

DATE- 5/6/24

NAME - DINESH Kumar

PHONE - 991110318

AGE/GENDER - 45/male

ADDRESS -

EMAIL - Dinesh yadav @ gmail . com CORPORATE NAME - Union Bank

1. Past medical history & medications:-

Heart Pice maker

2. Any existing disease:-

NO -

3. Current medications :-

Blood Thinex

4. VITALS - (To be filled by medical personnel)

- BLOOD PRESSURE - 118/77
- PULSE RATE - 82b/min
- TEMPERATURE - 97.4°F
- SPO2 - 98%
- BLOOD SUGAR (RANDOM) -
- HEIGHT - 170CM
- WEIGHT - 59.7kg
- BMI -

VISION - RE - 6/6

LE - 6/6

Colour vision - Normal.

5. FINDINGS: -

LAB INVESTIGATION: - Abnormal Liver function test.
Abnormal Lipid profile.

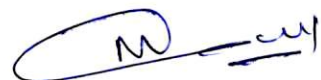
FBS - 101.1 (↑) , PP2BS - 151.8 (↑)

Rest blood & urine analysis -
Normal.

CARDIOLOGY INVESTIGATIONS: - ECG - Normal.

RADIOLOGY INVESTIGATIONS: - CXR - Normal

6. DOCTOR REMARKS: - As mentioned above.




CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Dineph kumar. on 5/6/24

After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
<ul style="list-style-type: none"> • Medically Fit 	✓
<ul style="list-style-type: none"> • Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	
<ul style="list-style-type: none"> • Currently Unfit. Review after _____ recommended • Unfit 	


 Dr. _____
 Medical Officer
 The Apollo Clinic, (Location)

This certificate is not meant for medico-legal purposes

HR: 69 bpm
RR: 875 ms
P axis: 51°
QRS axis: 25°
T axis: 46°

QT: 75 ms
QTcB: 435 ms

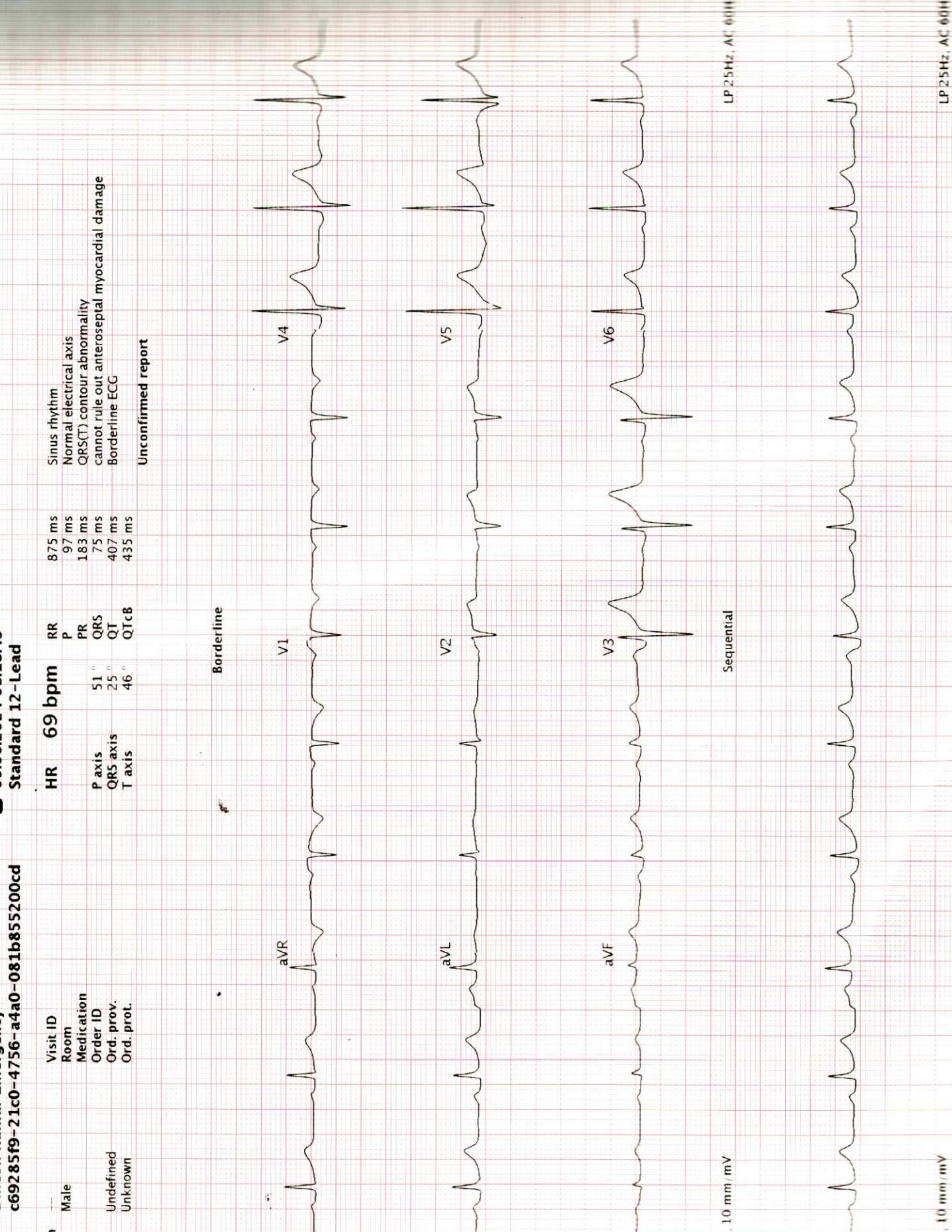
Visit ID: **Room:** **Medication:**
Order ID: **Ord. prov.:** **Ord. prot.:**

Gender: Male
Age: Undefined
Occupation: Unknown

Sinus rhythm
Normal electrical axis
QRS(T) contour abnormality
cannot rule out anteroseptal myocardial damage
Borderline ECG

Unconfirmed report

Borderline



LP 25Hz, AC 60Hz

Sequential

25 mm/s, 10 mm/mV

25 mm/s, 10 mm/mV

LP 25Hz, AC 60Hz

PATIENT'S NAME:- DINESH KUMAR

DATE :- 05/06/2024

REFERRED BY :- HEALTH CHECKUP

AGE/SEX :- 45Y/M

Radiograph of Chest (PA View)

Visualized lungs fields appear normal.

Few calcified left hilar lymph nodes are seen. Right hila appear normal.

Both CP Angle are clear.

Domes are normally placed.

Cardiac shadow appears normal.

Trachea and mediastinum are normal.

Thoracic bony cage is normal.

Please correlate clinically



Dr Arushi Gupta

MBBS, DNB (Radio - Diagnosis)

Radiologist

Patient Name : Mr.DINESH KUMAR	Barcode NO : 10062567
Age/Gender : 45 Y O M 0 D /M	Registration Date : 05/Jun/2024 10:47AM
LabNo : ITS3572	Sample Collected Date : 05/Jun/2024 10:47AM
Ref Doctor : SELF	Report Generated Date : 05/Jun/2024 05:14PM

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE BLOOD COUNT				
Sample Type : WHOLE BLOOD EDTA				
HAEMOGLOBIN (HB)	15.2	gm/dl	13.00-17.00	spectrophotometer
RBC COUNT(RED BLOOD CELL COUNT)	4.5	million/cmm	4.50 - 5.50	Electrical impedance
PCV/HAEMATOCRIT	43.5	%	40-50	Electronic Pulse & calculation
MCV	97.1	fL	81 - 101	Calculated
MCH	34	pg	27-32	Calculated
MCHC	35	g/dl	31.5 - 34.5	Calculated
RDW-CV	13.2	%	11.5-14.5	Calculated
RDW-SD	52.8	fL	39-46	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,050	cell/cmm	4000 - 10000	Electrical impedance
PLATELET COUNT	1.8	lac/mm3	1.50 - 4.50	Optical Flowcytometry
MPV	10.3	fL	8.60-15.50	Calculated
PCT	0.2	%	0.15-0.62	Calculated
PDW-CV	14.60	%	10.0 - 17.9	Calculated
PDW-SD	12	fL	9.0 - 17.0	Calculated
DLC(by Flow cytometry/ Microscopy)				
NEUTROPHIL	47.4	%	40 - 80	Electrical impedance
LYMPHOCYTE	34.9	%	20 - 40	Electrical impedance
MONOCYTE	9.2	%	2 - 10	Electrical impedance
EOSINOPHIL	8.3	%	01 - 06	Electrical impedance
BASOPHIL	0.2	%	00 - 02	Electrical impedance
ABSOLUTE NEUTROPHIL COUNT	2.4	x10 ³ Cells/uL	1.5-7.8	Electrical impedance
ABSOLUTE LYMPHOCYTE COUNT	1.8	x10 ³ Cells/uL	2.0-3.9	Electrical impedance
ABSOLUTE MONOCYTE COUNT	0.5	x10 ³ Cells/uL	0.2-0.95	Electrical impedance
ABSOLUTE EOSINOPHIL COUNT	0.4	x10 ³ Cells/uL	0.2-0.5	Electrical impedance
ABSOLUTE BASOPHIL COUNT	0	x10 ³ Cells/uL	0.02-0.2	Electrical impedance




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Email: sohna.road@apolloclinic.com | Online : www.apolloclinic.com

TO BOOK AN APPOINTMENT



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ERYTHROCYTE SEDIMENTATION RATE

Sample Type : WHOLE BLOOD EDTA

ERYTHROCYTE SEDIMENTATION RATE	20	mm/1st hr	1-12	Westergren
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COMMENTS: ESR is an acute phase reactant that indicates the presence and intensity of an inflammatory process. It is never diagnostic of a specific disease. It is used to monitor the course or response to treatment of certain diseases. Extremely high levels are found in cases of malignancy, hematologic diseases, collagen disorders, and renal diseases. Increased levels may indicate: Chronic renal failure (e.g., nephritis, nephrosis), malignant diseases (e.g., multiple myeloma, Hodgkin disease, advanced Carcinomas), bacterial infections (e.g., abdominal infections, acute pelvic inflammatory disease, syphilis, pneumonia), inflammatory diseases (e.g. temporal arteritis, polymyalgia rheumatic, rheumatoid arthritis, rheumatic fever, systemic lupus erythematosus [SLE]), necrotic diseases (e.g., acute myocardial infarction, necrotic tumor, gangrene of an extremity), diseases associated with increased proteins (e.g., hyperfibrinogenemia, macroglobulinemia), and severe anemias (e.g., iron deficiency or B12 deficiency). Falsely decreased levels may indicate Sick cell anemia, spherocytosis, hypofibrinogenemia, or polycythemia vera.



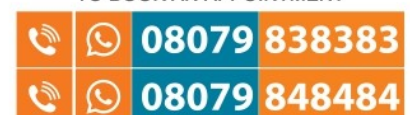
Prasad

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DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
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BLOOD GROUP ABO & RH

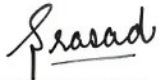
Sample Type : WHOLE BLOOD EDTA

ABO	B			Gel Columns agglutination
Rh Typing	POSITIVE			Gel agglutination

COMMENTS:

The test will detect common blood grouping system A, B, O, AB and Rhesus (RhD). Unusual blood groups or rare subtypes will not be detected by this method. Further investigation by a blood transfusion laboratory, will be necessary to identify such groups.

Disclaimer: There is no trackable record of previous ABO & RH test for this patient in this lab. Please correlate with previous blood group findings.

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DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
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HBA1C

Sample Type : WHOLE BLOOD EDTA

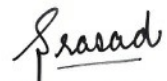
HBA1c	5.1	%	Normal Glucose tolerance (non-diabetic): <5.6%~Pre-diabetic: 5.7-6.4%~Diabetic Mellitus: >6.5%	HPLC
ESTIMATED AVG. GLUCOSE	99.67	mg/dl		

INCREASED IN

1. Chronic renal failure with or without hemodialysis.
2. Iron deficiency anemia. Increased serum triglycerides.
3. Alcohol.
4. Salicylate treatment.

DECREASED IN

1. Shortened RBC life span (hemolytic anemia, blood loss), Pregnancy.
2. Ingestion of large amounts (>1g/day) of vitamin C or E.
3. Hemoglobinopathies (e.g.: spherocytes) produce variable increase or decrease.
4. Results of %HbA1c are not reliable in patients with chronic blood loss and consequent variable erythrocyte life span.

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST				
Sample Type : SERUM				
TOTAL BILIRUBIN	1.30	mg/dl	0.1-1.2	Diazotized, Sulfanilic
CONJUGATED (D. Bilirubin)	0.50	mg/dl	0.00-0.30	Jendrassik & Groff
UNCONJUGATED (I.D. Bilirubin)	0.80	mg/dl	0.1-1.0	Calculated
S.G.P.T	72.10	U/L	10.00-35.00	Enzymatic,IFFC
SGOT	52.60	U/L	8.00-35.00	Enzymatic,IFFC
GGT	99.50	U/L	8.00-55.00	Colorimetric Method
ALKALINE PHOSPHATASE	156.00	U/l	30.00-120.00	P-Nitrophenyl phosphate
TOTAL PROTEINS	7.20	gm/dl	6.40-8.30	Biuret
ALBUMIN	4.50	gm/dl	3.50-5.00	BCG
GLOBULIN	2.70	gm/dl	2.00-4.10	Calculated
A/G RATIO	1.67		1.00-2.00	Calculated



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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE				
Sample Type : SERUM				
TOTAL CHOLESTEROL	215	mg/dl	<200~Borderline: 200 – 239~High : >=240	Cholesterol oxidase/peroxidase
TRIGLYCERIDES	224.3	mg/dl	<150~BorderLine : 150-199~High : 200-499~Very High : >=500	Glycerol phosphate oxidase/peroxidase
H D L CHOLESTEROL	48.6	mg/dl	Normal: > 40~Major Heart Risk : < 40	Phosphotungstate/Mg-Cholesterol oxidase/ peroxidase
L D L CHOLESTEROL	121.54	mg/dl	70-106~Above Optimal : 100-129~Borderline High : 130-159~High : 160-189~Very High : >=190	Calculated
NON HDL CHOLESTEROL	166.4	mg/dl	Desirable: <130~BorderLine : 150-199~High : 200-499~Very High : >=500	Calculated
VLDL	44.86	mg/dl	15-30	Calculated
T. CHOLESTEROL/ HDL RATIO	4.42			Calculated
LDL / HDL RATIO	2.5			Calculated



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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
PLASMA GLUCOSE - FASTING				
Sample Type : FLOURIDE PLASMA				
Plasma Glucose Fasting	101.1	mg/dl	70 - 100	Glucose Oxidase/Peroxidase

PLASMA GLUCOSE - PP				
Sample Type : FLOURIDE PLASMA (PP)				
Plasma Glucose PP	151.8	mg/dl	80-140	Glucose Oxidase/Peroxidase

INTERPRETATION:

Increased In

- Diabetes Mellitus
- Stress (e.g., emotion, burns, shock, anesthesia)
- Acute pancreatitis
- Chronic pancreatitis
- Wernicke encephalopathy (vitamin B1 deficiency)
- Effect of drugs (e.g. corticosteroids, estrogens, alcohol, phenytoin, thiazides)

Decreased In

- Pancreatic disorders
- Extrapancreatic tumors
- Endocrine disorders
- Malnutrition
- Hypothalamic lesions
- Alcoholism
- Endocrine disorders



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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
KIDNEY FUNCTION TEST				
Sample Type : SERUM				
SERUM UREA	25.6	mg/dL	15-39	Urease GLDH
SERUM URIC ACID	7.0	mg/dl	3.5-7.20	URICASE
SERUM CREATININE	1.3	mg/dl	0.60-1.30	Jafees
Estimated Glomerular Filtration Rate (eGFR)	63.45	mL/min/1.73m ²	REFER INTERPRETAION	
SERUM TOTAL CALCIUM	9.8	mg/dl	8.3-10.3	Arsenazo III
SERUM SODIUM	140.1	mmol/L	136.0-149.0	ISE
SERUM POTASSIUM	4.21	mmol/L	3.5-5.0	ISE
SERUM CHLORIDE	108.5	mmol/L	98.0-109.0	ISE



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Age/Gender : 45 Y 0 M 0 D /M	Registration Date : 05/Jun/2024 10:47AM
LabNo : ITS3572	Sample Collected Date : 05/Jun/2024 10:47AM
Ref Doctor : SELF	Report Generated Date : 05/Jun/2024 05:13PM

DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE (T3,T4,TSH)

Sample Type : SERUM

T3	0.65	ng/ml	0.61-1.81	ELISA
T4	4.97	ug/dl	4.80-11.60	ELISA
TSH	1.88	uIU/mL	0.40-4.20	ELISA

INTERPRETATION:

- Serum T3, T4 and TSH are the measurements form three components of thyroid screening panel and are useful in diagnosing various disorders of thyroid gland function.
- Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values along with depressed TSH levels.
- Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
- Normal T4 levels accompanied by high T3 levels are seen in patients with T3 thyrotoxicosis. Slightly elevated T3 levels may be found in pregnancy and in estrogen therapy while depressed levels may be encountered in severe illness, mainutrition, renal failure and during therapy with drugs like propranolol and propylthiouracil.
- Although elevated TSH levels are nearly always indicative of primary hypothyroidism, rarely they can result from TSH secreting pituitary tumors (secondary hyperthyroidism).
- Low levels of Thyroid hormones (T3, T4 & FT3, FT4) are seen in cases of primary, secondary and tertiary hypothyroidism and sometimes in non-thyroidal illness also.
- Increased levels are found in Grave's disease, hyperthyroidism and thyroid hormone resistance.
- TSH levels are raised in primary hypothyroidism and are low in hyperthyroidism and secondary hypothyroidism.

9. REFERENCE RANGE :

PREGNANCY	TSH in uIU/ mL
1st Trimester	0.60 - 3.40
2nd Trimester	0.37 - 3.60
3rd Trimester	0.38 - 4.04

Age	TSH in uIU/ mL
0 - 4 Days	1.00 - 39.00
2 Weeks to 5 Months	1.70 - 9.10
6 Months to 20 Yrs.	0.70 - 6.40
>55 Yrs.	0.50 - 8.90

(References range recommended by the American Thyroid Association)

Comments:

- During pregnancy, Free thyroid profile (FT3, FT4 & Ultra-TSH) is recommended.
- TSH levels are subject to circadian variation, reaches peak levels between 2-4 AM and at a minimum between 6-10 PM. The variation of the day has influence on the measured serum TSH concentrations.



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DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
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URINE ROUTINE EXAMINATION

Sample Type : URINE

Complete Urine Analysis (CUE)

COLOUR	PALE YELLOW		PALE YELLOW	VISUAL
TRANSPARENCY	CLEAR		Clear	VISUAL
Reaction (pH)	5.00		5 - 7.5	Bromothymol Blue
SPECIFIC GRAVITY	1.025		1.002 - 1.030	Dipstick

Chemical Examination (Automated Dipstick Method) Urine

Urine Glucose (sugar)*	Negative		NEGATIVE	GOD-POD
Urine Protein	Negative		NEGATIVE	PROTEIN ERROR OF INDICATOR
Urine Ketones	Negative		NEGATIVE	NITROPRUSSIDE
Blood*	Negative		NEGATIVE	Dipstick
Leukocyte esterase*	Negative		Negative	PYRROLE HYDROLYSIS
Nitrite*	Negative		NEGATIVE	Dipstick
Urobilinogen*	NORMAL		Normal	EHRlich

Microscopic Examination Urine

PUS CELLS	2-4	/hpf	0 - 5	Microscopy
Epithelial Cells*	0-1		<10	Microscopy
Red blood Cells*	NIL	/hpf	0 - 2	Microscopy
Cast*	NIL		Absent	Microscopy
Crystals*	NIL		Absent	Microscopy

*** End Of Report ***



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TO BOOK AN APPOINTMENT



DATE- 5/6/24

NAME - Pinky.

PHONE - 9911110318

AGE/GENDER - F male.

ADDRESS - vil - SARATHUR Plaza

EMAIL - Divish yadav 21w@gmail.com

CORPORATE NAME - Gurgaon.

1. Past medical history & medications:- - NA.

2. Any existing disease:- - NA.

3. Current medications :- - NA.

4. VITALS - (To be filled by medical personnel)

- BLOOD PRESSURE - 105/65
- PULSE RATE - 76b
- TEMPERATURE - 97.8
- SPO2 - 99%
- BLOOD SUGAR (RANDOM) -
- HEIGHT - 150cm
- WEIGHT - 57kg
- BMI -

vision - R 6/6

LE - 6/6

Colour vision - normal.

5. FINDINGS: -

LAB INVESTIGATION: - Hb - 7.2 gm/l. (↓)
borderline deranged lipid profile.
Rest blood & urine analysis - Normal.

CARDIOLOGY INVESTIGATIONS: - ECG - Normal

RADIOLOGY INVESTIGATIONS: - CXR - NOT done.
USG - Normal.

6. DOCTOR REMARKS: - As mentioned above.

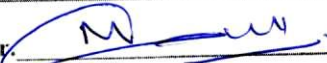


CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination
of Pinky Yadav. on 5/6/24

After reviewing the medical history and on clinical examination it has been found that
he/she is

	Tick
<ul style="list-style-type: none"> • Medically Fit 	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> • Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Currently Unfit. Review after _____ recommended 	<input type="checkbox"/>
<ul style="list-style-type: none"> • Unfit 	<input type="checkbox"/>

Dr. 
Medical Officer
The Apollo Clinic, (Location)

This certificate is not meant for medico-legal purposes

DR. BINDU BISHT
B.D.S, MIDA, MISDT
(General Dentist)



NAME:- Pinky Yadav AGE/SEX: 41 / F DATE: June 5 / 24

through health checkup

O/E

curious — / 5
calculus ++
stains ++

Advice

scaling & polishing
x-ray — / 5

Interdental brush 

Bindu Bisht



Name

3d6c8158-3f4a-4b3b-8238-46aed9f6a82

05.06.2024 08:57:25
Standard 12-Lead

Mrs. pinky Emergency

Date of birth

Female

Visit ID

Room
Medication
Order ID
Ord. prov.
Ord. prot.

HR 69 bpm

RR P
PR QRS
QT QTcB

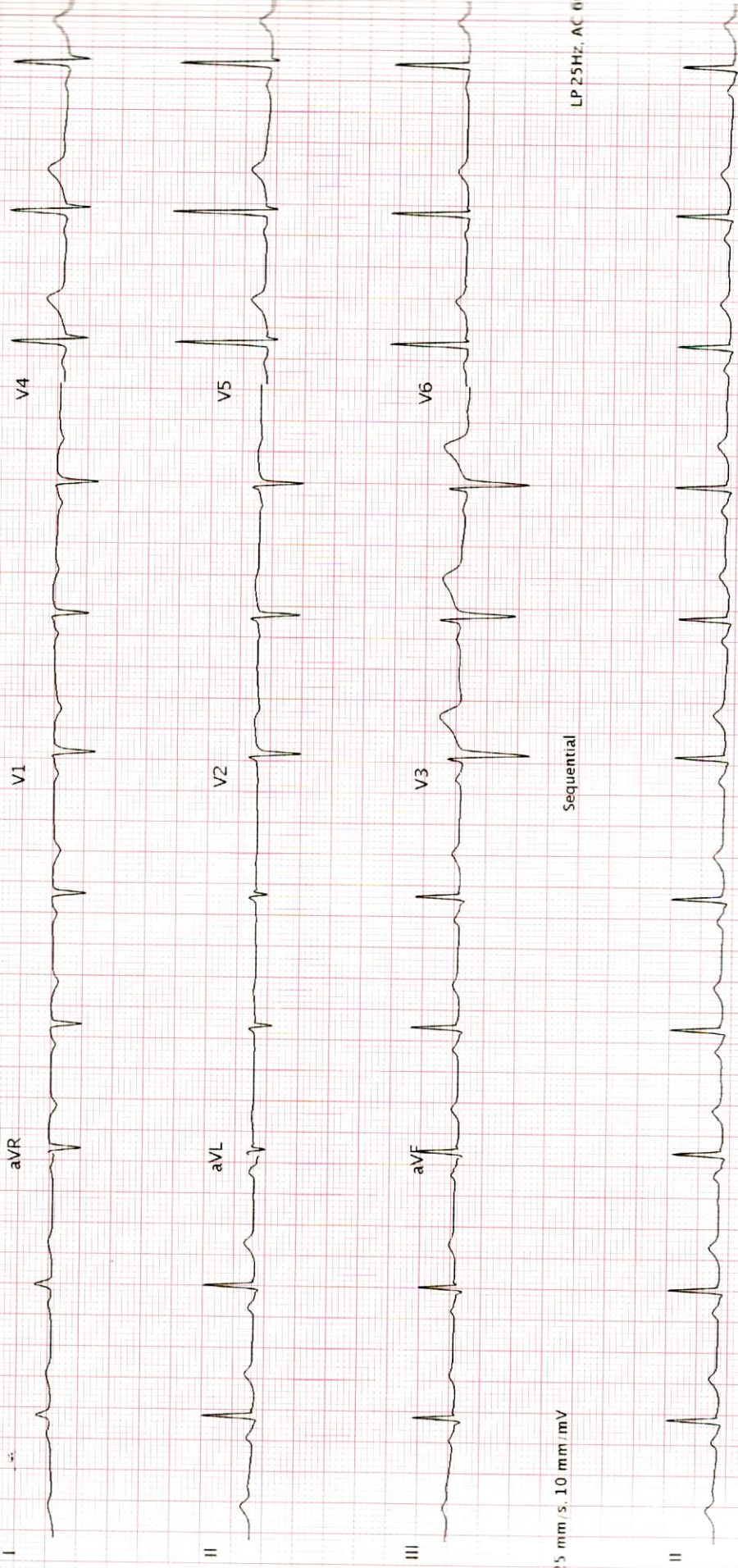
Sinus rhythm
Normal electrical axis
Normal ECG
Unconfirmed report

870 ms
90 ms
146 ms
85 ms
379 ms
406 ms

Undefined
Unknown

Indication
remark

Normal



25 mm s, 10 mm mV

Sequential

LP 25Hz, AC 60Hz

25 mm s, 10 mm mV

102 G2 1.2.0 (1080 009830)

Printed on 05.06.2024 08:57:38

SCHILLER

LP 25Hz, AC 60Hz

Page 1 of 1

Patient's Name	MS PINKY	Date	05.06-2024
Referred By	SELF	Age/Sex	41YRS/F

ULTRASOUND OF ABDOMEN & PELVIS

Clinical profile:, General check up,

Liver: is normal in size, outline show increase in parenchymal echotexture. No focal lesion is seen. There is no evidence of intrahepatic biliary dilatation. The hepatic veins are normal. The portal vein shows normal flow and appears normal in calibre.

GALL BLADDER shows normal contents and wall.. Visualized portion of CBD is normal in calibre.

PANCREAS: Normal in size, shape and echo pattern.

SPLEEN: Normal in size shape and echopattern. No focal lesion is seen.

KIDNEYS kidneys are normal in size, shape, position, axis and echopattern. The corticomedullary differentiation is well maintained. Collecting system appears normal. No calculus, hydronephrosis or any abnormality is seen on either side

URINARY BLADDER: is normal in size and outline. No mass or calculus is seen.

UTERUS is anteverted normal in size and outline. The myometrium shows homogenous echoes. The endometrium is central, 7mm,
Both adnexal regions are unremarkable.

No free fluid is seen in pouch of Douglas. No e/o any lymphadenopathy.

IMPRESSION:-

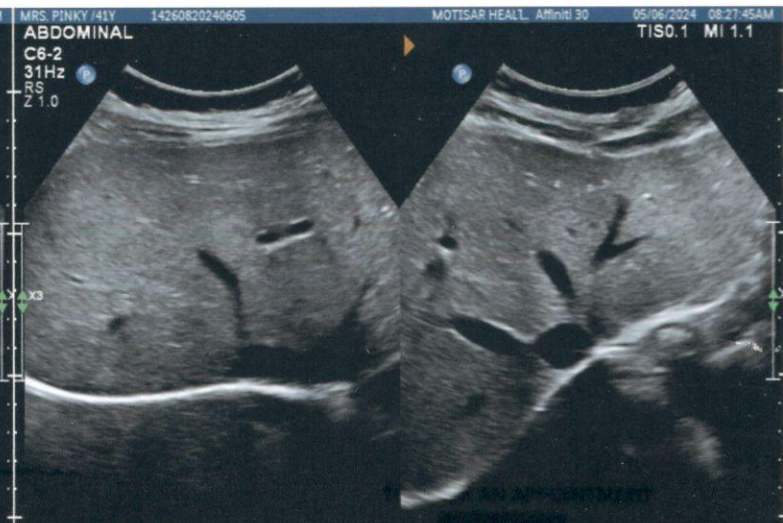
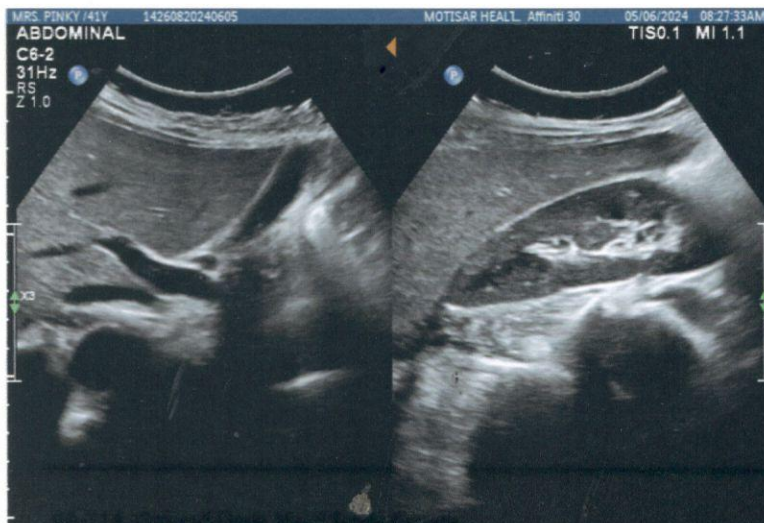
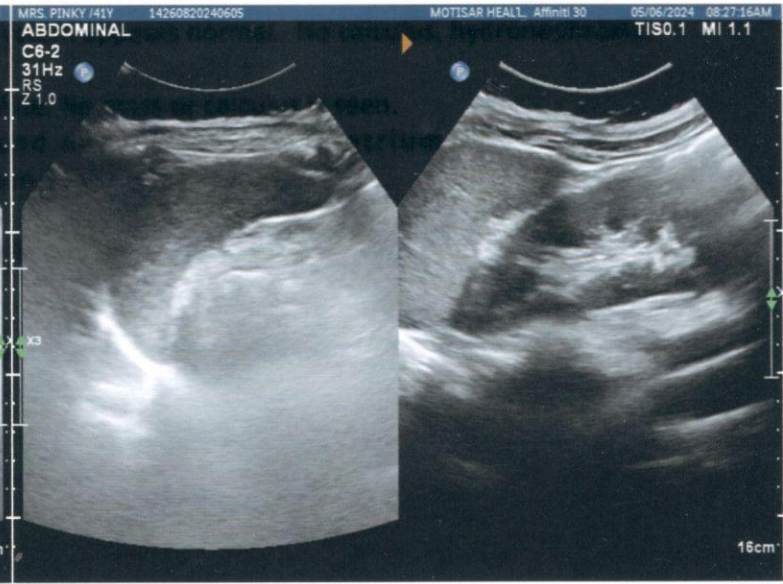
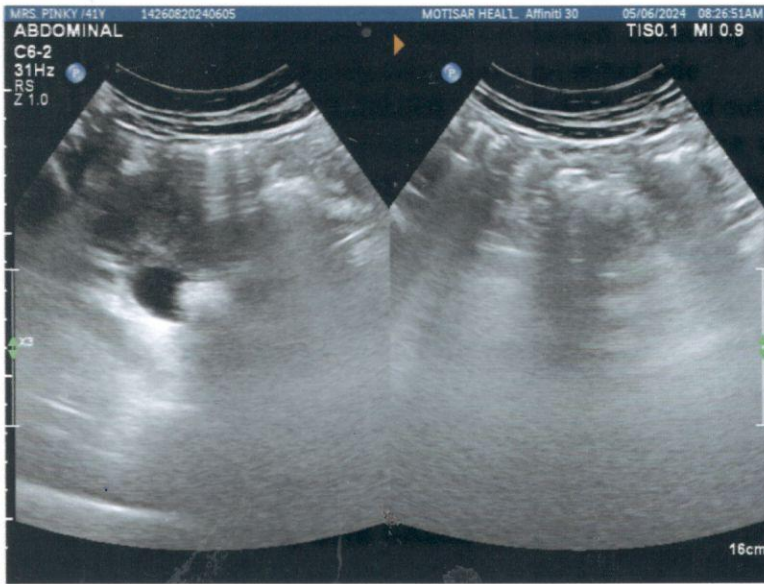
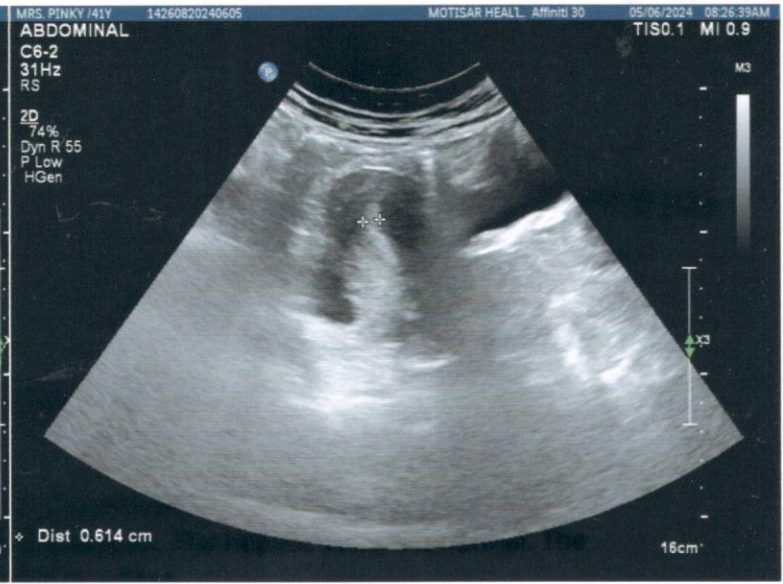
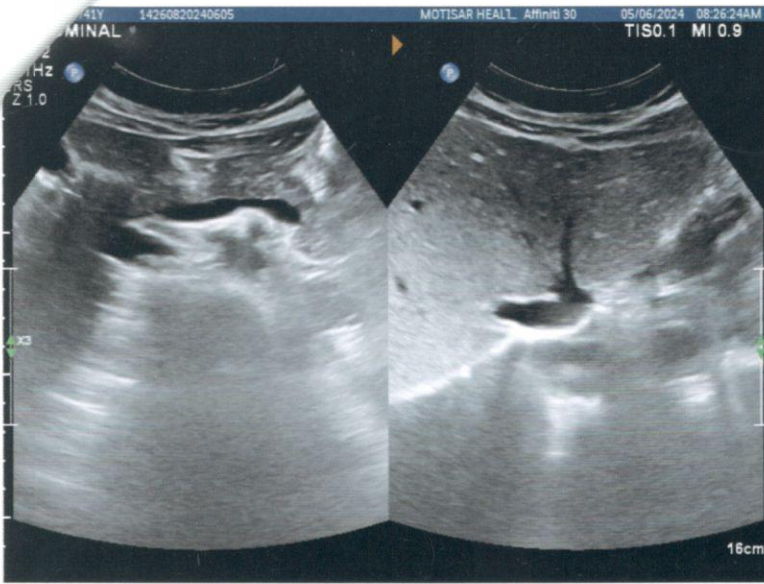
NO OBVIOUS ABNORMALITY IS SEEN IN THE STUDY

CLINICAL CORRELATION IS NECESSARY



DR. RAJNISH JUNEJA

MBBS, DNB RADIODIAGNOSIS



Patient Name : Mrs.PINKY YADAV	Barcode NO : 10062571
Age/Gender : 41 Y 0 M 0 D /F	Registration Date : 05/Jun/2024 10:55AM
LabNo : ITS3576	Sample Collected Date : 05/Jun/2024 10:55AM
Ref Doctor : SELF	Report Generated Date : 05/Jun/2024 05:12PM

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE BLOOD COUNT				
Sample Type : WHOLE BLOOD EDTA				
HAEMOGLOBIN (HB)	7.2	gm/dl	12.00-16.00	spectrophotometer
RBC COUNT(RED BLOOD CELL COUNT)	3.8	million/cmm	4.50 - 5.50	Electrical impedance
PCV/HAEMATOCRIT	24.2	%	40-50	Electronic Pulse & calculation
MCV	63.4	fL	81 - 101	Calculated
MCH	18.9	pg	27-32	Calculated
MCHC	29.9	g/dl	31.5 - 34.5	Calculated
RDW-CV	17.5	%	11.5-14.5	Calculated
RDW-SD	45.9	fL	39-46	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,940	cell/cmm	4000 - 10000	Electrical impedance
PLATELET COUNT	3.1	lac/mm ³	1.50 - 4.50	Optical Flowcytometry
MPV	10.5	fL	8.60-15.50	Calculated
PCT	0.3	%	0.15-0.62	Calculated
PDW-CV	15.00	%	10.0 - 17.9	Calculated
PDW-SD	15	fL	9.0 - 17.0	Calculated
DLC(by Flow cytometry/ Microscopy)				
NEUTROPHIL	60.9	%	40 - 80	Electrical impedance
LYMPHOCYTE	34	%	20 - 40	Electrical impedance
MONOCYTE	2.2	%	2 - 10	Electrical impedance
EOSINOPHIL	2.1	%	01 - 06	Electrical impedance
BASOPHIL	0.8	%	00 - 02	Electrical impedance
ABSOLUTE NEUTROPHIL COUNT	3	x10 ³ Cells/uL	1.5-7.8	Electrical impedance
ABSOLUTE LYMPHOCYTE COUNT	1.7	x10 ³ Cells/uL	2.0-3.9	Electrical impedance
ABSOLUTE MONOCYTE COUNT	0.1	x10 ³ Cells/uL	0.2-0.95	Electrical impedance
ABSOLUTE EOSINOPHIL COUNT	0.1	x10 ³ Cells/uL	0.2-0.5	Electrical impedance
ABSOLUTE BASOPHIL COUNT	0	x10 ³ Cells/uL	0.02-0.2	Electrical impedance



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TO BOOK AN APPOINTMENT



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DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
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ERYTHROCYTE SEDIMENTATION RATE

Sample Type : WHOLE BLOOD EDTA

ERYTHROCYTE SEDIMENTATION RATE	30	mm/1st hr	1-12	Westergren
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COMMENTS: ESR is an acute phase reactant that indicates the presence and intensity of an inflammatory process. It is never diagnostic of a specific disease. It is used to monitor the course or response to treatment of certain diseases. Extremely high levels are found in cases of malignancy, hematologic diseases, collagen disorders, and renal diseases. Increased levels may indicate: Chronic renal failure (e.g., nephritis, nephrosis), malignant diseases (e.g., multiple myeloma, Hodgkin disease, advanced Carcinomas), bacterial infections (e.g., abdominal infections, acute pelvic inflammatory disease, syphilis, pneumonia), inflammatory diseases (e.g. temporal arteritis, polymyalgia rheumatic, rheumatoid arthritis, rheumatic fever, systemic lupus erythematosus [SLE]), necrotic diseases (e.g., acute myocardial infarction, necrotic tumor, gangrene of an extremity), diseases associated with increased proteins (e.g., hyperfibrinogenemia, macroglobulinemia), and severe anemias (e.g., iron deficiency or B12 deficiency). Falsely decreased levels may indicate Sick cell anemia, spherocytosis, hypofibrinogenemia, or polycythemia vera.



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DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
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BLOOD GROUP ABO & RH

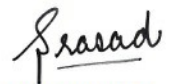
Sample Type : WHOLE BLOOD EDTA

ABO	O			Gel Columns agglutination
Rh Typing	POSITIVE			Gel agglutination

COMMENTS:

The test will detect common blood grouping system A, B, O, AB and Rhesus (RhD). Unusual blood groups or rare subtypes will not be detected by this method. Further investigation by a blood transfusion laboratory, will be necessary to identify such groups.

Disclaimer: There is no trackable record of previous ABO & RH test for this patient in this lab. Please correlate with previous blood group findings.

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DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
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HBA1C

Sample Type : WHOLE BLOOD EDTA

HBA1c	5.1	%	Normal Glucose tolerance (non-diabetic): <5.6%~Pre-diabetic: 5.7-6.4%~Diabetic Mellitus: >6.5%	HPLC
ESTIMATED AVG. GLUCOSE	99.67	mg/dl		

INCREASED IN

1. Chronic renal failure with or without hemodialysis.
2. Iron deficiency anemia. Increased serum triglycerides.
3. Alcohol.
4. Salicylate treatment.

DECREASED IN

1. Shortened RBC life span (hemolytic anemia, blood loss), Pregnancy.
2. Ingestion of large amounts (>1g/day) of vitamin C or E.
3. Hemoglobinopathies (e.g.: spherocytes) produce variable increase or decrease.
4. Results of %HbA1c are not reliable in patients with chronic blood loss and consequent variable erythrocyte life span.



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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST				
Sample Type : SERUM				
TOTAL BILIRUBIN	0.80	mg/dl	0.1-1.2	Diazotized, Sulfanilic
CONJUGATED (D. Bilirubin)	0.30	mg/dl	0.00-0.30	Jendrassik & Groff
UNCONJUGATED (I.D. Bilirubin)	0.50	mg/dl	0.1-1.0	Calculated
S.G.P.T	16.10	U/L	10.00-35.00	Enzymatic,IFFC
SGOT	32.90	U/L	8.00-35.00	Enzymatic,IFFC
GGT	14.80	U/L	8.00-55.00	Colorimetric Method
ALKALINE PHOSPHATASE	85.00	U/l	30.00-120.00	P-Nitrophenyl phosphate
TOTAL PROTEINS	7.10	gm/dl	6.40-8.30	Biuret
ALBUMIN	4.00	gm/dl	3.50-5.00	BCG
GLOBULIN	3.10	gm/dl	2.00-4.10	Calculated
A/G RATIO	1.29		1.00-2.00	Calculated



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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE				
Sample Type : SERUM				
TOTAL CHOLESTEROL	175	mg/dl	<200~Borderline: 200 – 239~High : >=240	Cholesterol oxidase/peroxidase
TRIGLYCERIDES	136.6	mg/dl	<150~BorderLine : 150-199~High : 200-499~Very High : >=500	Glycerol phosphate oxidase/peroxidase
H D L CHOLESTEROL	35.8	mg/dl	Normal: > 40~Major Heart Risk : < 40	Phosphotungstate/Mg-Cholesterol oxidase/ peroxidase
L D L CHOLESTEROL	111.88	mg/dl	70-106~Above Optimal : 100-129~Borderline High : 130-159~High : 160-189~Very High : >=190	Calculated
NON HDL CHOLESTEROL	139.2	mg/dl	Desirable: <130~BorderLine : 150-199~High : 200-499~Very High : >=500	Calculated
VLDL	27.32	mg/dl	15-30	Calculated
T. CHOLESTEROL/ HDL RATIO	4.89			Calculated
LDL / HDL RATIO	3.13			Calculated



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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
PLASMA GLUCOSE - FASTING				
Sample Type : FLOURIDE PLASMA				
Plasma Glucose Fasting	99.7	mg/dl	70 - 100	Glucose Oxidase/Peroxidase

KIDNEY FUNCTION TEST

Sample Type : SERUM				
SERUM UREA	22.3	mg/dL	15-39	Urease GLDH
SERUM URIC ACID	4.5	mg/dl	3.5-7.20	URICASE
SERUM CREATININE	1.0	mg/dl	0.60-1.30	Jafees
Estimated Glomerular Filtration Rate (eGFR)	64.94	mL/min/1.73m ²	REFER INTERPRETAION	
SERUM TOTAL CALCIUM	9.7	mg/dl	8.3-10.3	Arsenazo III
SERUM SODIUM	136.2	mmol/L	136.0-149.0	ISE
SERUM POTASSIUM	4.02	mmol/L	3.5-5.0	ISE
SERUM CHLORIDE	107.2	mmol/L	98.0-109.0	ISE



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DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE (T3,T4,TSH)

Sample Type : SERUM

T3	0.96	ng/ml	0.61-1.81	ELISA
T4	5.62	ug/dl	4.80-11.60	ELISA
TSH	4.04	uIU/mL	0.40-4.20	ELISA

INTERPRETATION:

- Serum T3, T4 and TSH are the measurements form three components of thyroid screening panel and are useful in diagnosing various disorders of thyroid gland function.
- Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values along with depressed TSH levels.
- Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
- Normal T4 levels accompanied by high T3 levels are seen in patients with T3 thyrotoxicosis. Slightly elevated T3 levels may be found in pregnancy and in estrogen therapy while depressed levels may be encountered in severe illness, mainutrition, renal failure and during therapy with drugs like propranolol and propylthiouracil.
- Although elevated TSH levels are nearly always indicative of primary hypothyroidism, rarely they can result from TSH secreting pituitary tumors (secondary hyperthyroidism).
- Low levels of Thyroid hormones (T3, T4 & FT3, FT4) are seen in cases of primary, secondary and tertiary hypothyroidism and sometimes in non-thyroidal illness also.
- Increased levels are found in Grave's disease, hyperthyroidism and thyroid hormone resistance.
- TSH levels are raised in primary hypothyroidism and are low in hyperthyroidism and secondary hypothyroidism.

9. REFERENCE RANGE :

PREGNANCY	TSH in uIU/ mL
1st Trimester	0.60 - 3.40
2nd Trimester	0.37 - 3.60
3rd Trimester	0.38 - 4.04

Age	TSH in uIU/ mL
0 - 4 Days	1.00 - 39.00
2 Weeks to 5 Months	1.70 - 9.10
6 Months to 20 Yrs.	0.70 - 6.40
>55 Yrs.	0.50 - 8.90

(References range recommended by the American Thyroid Association)

Comments:

- During pregnancy, Free thyroid profile (FT3, FT4 & Ultra-TSH) is recommended.
- TSH levels are subject to circadian variation, reaches peak levels between 2-4 AM and at a minimum between 6-10 PM. The variation of the day has influence on the measured serum TSH concentrations.



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DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE ROUTINE EXAMINATION				
Sample Type : URINE				
<u>Complete Urine Analysis (CUE)</u>				
COLOUR	PALE YELLOW		PALE YELLOW	VISUAL
TRANSPARENCY	SLIGHTLY TURBID		Clear	VISUAL
Reaction (pH)	5.00		5 - 7.5	Bromothymol Blue
SPECIFIC GRAVITY	1.020		1.002 - 1.030	Dipstick
<u>Chemical Examination (Automated Dipstick Method) Urine</u>				
Urine Glucose (sugar)*	Negative		NEGATIVE	GOD-POD
Urine Protein	Negative		NEGATIVE	PROTEIN ERROR OF INDICATOR
Urine Ketones	Negative		NEGATIVE	NITROPRUSSIDE
Blood*	Negative		NEGATIVE	Dipstick
Leukocyte esterase*	Negative		Negative	PYRROLE HYDROLYSIS
Nitrite*	Negative		NEGATIVE	Dipstick
Urobilinogen*	NORMAL		Normal	EHRlich
<u>Microscopic Examination Urine</u>				
PUS CELLS	1-2	/hpf	0 - 5	Microscopy
Epithelial Cells*	2-4		<10	Microscopy
Red blood Cells*	NIL	/hpf	0 - 2	Microscopy
Cast*	NIL		Absent	Microscopy
Crystals*	NIL		Absent	Microscopy

*** End Of Report ***



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