Founder - Late Dr. A.K. Bansal

Arpit Pathology Centre

Arpit Test Tube Baby Centre

(Jeevan Jyoti Hospital)

163, Bai-Ka-Bagh, Lowther Road, Prayagraj – 211003 (UP)

Contact no. : 0532 2417248, 2417252, 2417254. Toll Free No. 18001235460

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MLP - 0103

Client
Jeevan Jyoti HLM
Pathkind Diagnostics Pvt. Ltd.
162, Lowther Road, Bai Ka Bagh, Prayagraj

Processed By
Pathkind Diagnostics Pvt. Ltd.
162, Lowther Road, Bai Ka Bagh, Prayagraj
Uttar Pradesh-211003

Name	: **Mr. BAL KRISHNA DWIVEDI REG-311784**	Billing Date	: 22/10/2022 10:20:00
Age	: 43 Yrs	Sample Collected on	: 22/10/2022 10:24:56
Sex	: Male	Sample Received on	: 22/10/2022 14:08:30
P. ID No.	: P1212100003541	Report Released on	: 22/10/2022 14:45:46
Accession No	: **121222023556**	Barcode No.	: 1201063346
Referring Doctor	: Dr. VANDANA BANSAL, MS, D.Phil.(Gold Medalist), DGO, FCGP		
Referred By	:	Ref no.	:

Report Status - Preliminary Report

Test Name	Result	Biological Ref. Interval	Unit
	HAEMATOLOGY		
Complete Blood Count (CBC)			
Haemoglobin (Hb) *Sample: Whole Blood EDTA* *Method: Photometric measurement*	15.8	13.0 - 17.0	gm/dL
Total WBC Count / TLC *Sample: Whole Blood EDTA* *Method: Impedance*	5.1	4.0 - 10.0	thou/µL
RBC Count *Sample: Whole Blood EDTA* *Method: Impedance*	5.4	4.5 - 5.5	million/µL
PCV / Hematocrit *Sample: Whole Blood EDTA* *Method: Impedance*	49.5	40.0 - 50.0	%
MCV *Sample: Whole Blood EDTA* *Method: Calculated*	92.5	83.0 - 101.0	fL
MCH *Sample: Whole Blood EDTA* *Method: Calculated*	29.5	27.0 - 32.0	pg
MCHC *Sample: Whole Blood EDTA* *Method: Calculated*	31.9	31.5 - 34.5	g/dL
RDW (Red Cell Distribution Width) *Sample: Whole Blood EDTA* *Method: Calculated*	12.3	11.8 - 15.6	%
DLC (Differential Leucocyte Count) *Method: Flowcytometry/Microscopy*			
Neutrophils *Sample: Whole Blood EDTA* *Method: VCS Technology & Microscopy*	50	40 - 80	%

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Report Status - Preliminary Report

Test Name	Result	Biological Ref. Interval	Unit
Lymphocytes *Sample: Whole Blood EDTA* *Method: VCS Technology & Microscopy*	**41 H**	20 - 40	%
Eosinophils *Sample: Whole Blood EDTA* *Method: VCS Technology & Microscopy*	03	01 - 06	%
Monocytes *Sample: Whole Blood EDTA* *Method: VCS Technology & Microscopy*	06	02 - 10	%
Basophils *Sample: Whole Blood EDTA* *Method: VCS Technology & Microscopy*	00	00 - 02	%
Absolute Neutrophil Count *Sample: Whole Blood EDTA*	2550	2000 - 7000	/µL
Absolute Lymphocyte Count *Sample: Whole Blood EDTA*	2091	1000 - 3000	/µL
Absolute Eosinophil Count *Sample: Whole Blood EDTA*	153	20 - 500	/µL
Absolute Monocyte Count *Sample: Whole Blood EDTA*	306	200 - 1000	/µL
Absolute Basophil Count *Sample: Whole Blood EDTA*	51	20 - 100	/µL
DLC Performed By *Sample: Whole Blood EDTA*	EDTA Smear		
Platelet Count *Sample: Whole Blood EDTA* *Method: Impedance*	268	150 - 410	thou/µL
MPV (Mean Platelet Volume) *Sample: Whole Blood EDTA* *Method: Calculated*	**11.2 H**	6.8 - 10.9	fL

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Report Status - Preliminary Report

Test Name	Result	Biological Ref. Interval	Unit
Sample: Whole Blood EDTA			
Erythrocyte Sedimentation Rate (ESR)	14 H	<10	mm 1st Hour
Sample: Whole Blood EDTA			
Method: Modified Westergren Method			
Blood Group			
Blood Grouping	"O"		
Sample: Whole Blood EDTA			
Rh (D) Typing	POSITIVE		
Sample: Whole Blood EDTA			
BIOCHEMISTRY			
Fasting Plasma Glucose	107 H	74 - 99	mg/dL
Sample: Fluoride Plasma			
Method: Hexokinase			
Liver Function Extended Panel			
Bilirubin Total	1.6 H	<1.1	mg/dL
Sample: Serum			
Method: Spectrophotometery			
Bilirubin Direct	0.3 H	<0.2	mg/dL
Sample: Serum			
Method: Spectrophotometery			
Serum Bilirubin (Indirect)	1.30 H	<0.90	mg/dL
Sample: Serum			
Method: Calculated			
SGOT / AST	47 H	<37	U/L
Sample: Serum			
Method: Spectrophotometery			
SGPT / ALT	54 H	<41	U/L
Sample: Serum			
Method: Spectrophotometery			
Alkaline Phosphatase (ALP)	86	<128	U/L
Sample: Serum			
Method: Spectrophotometery			

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Report Status - Preliminary Report

Test Name	Result	Biological Ref. Interval	Unit
Lactate Dehydrogenase (LDH) *Sample: Serum* *Method: Spectrophotometery*	157	<232	U/L
Gamma-Glutamyl Transferase (GGT) *Sample: Serum* *Method: Spectrophotometery*	59	<71	U/L
Total Protein *Sample: Serum* *Method: Spectrophotometery*	7.9	6.4 - 8.3	g/dL
Albumin *Sample: Serum* *Method: Spectrophotometery*	**5.4 H**	4.0 - 4.9	g/dL
Globulin *Sample: Serum* *Method: Calculated*	2.5	1.9 - 3.7	g/dL
Albumin Globulin A/G Ratio *Sample: Serum* *Method: Calculated*	**2.2 H**	1.0 - 2.1	
Prostate Specific Antigen (PSA) Total *Sample: Serum* *Method: ECLIA*	0.30	0.00 - 2.00	ng/mL
Thyroid Profile Total			
Total T3 (Triiodothyronine) *Sample: Serum* *Method: ECLIA*	1.36	0.80 - 2.00	ng/mL
Total T4 (Thyroxine) *Sample: Serum* *Method: ECLIA*	9.34	5.10 - 14.10	µg/dL
TSH 3rd Generation *Sample: Serum* *Method: ECLIA*	3.560	0.270 - 4.200	µIU/mL
Lipid Profile			

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Report Status - Preliminary Report

Test Name	Result	Biological Ref. Interval	Unit
Total Cholesterol *Sample: Serum* *Method: Spectrophotometry*	190	No risk : < 200 Moderate risk : 200–239 High risk : ≥240	mg/dL
Triglycerides *Sample: Serum* *Method: Spectrophotometry*	**207 H**	Desirable : < 150 Borderline High : 150 - 199 High : 200 - 499 Very High : >/= 500	mg/dL
LDL Cholesterol (Calculated) *Sample: Serum* *Method: Calculated*	**105 H**	Optimal : <100 Near Optimal : 100 - 129 Borderline High : 130 - 160 High : 161 - 189 Very High : >/=190	mg/dL
HDL Cholesterol *Sample: Serum* *Method: Spectrophotometry*	44	Low : < 40 Optimal : 40 - 60 High : > 60	mg/dl
Non HDL Cholesterol *Sample: Serum*	**146 H**	< 130	mg/dL
VLDL Cholesterol *Sample: Serum* *Method: Calculated*	**41.4 H**	Desirable 10 - 35	mg/dL
Total Cholesterol / HDL Ratio *Sample: Serum* *Method: Calculated*	4.32	Low Risk : 3.3 - 4.4 Average Risk : 4.5 - 7.0 Moderate Risk : 7.1 - 11.0 High Risk : > 11.0	
LDL / HDL Ratio *Sample: Serum* *Method: Calculated*	2.4	0.5 - 3.0	

Kidney Profile (KFT)

Blood Urea

Low Risk : 0.5 - 3.0
Moderate Risk : 3.1 - 6.0
High Risk : > 6.0

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Report Status - Preliminary Report

Test Name	Result	Biological Ref. Interval	Unit
Blood Urea Nitrogen (BUN) *Sample: Serum* *Method: Spectrophotometry-Urease / GLDH*	10.40	8.87 - 20.50	mg/dL
Urea *Sample: Serum* *Method: Spectrophotometry*	22.26	17.00 - 43.00	mg/dL
Creatinine *Sample: Serum* *Method: Spectrophotometry*	**1.32 H**	0.70 - 1.30	mg/dL
BUN Creatinine Ratio *Sample: Serum* *Method: Calculated*	**8 L**	10 - 20	
Calcium *Sample: Serum* *Method: Spectrophotometry*	**10.6 H**	8.6 - 10.0	mg/dL
Uric Acid *Sample: Serum* *Method: Spectrophotometry*	**8.1 H**	3.4 - 7.0	mg/dL
Total Protein *Sample: Serum* *Method: Spectrophotometry*	7.9	6.4 - 8.3	g/dL
Albumin *Sample: Serum* *Method: Spectrophotometry*	**5.4 H**	4.0 - 4.9	g/dL
Globulin *Sample: Serum* *Method: Calculated*	2.5	1.9 - 3.7	g/dL
Albumin/Globulin (A/G) Ratio *Sample: Serum* *Method: Calculated*	**2.2 H**	1.0 - 2.1	g/dL

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Report Status - Preliminary Report

Test Name	Result	Biological Ref. Interval	Unit

CLINICAL PATHOLOGY

Urine Routine & Microscopic Examination

Method: Reflectance Photometry

Physical Examination

Colour *Sample: Urine* *Method: Physical Examination*	yellow	Pale Yellow	
Appearance *Sample: Urine* *Method: Physical Examination*	Clear	Clear	
Specific Gravity *Sample: Urine* *Method: pKa change of pretreated polyelectrolytes*	1.015	1.003 - 1.035	
pH *Sample: Urine* *Method: Double indicator principle*	5.0	4.7 - 7.5	

Chemical Examination

Glucose *Sample: Urine* *Method: Glucose oxidase peroxidase*	Not Detected	Not Detected	
Protein *Sample: Urine* *Method: Protein-error-of-indicators principle*	Not Detected	Not Detected	
Ketones *Sample: Urine* *Method: Sodium nitroprusside reaction*	Not Detected	Not Detected	
Blood *Sample: Urine* *Method: Peroxidase*	Not Detected	Not Detected	
Bilirubin *Sample: Urine* *Method: Diazo reaction*	Not Detected	Not Detected	

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Test Name	Result	Biological Ref. Interval	Unit
Urobilinogen *Sample: Urine* *Method: Ehrlich's reaction*	Normal	Normal	
Nitrite *Sample: Urine* *Method: Nitrite Test*	Not Detected	Not Detected	
Microscopic Examination *Method: Microscopy*			
Pus Cells *Sample: Urine*	2 - 3	0 - 5	/hpf
RBC *Sample: Urine*	Not Detected	Not Detected	/hpf
Epithelial Cells *Sample: Urine*	2 - 3	0 - 5	/hpf
Casts *Sample: Urine*	Not Detected	Not Detected	/hpf
Crystals *Sample: Urine*	Not Detected	Not Detected	/hpf
Bacteria *Sample: Urine*	Not Detected	Not Detected	/hpf
Remarks *Sample: Urine*			

Remarks : Microscopic Examination is performed on urine sediment

BIOCHEMISTRY

Electrolytes (Na/K/Cl)

Sodium *Sample: Serum* *Method: ISE*	141	136 - 145	mmol/L

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Report Status - Preliminary Report

Test Name	Result	Biological Ref. Interval	Unit
Potassium *Sample: Serum* *Method: ISE*	**5.7 H**	3.5 - 5.1	mmol/l
Chloride *Sample: Serum* *Method: ISE*	107	97 - 107	mmol/l

Complete Blood Count (CBC)

Clinical Significance :

CBC comprises of estimation of the cellular components of blood including RBCs, WBCs and Platelets. Mean corpuscular volume (MCV) is a measure of the size of the average RBC. MCH is a measure of the hemoglobin content of the average RBC and MCHC is the hemoglobin concentration per RBC. The red cell distribution width (RDW) is a measure of the degree of variation in RBC size (anisocytosis) and is helpful in distinguishing between some anemias. CBC examination is used as a screening tool to confirm a hematologic disorder, to establish or rule out a diagnosis, to detect an unsuspected hematologic disorder, or to monitor effects of radiation or chemotherapy. Abnormal results may be due to a primary disorder of the cell-producing organs or an underlying disease. Results should be interpreted in conjunction with the patient's clinical picture and appropriate additional testing performed.

Erythrocyte Sedimentation Rate (ESR)

Clinical Significance :

The erythrocyte sedimentation rate (ESR) is a simple but non-specific test that helps to detect inflammation associated with conditions such as infections, cancers, and autoimmune diseases.

Total T3 (Triiodothyronine)

Clinical Significance :

Thyroid hormones, T3 and T4, which are secreted by the thyroid gland, regulate a number of developmental, metabolic, and neural activities throughout the body. The thyroid gland synthesizes 2 hormones - T3 and T4. T3 production in the thyroid gland constitutes approximately 20% of the total circulating T3, 80% being produced by peripheral conversion from T4. T3 is more potent biologically. Total T3 comprises of Free T3 and bound T3. Bound T3 remains bound to carrier proteins like thyroid-binding globulin, prealbumin, and albumin). Only the free forms are metabolically active. In hyperthyroidism, both T4 and T3 levels are usually elevated, but in some rare cases, only T3 elevation is also seen. In hypothyroidism T4 and T3 levels are both low. T3 levels are frequently low in sick or hospitalized euthyroid patients.

Total T4 (Thyroxine)

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Test Name	Result	Biological Ref. Interval	Unit

Clinical Significance :
Total T4 is synthesized in the thyroid gland. About 0.05% of circulating T4 is in the free or biologically active form. The remainder is bound to thyroxine-binding globulin (TBG), prealbumin, and albumin. High levels of T4 (and FT4) causes hyperthyroidism and low levels lead to hypothyroidism.

TSH 3rd Generation

Clinical Significance :
TSH levels are elevated in primary hyperthyroidism and low in primary hyperthyroidism. Evaluation of TSH is useful in the differential diagnosis of primary from secondary and tertiary hypothyroidism. In primary hypothyroidism, TSH levels are elevated, while in secondary and tertiary hypothyroidism, TSH levels are low or normal. High TSH level in the presence of normal FT4 is called subclinical hypothyroidism and low TSH with normal FT4 is called subclinical hyperthyroidism. Sick, hospitalized patients may have falsely low or transiently elevated TSH. Significant diurnal variation is also seen in TSH levels.

Lipid Profile

Proposed LDL-C goals in very high risk and extreme risk group patients by the Lipid Association of India.

Very High Risk group(VHRG)	Extreme Risk group	
	Category A	Category B
LDL-C goal of <50 mg/dl High-risk conditions Any one of following 1. ASCVD (CAD/PAD/TIA or stroke) 2. Homozygous familial 3. hypercholesterolemia 4. Diabetes with ≥2 major ASCVD risk factors+/target organ damage	LDL-C goal of <50 mg/dl (recommended) LDL-C goal of <30 mg/dl (optional) CAD with ≥1 of following: 1. Diabetes without target organ damage/≤1 major 2. ASCVD risk factors 3. Familial hypercholesterolemia 4. ≥3 major ASCVD risk factors 5. CKD stage 3B and 4	LDL-C goal of <30 mg/dl CAD with ≥1 of following 1. Diabetes + polyvascular disease≥2 2. major ASCVD risk factors+ target organ 3. damage 4. Recurrent ACS (within 12 months) 5. despite on LDL-C goal 6. Homozygous familial 7. Hypercholesterolemia

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Referring Doctor	: Dr. VANDANA BANSAL, MS, D.Phil.(Gold Medalist), DGO, FCGP		
Referred By	:	Ref no.	:

Report Status - Preliminary Report

Test Name	Result	Biological Ref. Interval	Unit
	6. ≥2 major ASCVD risk factors with ≥1 moderate 7. non-conventional risk factor# 8. Lp(a) ≥50 mg/dl 9. Coronary calcium score ≥300 HU 10. Extreme of a single risk factor 11. PAD 12. H/o TIA or stroke 13. Non-stenotic carotid plaque		

The LDL-C goal of ≤30 mg/dl must be pursued after detailed risk-benefit discussion between physician and patient.

Clinical judgment to be used in decision making if the patient has disease/risk factors not covered in the table, eg. peripheral vascular disease or cerebrovascular disease.

*Major ASCVD risk factors: 1. Age- male ≥45 years, female ≥55 years, 2. Family h/o premature CAD- male <55 years, female <65 years, 3. Smoking/tobacco use, 4. Systemic hypertension, 5.Low HDL (males <40 mg/dl and females <50 mg/dl).

#Moderate non-conventional risk factors: 1. Coronary calcium score 100–299 HU, 2. Increased carotid intima-media thickness, 3. Lp(a) 20–49

Uric Acid

Clinical Significance :
Uric acid is the final product of purine metabolism. Serum uric acid levels are raised in case of increased purine synthesis, inherited metabolic disorder, excess dietary purine intake, increased nucleic acid turnover, malignancy and cytotoxic drugs. Decreased levels are seen in chronic renal failure, severe hepatocellular disease with reduced purine synthesis, defective renal tubular reabsorption, overtreatment of hyperuricemia with alloporinol, as well as some cancer therapies.

Urine Routine & Microscopic Examination

Clinical Significance :
Urine routine examination and microscopy comprises of a set of screening tests that can detect some common diseases like urinary tract infections

Client
Jeevan Jyoti HLM
Pathkind Diagnostics Pvt. Ltd.
162, Lowther Road, Bai Ka Bagh, Prayagraj

Processed By
Pathkind Diagnostics Pvt. Ltd.
162, Lowther Road, Bai Ka Bagh, Prayagraj
Uttar Pradesh-211003

Name	: **Mr. BAL KRISHNA DWIVEDI REG-311784**	Billing Date	: 22/10/2022 10:20:00
Age	: 43 Yrs	Sample Collected on	: 22/10/2022 10:24:56
Sex	: Male	Sample Received on	: 22/10/2022 14:08:30
P. ID No.	: P1212100003541	Report Released on	: 22/10/2022 14:45:46
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Report Status - Preliminary Report

Test Name	Result	Biological Ref. Interval	Unit

kidney disorders, liver problems, diabetes or other metabolic conditions. Physical characteristics (colour and appearance), chemical composition (glucose, protein, ketone, blood, bilirubin and urobilinogen) and microscopic content (pus cells, epithelial cells, RBCs, casts and crystals) are analyzed and reported.

** End of Report**

Dr. Ankit Singh
MBBS, MD (Pathologist)
Lab Head