

Patient Name : Mrs. BHARTI GUPTA
Age / Gender : 41 / Female
Referred By : Dr. PRATIBHA PUNDHIR
Req.No : 2308949
Patient Type : OPD

UHID : 33162
IPNO :
Requisitions : 11/02/2023 / 8.47 AM
Sample collection : 11/02/2023
Sample Receiving : 11/02/2023
Reported on : 11/02/2023 / 4.21 PM

BIOCHEMISTRY

BLOOD SUGAR FASTING

Specimen Type	BIOLOGICAL			
TEST NAME	RESULT	UNITS	REFERENCE	METHOD
Plasma glucose(fasting.)	87.7	mg/dl	70 - 110	GOD-POD Hexokinase

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

Please Correlate With Clinical Findings

Lab Technician **Dr. GAURVI PIPLANI**
MD (Pathology)

Dr. KANIKA GUPTA
MD (Pathology)

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BIOCHEMISTRY

BSPP (BLOOD SUGAR PP)

Specimen Type

BIOLOGICAL

TEST NAME

RESULT

UNITS

REFERENCE

METHOD

FASTING PP

Plasma Glucose(POST Prandial)

148.2

mg/dl

90 - 140

GOD-POD Hexokinase

*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

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HAEMATOLOGY

COMPLETE HAEMOGRAM (CBC ESR)

Specimen Type : Whole Blood

TEST NAME	RESULT	UNITS	BIOLOGICAL	
			REF. INTERVAL	METHOD
Haemoglobin	6.3	gm/dl	11.5 - 16.5	Cyanide-Free Colorimetry
Total Leucocyte Count	6900		4000 - 11000	Impedance Variation
<u>DIFFERENTIAL COUNT</u>				
Neutrophils.	64	%	40.0 - 75.0	Flow Cytometry
Lymphocytes.	26	%	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	1.57	1000/cumm	1.50 - 4.50	Electrical Impedance
RED BLOOD CELL COUNT	3.16	millions/cum m	3.5 - 5.5	Electrical Impedance
PACKED CELL VOLUME	21.7	%	36 - 46	Calculated
MEAN CORPUSCULAR VOLUME	68.7	fL	76 - 96	Measured
MEAN CORPUSCULAR HAEMOGLOBIN	19.9	pg	27 - 32	Calculated
MEAN CORPUSCULAR Hb CONC	29.0	gm/dl	33 - 37	Calculated

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

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BIOCHEMISTRY

KFT(KIDNEY FUNCTION TEST)/RFT/Renal Profile

Specimen Type	Serum	BIOLOGICAL			
TEST NAME	RESULT	UNITS	REFERENCE	METHOD	
Urea Creatinine					
Serum Urea	21.8	mg/dl	13 - 45	UreaseGLDH	
Serum Creatinine	0.69	mg/dL	Male: 0.6 - 1.3	Modified JAFFEs	
Serum Uric Acid	2.81	mg/dl	Adult Female: 2.6 - 6.0	Uricase Trinder, End Point (Toos)	
Serum Sodium	144.5	meq/l	135 - 155	ISE Indirect	
Serum Potassium	4.66	meq/l	3.5 - 5.6	ISE Indirect	

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CLINICAL PATHOLOGY

URINE ROUTINE MICROSCOPY

Specimen Type	BIOLOGICAL			
TEST NAME	RESULT	UNITS	REFERENCE	METHOD
<u>PHYSICAL EXAMINATION</u>				
volume	20	ml		
colour	Pale Yellow		Pale Yellow	
Appearance	Clear		Clear	
Specific Gravity	1.025			Polyelectrolytes Ionic
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
Bile Salt	NIL		NIL	
Bile Pigment	NIL		NIL	Diazo/Fouchets Test
Urobilinogen	NIL		NIL	Elrich Aldehyde

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CLINICAL PATHOLOGY

MICROSCOPIC EXAMINATION

PUS CELLS - URINE	1-2		
Red blood cells	Nil	NIL	
Epithelial Cells - Urine	1-2	4---5/HPF	
Casts	NIL	NIL	Microscopic
Crystals.	NIL	NIL	Microscopic

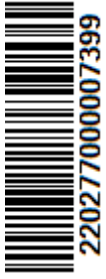
Albumin test positive by Multistrip Method is confirmed by Sulphosalicylic acid method.

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

Please Correlate With Clinical Findings

Lab Technician **Dr. GAURVI PIPLANI**
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Dr. KANIKA GUPTA
MD (Pathology)



Mrs. BHARTI GUPTA 33162

PID NO: P2772200008179
Age: 41.0 Year(s) Sex: Female



Reference: Dr.PARK HOSPITAL

Sample Collected At:
HEALING TOUCH SUPER SPECIALITY
HOSPITAL A UNIT OF BLUE HEAVENS
HEALTHCARE PVT LTD
CHANDIGARH AMBALA HIGHWAY VILL
SADOPUR AMBALA CITY HARYANA
134002

Sample Processed At: DOGRA PATH
LAB LLP, #16, SECTOR -7, URBAN
ESTATE, AMBALA, HARYANA, INDIA - 131002

VID: 220277000007399

Registered On:
11/02/2023 07:29 PM
Collected On:
11/02/2023 7:29PM
Reported On:
11/02/2023 08:51 PM

HbA1c Glycated Haemoglobin

(EDTA Whole Blood)

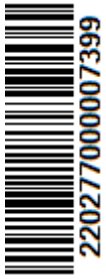
Investigation	Observed Value	Unit	Biological Reference Interval
HbA1C- Glycated Haemoglobin (HPLC)	5.1	%	Non-diabetic: <= 5.6 Pre-diabetic: 5.7-6.4 Diabetic: >= 6.5
Estimated Average Glucose (eAG) (Calculated)	99.67	mg/dL	

Interpretation & Remark:

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
- HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2022, for diagnosis of diabetes using a cut-off point of 6.5%.
- Trends in HbA1c are a better indicator of diabetic control than a solitary test.
- Low glycated haemoglobin(below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia(especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
- To estimate the eAG from the HbA1C value, the following equation is used: $eAG(mg/dl) = 28.7 \times A1c - 46.7$
- Interference of Haemoglobinopathies in HbA1c estimation.
 - For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
 - Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
 - Heterozygous state detected (D10/ turbo is corrected for HbS and HbC trait).
- In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control. Excellent Control - 6 to 7 %, Fair to Good Control - 7 to 8 %, Unsatisfactory Control - 8 to 10 % and Poor Control - More than 10 % .

Note : Hemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy.

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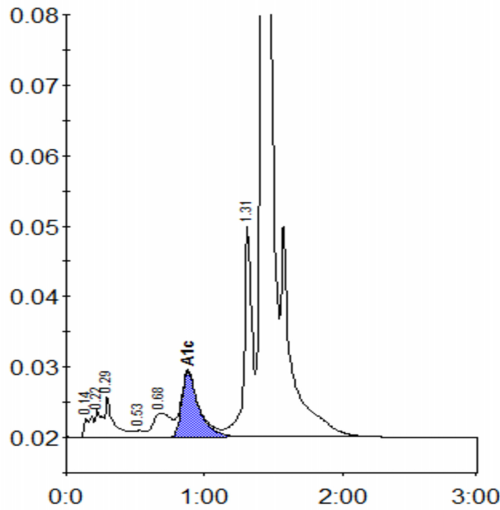
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Patient report

Bio-Rad DATE: 02/11/2023
D-10 TIME: 08:26 PM
S/N: #DJ0B473021 Software version: 4.30-2
Sample ID: 0249905586
Injection date: 02/11/2023 08:16 PM
Injection #: 14 Method: HbA1c
Rack #: --- Rack position: 7

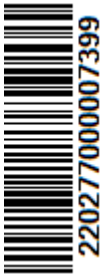


Peak table - ID: 0249905586

Peak	R.time	Height	Area	Area %
Unknown	0.14	2790	5631	0.3
A1a	0.22	4004	19847	0.9
A1b	0.29	5886	23904	1.1
F	0.53	969	4963	0.2
LA1c/CHb-1	0.68	3416	31429	1.5
A1c	0.88	9276	80403	5.1
P3	1.31	29852	119308	5.6
A0	1.43	718421	1853444	86.7
Total Area:			2138929	

Concentration:	%
A1c	5.1

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Investigation

Thyroid panel - 2

(Serum.CMIA)

Free T3

2.79

pg/mL

2.0-4.4

First Trimester :2.46 - 3.49

Second Trimester : 2.09 - 3.55

Third trimester : 2.01 - 3.27

Free T4

0.98

ng/dL

0.93-1.7

First Trimester : 0.7-2.0

Second Trimester : 0.5-1.6

Third Trimester : 0.5-1.6

TSH(Ultrasonensitive)

1.7870

µIU/mL

0.54-5.3

First Trimester : 0.33-4.59

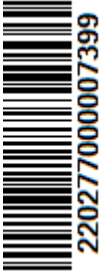
Second Trimester : 0.35-4.10

Third trimester : 0.21-3.15

INTERPRETATION

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 TSHespecially 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 radioiodine •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's),Gestational thyrotoxicosis with hyperemesis gravidarum"
Decreased or within Range	Raised	Within Range	•T3 toxicosis •Non-Thyroidal illness

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- References:** 1. Interpretation of thyroid function tests. Dayan et al. THE LANCET • Vol 357 • February 24, 2001
2. Laboratory Evaluation of Thyroid Function, Indian Thyroid Guidelines, JAPI, January 2011, vol. 59

-- End of Report --

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