

**Patient Name :** Mrs. ROLI JOHARI [UHIDNO:FHP26929721032023]  
**Age / Gender :** 42 Yr / F  
**Address :** UNION BANK OF INDIA SEC 143 NOIDA , Maharishi Nagar, Gautam Buddha Nagar, UTTAR PRADESH  
**Req. Doctor:** Dr. PRIYANKA SINGH  
**Regn. ID:** OPD.24-25-650

### HAEMATOLOGY

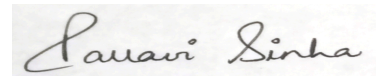
**Request Date :** 02-04-2024 10:51 AM  
**Collection Date :** 02-04-2024 11:00 AM | HA12331  
**Acceptance Date :** 02-04-2024 11:01 AM | **TAT:** 01:31 [HH:MM]

**Reporting Date :** 02-04-2024 12:32 PM  
**Reporting Status :** Finalized

Investigations	Result	Unit	Biological Reference Range	Method
<b>Blood Group (RH Type) *[ EDTA tube(purple top) ]</b>				
Blood Group	O			Forward Grouping Method
Rh Type	POSITIVE			Forward Grouping Method
<i>Method- Forward &amp; Reverse Grouping (Tube Agglutination)</i>				

END OF REPORT.

Prepared By  
Mr. ANAND MAURYA



Verified by  
Dr. PALLAVI SINHA  
MBBS, MD, DNB  
(PATHOLOGY)

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**BIOCHEMISTRY**

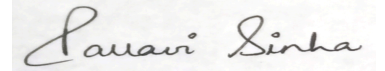
**Request Date :** 02-04-2024 10:51 AM **Reporting Date :** 02-04-2024 12:01 PM  
**Collection Date :** 02-04-2024 11:00 AM | BI17166 **Reporting Status :** Finalized  
**Acceptance Date :** 02-04-2024 11:01 AM | **TAT:** 01:00 [HH:MM]

Investigations	Result	Unit	Biological Reference Range	Method
<b>GLYCOSYLATED HAEMOGLOBIN (Hb A1c) *[ edta tube(purple top) ]</b> Performed On: SD BIOSENSOR 2400 (Method:HPLC Assay) <u>Ref Range for HBA1c</u> Non Diabetic:< 5.7 % Pre-Diabetic: 5.7 - 6.5 % Diabetic: > 6.5 %  Remark: Hemoglobin A1c criteria for diagnosing diabetes have not been established for patients who are <18 years of age. <u>HbA1c goals in treatment of diabetes:</u> Ages 0-6 years: 7.6% - 8.4% Ages 6-12 years: <8% Ages 13-19 years: <7.5% Adults: <7%  Comments: HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.  (Note: If a person has anemia, hemolysis, or heavy bleeding, HbA1c test results may be falsely low. If someone is iron-deficient, the HbA1c level may be increased. If a person has had a recent blood transfusion, the HbA1c may be inaccurate and may not accurately reflect glucose control for 2 to 3 months.)  ADA criteria for correlation between HbA1c & Mean plasma glucose levels:  HbA1c(%):            6   7   8   9   10   11   12  Mean Plasma Glucose: 126 154 183 212 240 269 298 (mg/dL)  Please correlate clinically	5.40	%		

Regn. No. - OPD.24-25-650

Mrs. ROLI JOHARI / UHIDNO:FHP26929721032023

END OF REPORT.



Prepared By  
Mr. PIYUSH SHUKLA

Verified by  
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MBBS, MD, DNB  
(PATHOLOGY)

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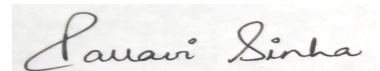
### IMMUNOLOGY

**Request Date :** 02-04-2024 10:51 AM **Reporting Date :** 02-04-2024 03:18 PM  
**Collection Date :** 02-04-2024 11:00 AM | IMMU34948 **Reporting Status :** Finalized  
**Acceptance Date :** 02-04-2024 11:01 AM | **TAT:** 04:17 [HH:MM]

Investigations	Result	Unit	Biological Reference Range	Method
<b>THYROID PROFILE TOTAL(T3,T4,TSH) *[ Plain tube (red top) ]</b>				CLIA
Total T3	2.12	nmol/L	1.11 - 2.29 (Age 0 - 100 )	
Total T4	174.1	nmol/L	62 - 201.4 (Age 0 - 100 )	
TSH	3.16	µIU/mL	0.38 - 5.33 (Age 0 - 100 )	
<i>Performed On: ACCESS 2 (BECKMAN COULTER)</i>				
<p>1. A circadian variation in serum TSH in healthy subjects is well documented. TSH level is reaching peak levels between 2-4 am 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 value of TSH.</p> <p>2. TSH levels between 6.3 and 15.0 may represent subclinical or compensated hypothyroidism or show considerable physiological &amp; seasonal variation, suggest clinical correlation or repeat testing with fresh sample.</p> <p>3. TSH levels may be transiently altered because of non-thyroid illness, like severe infection, renal disease, liver disease, heart disease, severe burns, trauma, surgery etc. Few drugs also altered the TSH values.</p> <p>4. A high TSH result often means an underactive thyroid gland caused by failure of the gland (hypothyroidism). A low TSH result can indicate an overactive thyroid gland (hyperthyroidism) or damage to the pituitary gland that prevents it from producing TSH.</p> <p>5. Resistance to thyroid hormone (RTH) and central hyperthyroidism (TSH-oma) are rare conditions associated with elevated TSH, T4 and T3 levels.</p> <i>Performed on: ACCESS 2 (BECKMAN COULTER)</i>				

END OF REPORT.

Prepared By  
Mr. SHIVAM



Verified by  
Dr. PALLAVI SINHA  
MBBS, MD, DNB  
(PATHOLOGY)

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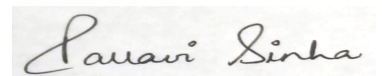
**CLINICAL PATHOLOGY**

**Request Date :** 02-04-2024 10:51 AM **Reporting Date :** 02-04-2024 03:13 PM  
**Collection Date :** 02-04-2024 11:00 AM | CLP92 **Reporting Status :** Finalized  
**Acceptance Date :** 02-04-2024 01:50 PM | **TAT:** 01:23 [HH:MM]

Investigations	Result	Unit	Biological Reference Range	Method
<b>URINE ROUTINE AUTOMATED *[ Random Urine ]</b>				
VOLUME	40	ML	>10	
COLOUR	PALE YELLOW		PALE YELLOW	
APPEARANCE	<b>S.TURBID</b>		CLEAR	
SPECIFIC GRAVITY (pKA CHANGE)	1.020		1.005 - 1.030	
pH (DOUBLE INDICATOR)	6.0		5 - 8.5	
URINE PROTEIN (PROTEIN ERROR/ 3% SULPHOSALICYLIC ACID)	NIL		NIL	
GLUCOSE (GOD-POD/ BENEDICTS)	NIL		NIL	
<b>MICROSCOPIC EXAMINATION</b>				
PUS CELLS	<b>6-8</b>	/HPF	0.0-3.0	
RBC	NIL	/HPF	NIL	
CASTS	ABSENT		ABSENT	
CRYSTALS	ABSENT		ABSENT	
EPITHELIAL CELLS	<b>4-6</b>	/HPF	F 0 - 5	
BACTERIA	<b>Present(+)</b>		ABSENT	
OTHER	ABSENT			

*Please correlate clinically*

END OF REPORT.



Prepared By  
Mr. AVANISH KUMAR YADAV

Verified by  
Dr. PALLAVI SINHA  
MBBS, MD, DNB  
(PATHOLOGY)

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**Regn. ID:** OPD.24-25-650

### HAEMATOLOGY

**Request Date :** 02-04-2024 10:51 AM **Reporting Date :** 02-04-2024 12:48 PM  
**Collection Date :** 02-04-2024 11:00 AM | HA12331 **Reporting Status :** Finalized  
**Acceptance Date :** 02-04-2024 11:01 AM | **TAT:** 01:47 [HH:MM]

Investigations	Result	Unit	Biological Reference Range	Method
<b>HAEMOGRAM (CBC &amp; ESR) *[ EDTA tube(purple top) ]</b>				
HEMOGLOBIN(NON CYNAMETH/PHOTOMETRY)*	12.40`	gm/dL	12 - 15	
TOTAL LEUCOCYTE COUNT (TLC) (FLOWCYTOMETRY)*	6580	/cumm	4000 - 10000	
DLC (FLOWCELL & CYTOCHEMISTRY/MANUAL)*				
NEUTROPHIL	57.4	%	40 - 80	
LYMPHOCYTE	31.3	%	20 - 40	
MONOCYTE	5.1	%	2 - 10	
EOSINOPHIL	<b>6.2 H</b>	%	1 - 6	
BASOPHIL	0.0	%		
RBC (IMPEDENCE)*	4.89	millions/cumm	3.8 - 5.8	
HEMATOCRIT/P.C.V (RBC PULSE HEIGHT)*	38.5	%	36 - 46	
MCV(Calculated)*	<b>78.8 L</b>	fL	80 - 100	
MCH(Calculated)*	<b>25.4 L</b>	Picogram	27 - 32	
MCHC(Calculated)*	32.2	%	31.5 - 34.5	
PLATELET COUNT (IMPEDANCE)*	3.66	Lakh/cumm	1.5 - 4	
ESR(Westergren's Method)*	<b>30</b>	mm/hr	M 0 - 10 F 5 - 20	

Performed On: PENTRA ES60 (Horiba),5-Part

END OF REPORT.

Prepared By  
Ms. POOJA



Verified by  
Dr. KRITIKA JAIN  
MBBS MD (PATHOLOGY)

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**BIOCHEMISTRY**

**Request Date :** 02-04-2024 10:51 AM **Reporting Date :** 02-04-2024 12:00 PM  
**Collection Date :** 02-04-2024 11:00 AM | BI17164 **Reporting Status :** Finalized  
**Acceptance Date :** 02-04-2024 11:01 AM | **TAT:** 00:59 [HH:MM]

Investigations	Result	Unit	Biological Reference Range	Method
<b>KIDNEY FUNCTION TEST(KFT) *[ Plain tube (red top) ]</b>				
UREA (UREASE METHOD)*	19.40	mg/dL	F 15 - 40 (Age 20 Y - 50 Y)	
S.CREATININE (ENZYMATIC)*	0.63	mg/dL	F 0.51 - 0.95	
S.URIC ACID (URICASE, COLORIMETRY)*	5.50	mg/dL	F 2.6 - 6	
S.CALCIUM (ARSENazo DYE)*	8.80	mg/dL	8.6 - 10.3	Arsenazo III
S. SODIUM (DIRECT I.S.E.)*	139.20	mmol/L	137 - 145	
S. POTASSIUM (DIRECT I.S.E.)*	4.10	mmol/L	3.5 - 5.1	
S. PHOSPHORUS (PMA PHENOL)*	4.46	mg/dL	2.6 - 4.5	
S. CHLORIDE (DIRECT I.S.E)	107.00	mmol/L	98 - 107 (Age 0 - 100 )	
<i>Performed On: DIASYS SYS400 PRO</i>				
<b>LIVER FUNCTION TEST *[ Plain tube (red top) ]</b>				
TOTAL BILIRUBIN (AZOBILIRUBIN/DIPHYLLINE)*	0.66	mg/dL	Adult 0.1 - 1.2	
CONJUGATED(D.Bilirubin) (CALCULATED)	0.20	mg/dL	<= 0.2	
UNCONJUGATED(I.D.Bilirubin) (SPECTROPHOTOMETRY)	0.46	mg/dL	Adult 0 - 1	
S.G.O.T (AST) (KINETIC LEUCO DYE)*	20.80	IU/L	F < 35	IFCC(Modified )
S.G.P.T (ALT) (KINETIC LDH/NADH)*	26.10	IU/L	F < 31	IFCC(Modified )
ALKALINE PHOSPHATASE (pNPP/AMP)*	90.60	IU/L	F 35 - 104	IFCC(Modified )
TOTAL PROTEIN (BIURET)*	7.70	gm/dL	Adult 6.6 - 8.8	
ALBUMIN (BROMOCRESOL GREEN)*	4.30	gm/dL	Adult 3.5 - 5.2	
GLOBULIN (CALCULATED)*	3.40	gm/dL	Adult 2 - 3.5	Calculated
A/G RATIO (CALCULATED)	1.26		1 - 2.1	
<i>Performed On: DIASYS SYS400 PRO</i>				
<i>Please correlate clinically</i>				

END OF REPORT.

Prepared By  
Mr. PIYUSH SHUKLA



Verified by  
Dr. KRITIKA JAIN  
MBBS MD (PATHOLOGY)



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### BIOCHEMISTRY

**Request Date :** 02-04-2024 10:51 AM **Reporting Date :** 02-04-2024 12:00 PM  
**Collection Date :** 02-04-2024 11:00 AM | BI17165, | BI17164 **Reporting Status :** Finalized  
**Acceptance Date :** 02-04-2024 11:01 AM | **TAT:** 00:59 [HH:MM]

Investigations	Result	Unit	Biological Reference Range	Method
<b>BLOOD SUGAR FASTING (BSF) *[ Sodium fluoride(grey top) ]</b> <i>Performed On: DIASYS SYS400 PRO</i>  <i>Please correlate clinically</i>	93.00	mg/dL	74 - 110 (Age = 100 )	
<b>LIPID PROFILE *[ Plain tube (red top) ]</b>				
TOTAL CHOLESTEROL Enzymatic (CHE/CHO/POD)*	167.80	mg/dL	Normal <200, Borderline High 200 - 240, High >240	
TRIGLYCERIDES Enzymatic (Lipase/GK/GPO/POD)*	106.50	mg/dL	Normal : <200, Borderline High: 200 - 400 High: >400 Very High : >650	
HDL -CHOLESTEROL PTA/ MgCl <sub>2</sub> - enzymatic*	39.20	mg/dL	Low <40, high ≥ 60	
LDL(Low density lipid) Calculated	107.30	mg/dL	Desirable ≤130, Borderline High Risk 130-160, High Risk >160	
VLDL(Very low density lipid) Calculated	21.30	mg/dL	16 - 45	
CHOL/HDL Ratio Calculated	4.28		3 - 6	
<i>Performed On: DIASYS SYS400 PRO</i>  <i>Please correlate clinically</i>				

END OF REPORT.

Prepared By  
Mr. PIYUSH SHUKLA



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Dr. KRITIKA JAIN  
MBBS MD (PATHOLOGY)