted in conjunction with patients medical history, clinical presentation and other findings.

****** End of Report ******

Please Correlate With Clinical Findings

Lab Technician

Dr. GAURVI PIPLANI
MD (Pathology)

Dr. KANIKA GUPTA
MD (Pathology)

Patient Name	: **Mr. AKASH**	UHID	: 23472		
Age / Gender	: 29 Years / Male	IPNO	:		
Referred By	: Dr. Upendra Kumar	Requisitions	: 12/03/2022	/ 9:37 AM	
Req.No	: **2190193**	Sample collection	: 12/03/2022	/ 10:13 AM	
Patient Type	: **OPD**	Sample Receiving	: null	/ 10:13:36	
		Reported on	: 12/03/2022	/ 3:53 PM	

BIOCHEMISTRY

KFT(KIDNEY FUNCTION TEST)/RFT/Renal Profile

Specimen Type : Serum

TEST NAME	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL	METHOD
Urea Creatinine				
Serum Urea	20.0	mg/dl	13 - 45	UreaseGLDH
Serum Creatinine	1.15	mg/dL	Male: 0.6 - 1.3	Modified JAFFEs
Serum Uric Acid	5.2	mg/dl	Adult Male: 3.5 - 7.2	Uricase Trinder, End P (Toos)

*Results of these tests should always be interpreted in conjunction with patients medical history, clinical presentation and other findings.
*Performed on fully Automated Dimension X-Pand plus BioChemistry Analyser.
*External Quality Control by Biorad Laboratory.

-**** End of Report ****

Please Correlate With Clinical Findings

Lab Technician

Dr. GAURVI PIPLANI
MD (Pathology)

Dr. KANIKA GUPTA
MD (Pathology)

Patient Name	: **Mr. AKASH**	UHID	: 23472	
Age / Gender	: 29 Years / Male	IPNO		
Referred By	: Dr. Upendra Kumar	Requisitions	: 12/03/2022	/ 9:37 AM
Req.No	: **2190193**	Sample collection	: 12/03/2022	/ 10:13 AM
Patient Type	: **OPD**	Sample Receiving	: null	/ 10:13:36
		Reported on	: 12/03/2022	/ 3:53 PM

BIOCHEMISTRY

LFT(LIVER FUNCTION TEST)

Specimen Type : Serum

TEST NAME	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL	METHOD
TOTAL BILIRUBIN	0.94	mg/dL	0.1 - 1.2	Diazotized Sulphanilic Acid
DIRECT BILIRUBIN	**0.35**	mg/dL	0.00 - 0.20	Diazotized Sulphanilic Acid
INDIRECT BILIRUBIN	0.59	mg/dL	0.0 - 0.9	Diazotized Sulphanilic Acid
SGOT (AST)	30.5	IU/L	0 - 35	IFCC WPP AMP
SGPT (ALT)	**52.0**	IU/L	5 - 40	IFCC WPP AMP
Alkaline Phosphatase	100.2	IU/L	Adult: 50 - 136	Modified IFCC
Total Protein	6.52	g/dl	6.4-8.2	Biuret Endpoint
Albumin - Serum	4.34	g/DL	3.2 - 5.0	Photometric Column test BCG Dye
Globulin	2.18	gms%	2.3 - 4.5	

*Results of these tests should always be interpreted in conjunction with patients medical history, clinical presentation and other findings

-**** End of Report ****

Please Correlate With Clinical Findings

Lab Technician

Dr. GAURVI PIPLANI
MD (Pathology)

Dr. KANIKA GUPTA
MD (Pathology)

Client Code: HR46
Client Name And Address:
PARK HOSPITAL 0
AMBALA CHANDIGARH ROAD,AMBALA CITY

NAME :Mr. AKASH 23472
AGE/GENDER :29 Y/Male
TEST REQUEST ID :012203120156
REFERRED BY :Dr. PARK HOSPITAL.
SAMPLE ID :10226444

Patient ID :228029
SPECIMEN DATE :12/Mar/2022 07:35PM
SPECIMEN RECEIVED :12/Mar/2022 08:01PM
REPORT DATE :12/Mar/2022 09:41PM
PRINT DATE :07/Apr/2022 12:43PM

Investigation Name	Result	Unit	Biological Ref.Interval

Thyroid Function Test(T3,T4,TSH)

Primary Sample Type:Serum

Triiodothyronine total [T3] Chemiluminescence Microparticle Immuno Assay	105.83	ng/dL	70-200
Thyroxine total [t4] Chemiluminescence Microparticle Immuno Assay	7.80	ug/dL	4.87-11.72
TSH (4th Generation) Chemiluminescence Microparticle Immuno Assay	1.233	ulU/mL	0.35-4.94

INTERPRETATION

Link with age for Males > 20 years

REFERENCE GROUP	REFERENCE RANGE IN ulU/mL
Males > 20 years	0.5 - 4.8

Below mentioned Table to appear only for female patients > 20 years.No value in reference range

REFERENCE GROUP	REFERENCE RANGE in ulU/mL (As per American Thyroid Association)
Adult Females (> 20 years)	0.5 - 4.8
Pregnancy	Reference Range
First Trimester	0.10 – 2.50
Second Trimester	0.20 – 3.00
Third Trimester	0.30 – 3.00

Note: TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm . The variation is.of the order of 50% .hence time of the day has influence on the measured serum TSH concentrations.

Clinical Use

Dr. V.K. Dogra
MD Path.
Director
Sr. Consultant Pathologist

NAME	:Mr. AKASH 23472	Patient_ID	:228029
AGE/GENDER	:29 Y/Male	SPECIMEN DATE	:12/Mar/2022 07:35PM
TEST REQUEST ID	:012203120156	SPECIMEN RECEIVED	:12/Mar/2022 08:01PM
REFERRED BY	:Dr. PARK HOSPITAL	REPORT DATE	:12/Mar/2022 09:41PM
SAMPLE ID	:10226444	PRINT DATE	:07 Apr/2022 12:43PM

Client Code: HR46
Client Name And Address:
PARK HOSPITAL (I
AMBALA CHANDIGARH ROAD,AMBALA CITY

Investigation Name	Result	Unit	Biological Ref.Interval

- Diagnose Hypothyroidism and Hyperthyroidism
- Monitor T4 replacement or T4 suppressive therapy
- Quanitify TSH levels in the subnormal

Range Increased Levels:

- Primary hypothyroidism
- Subclinical hypothyroidism
- TSH dependent Hyperthyroidism
- Thyroid hormone resistance

Decreased Levels:

- Graves disease
- Autonomous thyroid hormone secretion
- TSH deficiency

Comment

T_3 or 3 5 3 triiodothyronine is a hormone synthesized and secreted from the thyroid gland, and formed by peripheral deiodination of thyroxine (T4). The determination of T3 levels in serum is essential in assessing thyroid functions. T3 is secreted by thyroid glands and circulates in the blood stream; mostly (99.7%) bound to the plasma protein, thyroxin binding globulin (TBG) and prealbumin (TBPA) and albumin. The remaining (0.3%) is free, unbound and its metabolic potency is much greater. T3 hormone regulates cell metabolism and body growth and its level is a good indicator of thyroid disease state and body metabolism. Further the concentrations of the carrier protein are altered in many conditions such as pregnancy in normal thyroid function, as the concentrations of the carrier proteins alters, the total T3 level changes so that free T3 concentration remains constant. Thus, measurements of the free T3 concentrations correlate excellently with clinical status than total T3 levels.
T_4 or Thyroxine or 3,5,3,5-tetraiodothyronine is a hormone synthesized and secreted by the thyroid gland and plays an important role in regulating metabolism. In the peripheral tissues it act as a prohormone which is further metabolized to another most active thyroid hormone, triiodothyronine (T3) and other inactive metabolites such as reverse T3.
TSH or Thyroid-stimulating hormone is a hormone synthesized and secreted by Pituitary gland. TSH is glycoprotein with two non-covalently bound alpha and beta subunits. The beta subunit of TSH is unique, which results in the specific biochemical and immunological properties of this hormone. The ability to quantitate circulating levels of TSH is important in evaluating thyroid function. It is especially useful in the differential diagnosis of primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low. The measurement of serum TSH has proven to be one of the most sensitive methods for the detection of primary hypothyroidism. In primary hypothyroidism the production of thyroid hormones is impaired and the TSH levels are observed to be higher. However in secondary and tertiary hypothyroidism the TSH levels are low because of pituitary of hypothalamic lesions. In hyperthyroidism the circulating levels of TSH is usually subnormal. In some instances however this condition may result from hyperstimulation of thyroid.

Vasu Dogra

Dr. V.K. Dogra
MD Path.
Director
Sr. Consultant Pathologist