



# S. R. MEDICAL INSTITUTE & RESEARCH CENTRE

(A Unit of Katyayani Health Care Pvt. Ltd.)  
Lauries Complex, Namner Road, Near Sai Ka Takiya X-ing, AGRA-1



## PATHOLOGY REPORT

Date	10/12/2022	Srl No.	7	Company	OPD
Name	MR. BRIJESH PATHAK	Age	52 Yrs.	Sex	M
Ref. By	Dr. C/O BANK OF BARODA				

Test Name	Value	Unit	Reference Value
<b>HAEMATOLOGY</b>			
HAEMOGLOBIN (Hb)	12.8	gm/dl	13.5 - 18.00
TLC (Total Leucocyte Count)	6700	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	60	%	45 - 75
LYMPHOCYTE	33	%	20 - 45
EOSINOPHIL	04	%	1 - 6
MONOCYTE	03	%	1 - 10
R B C (Red Blood Cell Count)	4.58	Millions/cmm	4.2 - 5.4
PLATELET COUNT	202	x10 <sup>3</sup> /uL	150 - 450
HCt (Hematocrit/PCV)	42.3	%	40 - 54
M C V (Mean Corp Volume)	92.358	fL	80.0 - 100.0
M C H (Mean Corp Hb)	27.948	pg	26.0 - 34.0
M C H C (Mean Corp Hb Conc)	30.26	g/DL	31.0 - 37.0
E.S.R. (Wintrobe)	17	mm/1st hr.	0.00 - 20
BLOOD GROUP ABO	'A'		
RH TYPING	POSITIVE		

The upper agglutination test for grouping has some limitations.  
For further confirmation Reverse typing Card (Dia clon ABO/D) Method is suggested.

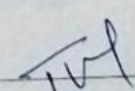
### GLYCATED HAEMOGLOBIN (HbA1c)

INVESTIGATION	OBSERVED VALUE	UNIT
GLYCOSYLATED HAMOGLOBIN (HbA1c)	: 5.9	%

REFERANGE RANGE (HBA1C) :

Phone : (0562) 4301222, 9359901993  
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website : www.srhospital.org  
CIN : U85199UP1997PTC021892

**Not valid for Medicolegal purpose**

  
**Dr. Tanuja Goyal**  
M.B.B.S., M.D. Path  
Consultant Pathologist

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Test Name	Value	Unit	Reference Value
GOOD CONTROL	: 4.5 - 6.4	%	
FAIR CONTROL	: 6.5 - 7.4	%	
POOR CONTROL	: ABOVE 7.5	%	
REFERANCE RANGE ( AVERAGE BLOOD SUGAR ) :			
EXCELLENT CONTROL	: 90-120	MG/DL	
GOOD CONTROL	: 121-150	MG/DL	
AVERAGE CONTROL	: 151-180	MG /DL	
ACTION SUGGESTED	: 181-210	MG/DL	
PANIC VALUE	: > 211	MG/DL	

NOTE : AVERAGGE BLOOD SUGAR VALUES IS CALCULATED FROM HBA1C VALUE AND IT INDICATED AVERAGE BLOOD

### BIOCHEMISTRY

BLOOD GLUCOSE FASTING	105.0	mg/dl	70 - 110
BLOOD GLUCOSE PP	115.0	mg/dl	upto to 140
BLOOD UREA	25.8	mg/dl	13 - 45
SERUM CREATININE	1.02	mg/dl	0.7 - 1.4
SERUM URIC ACID	4.53	mg/dl	3.4 - 7.0
SERUM BILIRUBIN	0.65	mg/dl	0.0 - 2.0
CONJUGATED (D. Bilirubin )	<b>0.28</b>	mg/dl	0.00 - 0.2
UNCONJUGATED (I. D. Bilirubin )	0.37	mg/dl	0.00 - 0.7
SGOT/AST	<b>36.8</b>	U/L	0 - 35
SGPT/ALT	33.0	U/L	0 - 40
ALKALINE PHOSPHATASE	73.6	IU/L	25 - 140
Gamma GT	42.0	U/L	10 - 50
TOTAL PROTEIN	6.58	gm/dl	6.0 - 8.6
ALBUMIN	3.69	gm/ dl	3.5 - 5.2
GLOBULIN	2.89	gm/dl	2.3 - 3.6
A/G RATIO	1.277		1.0 - 2.3

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### LIPID PROFILE

SERUM CHOLESTEROL	178.8	mg/dl	100 - 202
			Normal Risk <200 mg/dl
			Borderline Risk 200-239 mg/dl
			High Risk > 239 mg/dl
SERUM TRIGLYCERIDES	100.0	mg/dl	60 - 165
			Normal Risk <150 mg/dl
			Border Line: 150-199
			High Risk: 200-499
			Very High Risk: >499
HDL CHOLESTEROL	39.0	mg/dl	35 - 79.5
LDL CHOLESTEROL	139.8	mg/dl	100 - 160
VLDL	20	mg/dl	0.00 - 35
TOTAL / HDL CHOLESTEROL RATIO	4.585		0.00 - 4.9
LDL / HDL CHOLESTEROL RATIO	3.585		0.00 - 3.5

### ENDOCRINOLOGY

#### THYROID FUNCTION TEST

TOTAL T3	135	ng/dL	60.00 - 181.00
TOTAL T4	8.9	ug/dL	4.5 - 10.9
THYROID STIMULATING HORMONE (TSH) CLIA	3.45	uIU/mL	0.35 - 5.50

### CANCER MARKER

TOTAL PSA	1.56	ng/ml	0.0 - 4.00
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Test Name	Value	Unit	Reference Value
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### EXPECTED VALUES

Normal : 0.0 - 4.0 ng/ml  
Borderline : 4.0-10.0 ng/ml

### SUMMARY

PSA is localized in the cytoplasm of prostatic ductal epithelium and in secretions of the ductal lumina. Because PSA is a secretory protein of the prostate, it can be recovered and purified both from prostatic tissue and from seminal plasma. PSA has been found to be primarily associated with prostate tissue, and elevated serum PSA has been found in patients with prostate cancer, benign prostatic hypertrophy, and inflammatory conditions.

Serum PSA alone is not suitable as a screen for prostate cancer because elevated PSA concentrations are also observed in patients with benign prostatic hypertrophy (BPH), nor is it recommended as a guide in disease staging. The combination of PSA measurement and rectal examination with ultrasonography in the event of abnormal findings may provide a better method of detecting prostate cancer than rectal examination alone.

PSA determinations can be useful in detecting metastatic or persistent disease in patients following surgical or medical treatment of prostate cancer.

## URINE EXAMINATION REPORT

### PHYSICAL EXAMINATION

COLOUR	STRAW CLEAR
VOLUME	30 ml.
SPECIFIC GRAVITY	1.010
DEPOSIT	NIL

### CHEMICAL EXAMINATION

REACTION	5.0
ALBUMIN	TRACES
SUGAR	NIL
BILE SALTS (BS)	ABSENT
BILE PIGMENT (BP)	ABSENT

Contd...5

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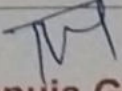
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Test Name	Value	Unit	Reference Value
PHOSPHATE	ABSENT		
<b>MICROSCOPIC EXAMINATION</b>			
PUS CELLS	2-3	/HPF	
EPITHELIAL CELLS	1-2	/HPF	
RBC'S	NIL	/HPF	
CASTS	NIL		
CRYSTALS	NIL		

\*\* End of Report \*\*

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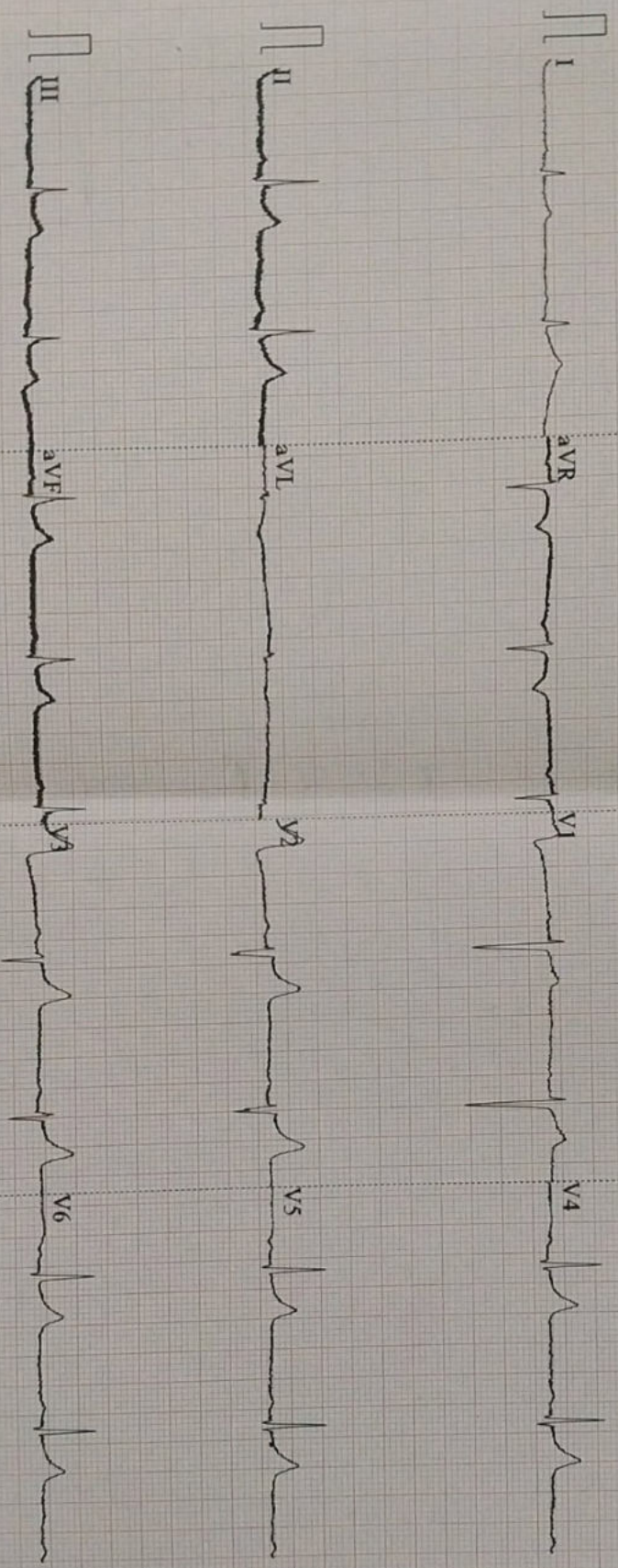


01-12-2021 07:54:56 AM 12/12/22 At 9:15 AM  
 ID: 1532  
 BRAJESH KUMAR PATHAK  
 Male 52 Years

HR	: 57 bpm
P	: 105 ms
PR	: 176 ms
QRS	: 84 ms
QT/QTc	: 397/388 ms
P/QRS/T	: 59/65/61 °
RV5/SV1	: 0.906/1.279 mV

Diagnosis Information:  
 Sinus Bradycardia  
 Poor R Wave Progression (V2)

Report Confirmed by:



0.67-1000Hz AC/50 25mm/s 10mm/mV 4\*2.5s 57 V2.02 SEMIP V1.7 S R HOSPITAL, NAMNER ROAD, AGRA

BPL - 02