

PARASHAR¹²

MULTI SUPER SPECIALTY HOSPITAL, TRAUMA & MATERNITY CENTER
MURLI MANOHAR COMPLEX, KHADI BHANDAR
(NEAR OF MITHANPURA THANA), MUZAFFARPUR



24/7
HOURS
EMERGENCY
SERVICE

Date :- 24/08/2024

Sr/NO :- 02

Name :- MR ROHAN PRAKASH

Age :- 31 Yrs Sex:- M

Ref. BY :- NEW PARASHAR HOSPITAL

HAEMATOLOGY

COMPLETE BLOOD COUNT (CBC) WITH ESR

INVESTIGATION REQUESTED	FINDING	UNITS	NORMAL RANGE
HAEMOGLOBIN (Hb)	10.0	gm/dl	12 -16
TLC(Total Leucocyte Count)	10800	Cells/Cumm	4000-11000
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHILS	70	%	40 - 70
LYMPHOCYTES	24	%	20 - 40
EOSINOPHILS	05	%	1 - 6
MONOCYTES	01	%	2 - 10
BASOPHILS	00	%	0 - 1
E.S.R (Westergren Method)	38	mm/1st hr.	0.00- 20
RBC (Red Blood Cell Count)	3.4	Millions/cmm	3.5 - 5.5
Hct (Haematocrit)	30.1	%	40 -45
M C V (Mean Corp Volume)	88.4	fL	80.0-99.9
M C H (Mean Corp Hb)	29.6	pg	27.0 - 31.0
M C H C (Mean Corp Hb Conc)	33.8	g/DL	33.0 - 37.0
PLATELET COUNT	1.94	Lakhs/c.mm	1.5-4.5

Dr. Shahbaz Alam

Dr. Md. Parwez

Dr. Satya Narayan

Examiner / Consultant

BMLT, M.Sc., MLT

Pathologist, M.B.B.S.

Pathologist, M.B.B.S.

Ph.D. (Microbiology)

Reg. No. : 17015

Reg. No. : 12034 (Bihar)

Reg. No. Dep/02-04244

This is only a professional report. Not valid for medico-legal purpose



24-08-24



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PARASHAR

Reg. No 815

MULTI SUPER SPECIALITY HOSPITAL, TRAUMA & MATERNITY CENTER

MURLI MANOHAR COMPLEX, KHADI BHANDAR

(NEAR OF MITHANPURA THANA), MUZAFFARPUR

Mob. : 7717798029
707091208624/7
HOURS
EMERGENCY
SERVICEDate :- 24/08/2024
Name :- MR ROHAN PRAKASH
Ref. By:- NEW PARASHAR HOSPITALSrl No :- 02
Age :- 31 Yrs. Sex :- M**BIOCHEMISTRY****LIVER FUNCTION TEST (LFT)**

Test Name	Value	Unit	Reference Value
SERUM BILIRUBIN (Total)	0.8	mg/dl	0.2-1.2
BILIRUBIN (Dir.)	0.48	mg/dl	0-0.5
BILIRUBIN (Ind.)	0.32	mg/dl	0.2-1.0
SGOT/AST	29.4	U/L	5-34
SGPT/ALT	39.6	U/L	0-55
ALKALINE PHOSPHATASE	134	U/L	40-150
TOTAL PROTEIN	6.8	g/dL	6.4-8.3
ALBUMIN	3.8	g/dL	3.5-5.2
GLOBULIN	3.0	g/dL	2.5-3.8

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RENAL PROFILE (KFT)

Test Name	Value	Unit	Reference Value
BLOOD UREA	26.2	mg/dl	20-35
SERUM CREATININE	0.7	mg/dl	0.4-1.4
BUN	12.2	mg/dl	10-20
S.SODIUM (NA ⁺)	138.4	meq/l	137-147
S.POTASSIUM (K ⁺)	4.3	meq/l	3.5-5.0
S.CHLORIDE (CL)	103	meq/l	98-105
CALCIUM	9.4	mg/dl	8.4-10.4
PHOSPHORUS	3.8	mg/dl	2.5-4.5
SERUM URIC ACID	6.7	mg/dl	Male: 3.5 - 7.2 Females 2.5 - 6.2

This is only a professional opinion, not the diagnosis.
Please correlate with clinical conditions and drug history.
This report is not valid for medico legal purpose.

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LIPID PROFILE

Test Name	Value	Unit	Reference Value
TOTAL CHOLESTEROL	196	mg/dl	Children <150mg/dl Adults:-150-240mg/dl Old people:-180-330g/dl
SERUM TRIGLYCERIDES	164	mg/dl	Male :- 25-200 Female :- 30-190
HDL CHOLESTEROL	39.4	mg/dl	30-65
VLDL	32.8	mg/dl	04-56
LDL CHOLESTEROL	123.8	mg/dl	50-150
TOTAL CHOLESTEROL/HDL RATIO	4.9		0.00-4.9
LDL/HDL CHOLESTEROL RATIO	3.2		0.00-3.5

Quality controlled report with external quality assurance

COMMENT :

Test results are created by fully/semi automated equipments.
This is only a professional opinion, not the diagnosis.

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Examinee's Consultant
24/8/24



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Ref. By:- NEW PARASHAR HOSPITAL

SH No :- 02
Age :- 31 Yrs. Sex :- M

BIOCHEMISTRY

<u>Test Name</u>	<u>Value</u>	<u>Unit</u>	<u>Reference Value</u>
BLOOD GLUCOSE RANDOM	184	mg/dl	70 -160



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URINE EXAMINATION REPORT

PHYSICAL EXAMINATION

Quantity : About 16 ml. Appearance : CLEAR Colour: P. YELLOW
Sediment : NIL Specific Gravity : QNS

CHEMICAL EXAMINATION

Ph : 07 * Le Test
Sugar : NIL * B.J. Protein
Albumin : NIL * Urobilinogen
Phosphates : NIL * Blood Pigments
* Acetone Bodies

MICROSCOPIC EXAMINATION

Erythrocytes	Casts	Crystals
: NIL		
Pus Cells : 2-3 /HPF	Granular : NIL/HPF	Calcium Oxalate : NIL
Epith Cells : 1-2/HPF	Hyaline : 1-2/HPF	Amor. Phosphate : NIL
	Fatty Cast : NIL/HPF	Amor. Urates : NIL
	Others : NIL/HPF	Triple Phosphate : NIL

Note : * Done When Special asked for

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Examiner  Consultant

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REPORT

Patent Name	: Mr. ROHAN PARAKASH	Reg. No.	: 00772408290110
Age and Sex	: 30 Yrs / Male	PCC Code	: PCL-BH-256
Referring Doctor	: Dr. NEW PARASHAR HOSPITAL	Sample Drawn Date	: 29-Aug-2024 03:20 AM
Referring Customer	: N/A	Registration Date	: 29-Aug-2024 04:13 PM
Vial ID	: R1335376	Report Date	: 29-Aug-2024 05:12 PM
Sample Type	: WB-EDTA	Report Status	: Final Report
Client Address	: Naushad Alam Ansari Juran Chapra Near Central Bank		

CLINICAL BIOCHEMISTRY

Test Name	Obtained Value	Units	Bio. Ref. Intervals (Age/Gender specific)	Method
*Glycosylated Hemoglobin(GHb/HbA1c)	8.24	%	<5.7 Non diabetic, 5.7 - 6.4 Borderline diabetic, >6.5 Diabetic	High-performance liquid chromatography
*Glycosylated Hemoglobin	66.56	mmol/mol	90 - 120 : Excellent Control	Calculated
*Mean Blood Glucose	189.79	mg/dL	121 - 150 : Good Control 151 - 180 : Average Control 181 - 210 : Action Suggested >211 : Panic Value	Calculated

Comments:

- HbA1c is an indicator of glycaemic control. HbA1c represents average Glycaemia over the past six to eight weeks. Glycation of Hemoglobin occurs over the entire 120 day life span of the Red Blood Cell, but within this 120 days. Clinical studies suggest that a patient in stable control will have 50% of their HbA1c formed in the month before sampling, 25% in the month before that, and the remaining 25% in months two to four.
- Mean Plasma Glucose mg/dL = 28.7 x A1C - 46.7. Correlation between HbA1c and Mean Plasma Glucose (MPG) is not "perfect" but rather only this means that to predict or estimate average glucose from HbA1c or vice-versa is not "perfect" but gives a good working ballpark estimate.
- Afternoon and evening results correlate more closely to HbA1c than morning results, perhaps because morning fasting glucose levels vary much more than daytime Glucose levels, which are easier to predict and control. As per IFCC recommendations 2007, HbA1c being reported as above maintaining traceability to both IFCC (mmol/mol) & NGSP (%) units.
- Reference: ADA (American Diabetic Association) Guidelines 2023.

Result rechecked and verified for abnormal cases.

*** End Of Report ***



Abhilasha
Dr. Abhilasha
MD-Pathology

REPORT

Patient Name	: Mr. ROHAN PARAKASH	Reg. No.	: 00772408290110
Age and Sex	: 30 Yrs / Male	PCC Code	: PCL-BH-256
Referring Doctor	: Dr. NEW PARASHAR HOSPITAL	Sample Drawn Date	: 29-Aug-2024 03:20 AM
Referring Customer	: N/A	Registration Date	: 29-Aug-2024 04:13 PM
Vial ID	: R1335375	Report Date	: 29-Aug-2024 05:28 PM
Sample Type	: Serum	Report Status	: Final Report
Client Address	: Naushad Alam Ansari Juran Chapra Near Central Bank		

CLINICAL BIOCHEMISTRY

Test Name	Obtained Value	Units	Bio. Ref. Intervals (Age/Gender specific)	Method
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Thyroid Profile I

Tri-iodothyronine Total (TT3)	111	ng/dL	70-204	CMIA
Thyroxine - Total (TT4)	7.54	µg/dL	4.6-10.5	CMIA
Thyroid Stimulating Hormone (TSH)	1.71	µIU/mL	0.4-4.2	CMIA

Pregnancy			
	TSH(µIU/mL)	TT3(ng/dL)	TT4(µg/dL)
1 Trimester	0.10-2.50	89.9-196.6	4.4-11.5
2 Trimester	0.2-3.00	86.1-217.4	4.9-12.2
3 Trimester	0.3-3.00	79.9-186	5.1-13.2

Interpretation:

- Assay results should be interpreted in context to the clinical condition and associated results of other investigations.
- Previous treatment with corticosteroid therapy may result in lower TSH levels while Thyroid hormone levels are normal.
- Results are invalidated if the client has undergone a radionuclide scan within 7-14 days before the test.
- Abnormal thyroid test findings often found in critically ill clients should be repeated after the critical nature of the condition is resolved.
- The production, circulation, and disposal of Thyroid hormone are altered throughout the stages of pregnancy.
- **Hypertthyroidism (overactive thyroid):**
- Hypertthyroidism (overactive Thyroid) occurs when your thyroid gland produces too much of the hormone Thyroxine. Hypertthyroidism can accelerate your body's metabolism, causing unintentional weight loss and a rapid or irregular heartbeat.
- **Hypothyroidism (underactive thyroid):**
- Hypothyroidism (underactive thyroid) is a condition in which your Thyroid gland doesn't produce enough of certain crucial hormones. Hypothyroidism may not cause noticeable symptoms in the early stages. Over time, untreated Hypothyroidism can cause a number of health problems, such as obesity, joint pain, infertility and heart disease.

Correlate Clinically.

*** End Of Report ***



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