



Name: RAHUL ANAND BHAJESH THAKOR	Ward: opd
Lab ID: 00000089	Registration on: 10/12/2022 12:15:00
Age & Sex: 30 Year Male	Reported on: 17:31:01
Reference: VELOCITY HOSPITAL	Sample Type: BLOOD & URINE

CBC ESR

Test	Observed Value	Unit	Biological Reference Interval
Haemoglobin	15.9	g/dL	13.4 - 16.4
Total RBC	4.91	mill./cm	4.50 - 6.00
Total WBC	6000	/cmm	4000 - 10000
Platelet Count	150000	/cmm	150000 - 450000
HCT	47.4	%	
MCV	96.5	fL	80.0 - 100.0
MCH	32.4 H	pg	27.0 - 32.0
MCHC	33.5	g/dL	31.5 - 36.0

DIFFERENTIAL COUNT

Neutrophils	35 L	%	40-70
Lymphocytes	58 H	%	20-40
Eosinophils	02	%	02 - 05
Monocytes	05	%	01 - 07
Basophils	00	%	00 - 02
Band Cells	00	%	0.0 - 6.0

ABSOLUTE DIFFERENTIAL COUNT

Neutrophils	2100	/cumm	2000.0-7000.0
Lymphocytes	3480 H	/cumm	1000.0-3000.0
Eosinophils	120	/cumm	20 - 500
Monocytes	300	/cumm	200 - 1000
Basophils	0	/cumm	0 - 100

GLR / NLR

(Neutrophil/Lymphocyte Ratio)

0.6

MENTZER INDEX

19.7

RDW-CV	13.2	%	11.1 - 14.1
RDW-SD	51.0 H	fl	31.0-46.0
MPV	8.5	fl	7.00 - 11.00
PCT	0.12	%	0.10-0.30

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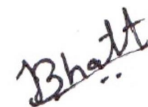
PDW 17.2 % 10.0-18.00

PERIPHERAL SM EAR EXAMINATION

RBC Morphology **Normochromic and normocytic.**
WBC Morphology **Appear normal, Immature cells are not seen .**
Platelets in Smear **Thrombocytopenia**

Malarial Parasites Not Detected.

ESR
AFTER 1 HOUR 15 mm/hr 0.0 - 15.0



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BLOOD GROUP

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

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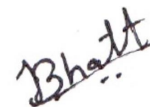
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Reference: **VELOCITY HOSPITAL**Sample Type: **BLOOD & URINE****BLOOD GLUCOSE TEST**

<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	84.93	mg/dL	70.00-110.00
Urine Sugar-F	Absent		

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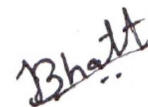
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HEMOGLOBIN A1c TEST

Test	Observed Value	Unit	Biological Reference Interval
HbA1c	6.0	%	> 8 : Action Suggested 7-8 : Good control < 7 : Goal 6.2-7 : Near Normal Glycemia < 6.2 : Non-diabetic Level
Mean Blood Glucose	125.5	mg/dL	70.0 - 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).



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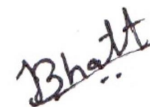


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LIPID PROFILE

Test	Observed Value	Unit	Biological Reference Interval
Sample	Fasting Blood Serum		
Cholesterol	232.9 H	mg/dL	UP TO 220
Triglyceride	208.0 H	mg/dL	60.0 - 165.0
HDL Cholesterol	76.0	mg/dL	35.0 - 80.0
VLDL	41.60 H	mg/dL	0.00 - 30.00
LDL Cholesterol	116.0	mg/dL	< 130 : Optimal 130 - 159 : Borderline High 160 - 189 : High >= 190 : Very High
Cholesterol / HDL Chol. Ratio	1.53		0 - 3.5
Total Lipid	3.1 L	mg/dl	400.0 - 1000.0
NOTE	799.0		



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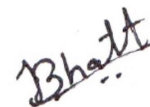
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Reference: **VELOCITY HOSPITAL**Sample Type: **BLOOD & URINE****RENAL FUNCTION TEST**

<u>Test</u>		<u>Unit</u>	
S. Creatinine	0.98	mg/dL	0.5-1.30
Bl. Urea	20.0	mg/dL	10.0 - 40.0
BUN	9.3	mg/dl	6.0 - 22.0
S.Calcium	9.8	mg/dL	8.8-10.3
<u>ELECTROLYTES</u>			
Sodium (Na+)	141.2	mmol/L	135.0 - 150.0
Potassium (K+)	4.29	mmol/L	3.60 - 5.40
Chloride (Cl-)	104.4	mmol/L	98.0 - 110.0

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

LIVER FUNCTION TEST

<u>Test</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>BILIRUBIN</u>			
Total Bilirubin	0.5	mg/dL	0.10 - 1.20
Direct Bilirubin	0.2	mg/dL	0.0-0.4
Indirect Bilirubin	0.30	mg/dL	0.10-0.70
SGPT(ALT)	32.0	U/L	0.0 - 40.0
SGOT (AST)	36.0	U/L	0.0 - 46.0
Alkaline Phosphatase	63.0	U/L	40-129
<u>PROTEINS</u>			
Total Protein	6.0	g/dL	6.0 - 8.0
Albumin	3.9	g/dL	3.50 - 5.50
Globulin	2.6	g/dL	2.5 - 4.0
A/G Ratio	1.5		

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URINE ANALYSIS

Test	Observed Value	Unit	Biological Reference Interval
Sample	Fresh Urine		
<u>PHYSICAL EXAMINATION</u>			
Quantity	10.0	mL	
Colour	Pale-Yellow		
Appearance	Clear		Clear
pH	6.5		
Specific Gravity	1.020		
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	2-3	/hpf	Absent
Red Blood Cells	Absent	/hpf	Absent
Epithelial Cells	1-2	/hpf	Absent
Crystals	Absent		Absent
Amorphous material	Absent		Absent
Casts	Absent		Absent
Yeast	Absent		Absent
Bacteria	Absent		Absent

--- End of Report ---

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Mr. RAHUL ANAND BRAJESH THAKOR

D.O.B : Age/Sex : 30 Years / Male

Reference :

Mobile: Passport No. :

Sample Processed at :
(1S)HEALTHCARE HCL REFERENCE LABORATORIES
1st FLOOR, MAHER PARK-B,ATHWA GATE,SURAT.
Mobile No : 9904970269



HCL : 212103917

Sample Collected on :
10-Dec-2022 13:35

Sample Received on :
10-Dec-2022 13:35

Report Released on :
10-Dec-2022 14:34

Sample Type : Serum

Sample Collected At: SPECTRA DIAGNOSTIC LAB @ ADAJAN

Parameter	Result	Unit	Biological Ref. Interval
THYROID FUNCTION TEST			
T3 (Triiodothyronine) (eCLIA)	1.38	µg/dL	0.970 - 1.69
T4 (Thyroxine) (eCLIA)	8.41	µg/dL	5.53 - 11.0
TSH (eCLIA)	H 4.14	mIU/L	0.40 - 4.04

1. Triiodothyronine (T3) is produced by the thyroid gland and along with thyroxine (T4) help control the rate at which the body uses energy. Elevated T3 denote hyperthyroidism while low levels indicate hypothyroidism.
2. The most common causes of thyroid dysfunction are related to autoimmune disorders. Graves disease causes hyperthyroidism, but it can also be caused by thyroiditis, thyroid cancer, and excessive production of TSH. Total T3 is used to assess thyroid function.
3. Elevated T4 levels may indicate hyperthyroidism. They may also indicate other thyroid problems, such as thyroiditis or toxic multinodular goiter. Abnormally low levels of T4 may indicate: dietary issues, such as fasting, malnutrition, or an iodine deficiency, medications that affect protein levels, hypothyroidism, illness. excessive production of TSH. Total T3 is used to assess thyroid function.
4. Thyroid-stimulating hormone (TSH) stimulates the production and release of T4 (primarily) and T3. They help control the rate at which the body uses energy and are regulated by a feedback system. Most of the T4 circulates in the blood bound to protein, while a small percentage is free (not bound).

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