



Department of Lab Medicine



TEST REPORT

UHID: IH/644048/24

Patient Name : **Mr. Prateek Agrawal** Mobile No : **7359200300**
 ID No., Age : IH/644048/24, 35 Yr M Address : Mediwheel Derabassi
 Booking No. : 778502 Doc No. : 9 Sample Receiving Date & Time : 25/04/2024 10:37:00AM
 Date # SNo : 25-04-2024 # 105
 Referred by : INDUS
 Category : Mediwheel (Arcofemi Healthcare Limited)

Investigation	Value	Units	Ref. Value	Report Date & Time	Prev. Report on
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HAEMATOLOGY

COMPLETE BLOOD COUNTS

Specimen:EDTA Whole Blood

HAEMOGLOBIN (HB) Non Cyanide Method	: 14.1	g/dL	13.0 - 17.0	25/04/2024 11:48	
TOTAL LEUCOCYTE COUNT (TLC)	: 6110	/cmm	4000 - 10000	25/04/2024 11:48	
DIFFERENTIAL LEUCOCYTE COUNT				25/04/2024 11:48	
NEUTROPHIL	: 68	%	40 - 80	25/04/2024 11:48	
LYMPHOCYTE	: 23	%	20 - 40	25/04/2024 11:48	
EOSINOPHIL	: 03	%	01 - 06	25/04/2024 11:48	
MONOCYTE	: 06	%	02 - 10	25/04/2024 11:48	
BASOPHIL	: 00	%	00 - 02	25/04/2024 11:48	
R B C (Red Blood Cells)	: 4.95	Millions/cmm	4.5 - 5.5	25/04/2024 11:48	
PLATELET COUNT	: 2.19	Lakh/cmm	1.5 - 4.1	25/04/2024 11:48	
P.C.V / HAEMATOCRIT	: 41.2	%	40 - 50	25/04/2024 11:48	
M C V	: 83.3	fL	83 - 101	25/04/2024 11:48	
M C H	: 28.6	picogram	27 - 32	25/04/2024 11:48	
M C H C	: 34.3	%	31.5 - 34.5	25/04/2024 11:48	
R D W	: 13.1	%	11.6 - 14.0	25/04/2024 11:48	

Tests Performed on Automated Five Part Cell Counter. (WBC by Flow cytometry, RBC & Platelet count by Electrical Impedance and other parameters calculated.) All Abnormal Haemograms are reviewed & confirmed.

Specimen:CITRATE WHOLE BLOOD

ERYTHROCYTE SEDIMENTATION RATE Westergren method	: 05	mm/hrs.	00 - 14	25/04/2024 11:49	
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Comments:

Navjot Kaur

INDUS INTERNATIONAL HOSPITAL

(A unit of Indus Super Speciality Healthcare Pvt. Ltd.)

Dr. Navjot Kaur (PMC No. 4529

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Erythrocyte sedimentation rate (ESR) is a non-specific phenomena and is clinically useful in the diagnosis and monitoring of disorders associated with an increased production of acute phase reactants. The ESR is increased in pregnancy from about the 3rd month and returns to normal by the 4th week post partum. ESR is influenced by age, sex, menstrual cycle and drugs (eg. corticosteroids, contraceptives). It is especially low (0-1mm) in polycythaemia, hypofibrinogenemia or congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis or sickle cells.

A normal ESR cannot be taken to exclude organic diseases, but nevertheless in the majority of acute and chronic infections, the ESR is raised. ESR increases with age and in men and women over the age of 60 years. An ESR of 30 mm at the end of first hour or more may be present without any obvious causes.

LIPID PROFILE

Specimen:SERUM

TOTAL CHOLESTEROL (CHOD-PAP)	: 171	mg/dL	< 200	25/04/2024 12:34
TRIGLYCERIDES (GPO METHOD)	: 172.5	mg/dL	< 161	25/04/2024 12:34
H D L CHOLESTEROL (PEGME)	: 41.9	mg %	30 - 65	25/04/2024 12:34
L D L CHOLESTEROL Calculated	: 94.6	mg %	74 - 130	25/04/2024 12:34
V L D L Calculated	: 34.5	mg %	10 - 32	25/04/2024 12:34
TOTAL CHO / HDL RATIO Calculated	: 4.1			25/04/2024 12:34
LDL / HDL CHOLESTEROL RATIO Calculated	: 2.3		0.00 - 3.55	25/04/2024 12:34

INTERPRETATION:

TRIGLYCERIDE level > 250mg/dL is associated with an approximately 2-fold greater risk of coronary vascular disease. Elevation of triglycerides can be seen with obesity, medication, fast less than 12hrs., alcohol intake, diabetes mellitus, and pancreatitis.

Normal : < 161 mg/dl
 High : 161 - 400 mg/dl

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A. Nayyar
Dr. Ankush Nayyar (PMC No. 3140)
 Consultant Pathologist
 MBBS, MD (Pathology)



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Table with 6 columns: Investigation, Value, Units, Ref. Value, Report Date & Time, Prev. Report on

High : 161 - 199 mg/dl
Hypertriglyceridemic : 200 - 499 mg/dl
Very high : > 499 mg/dl

CHOLESTEROL, its fractions and triglycerides are the important plasma lipids in defining cardiovascular risk factors and in the management of cardiovascular disease. Highest acceptable and optimum values of cholesterol values of cholesterol vary with age. Values above 220 mg/dl are associated with increased risk of CHD regardless of HDL & LDL values. HDL-CHOLESTEROL level <35 mg/dL is associated with an increased risk of coronary vascular disease even in the face of desirable levels of cholesterol and LDL - cholesterol. LDL - CHOLESTEROL & TOTAL CHOLESTEROL levels can be strikingly altered by thyroid, renal and liver disease as well as hereditary factors. Based on total cholesterol, LDL- cholesterol, and total cholesterol/HDL - cholesterol ratio, patients may be divided into the three risk categories.

HORMONE ASSAYS

Specimen:SERUM

Table with 5 columns: Test Name, Value, Units, Ref. Value, Report Date & Time. Rows include T3, Total Tri Iodothyronine, T4, Total Thyroxine, and TSH Ultrasensitive.

Interpretation:

- 1. An abnormal TSH result should be followed by additional tests to investigate the cause of increase or decrease.
2. Many medications like aspirin and thyroid replacement therapy may affect the thyroid gland function results.
3. Extreme stress and acute illness may affect TSH results. Results may be low in first trimester of pregnancy.
4. The following table summarises test results and their potential meaning:

Table with 4 columns: TSH, T4, T3, Interpretation. Rows show combinations of test results and their corresponding clinical interpretations.

Table with 5 columns: Test Name, Value, Units, Ref. Value, Report Date & Time. Row includes TSH Ultrasensitive.

Interpretation:

- 1. TSH results between 4.5 to 15 show considerable physiologic & seasonal variation, suggest clinical correlation or repeat testing with fresh sample.
2. TSH results between 0.1 to 0.45 require correlation with patient age & clinical symptoms. As with increasing age, there are marked changes in thyroid hormone production, metabolism & its actions resulting in an increased prevalence of subclinical thyroid disease.
3. TSH values may be transiently altered because of non-thyroidal illness like severe infections, liver disease, renal and heart failure, severe burns, trauma and surgery etc.
4. Drugs that decrease TSH values are beta-blockers, Glucocorticoid. Drugs that increase TSH values are Tylenol, Lithium, Amiodarone.

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4. Drugs that decrease TSH values e.g: L-dopa, Glucocorticoid Drugs that increase TSH values e.g Iodine, Lithium, Amiodarone.
 Note: Patients on Biotin supplement may have interference in some immunoassays. With individuals taking high dose Biotin (more than 5 mg per day) supplements, at least 8-hour wait time before blood draw is recommended.
 Ref: Arch Pathol Lab Med-Vol 141, November 2017

Specimen:SERUM

TOTAL BILIRUBIN (DIAZO)	: 0.49	mg/L	0.01 - 1.2	25/04/2024 12:33
CONJUGATED (D. Bilirubin) (DIAZO)	: 0.18	mg %	0.0 - 0.4	25/04/2024 12:33
UNCONJUGATED (I.D.Bilirubin) (CALCULATED)	: 0.31	mg %	0.0 - 0.9	25/04/2024 12:33
AST / SGOT (IFCC, Without pyridoxal phosphate)	: 17.0	IU/L	0 - 35	25/04/2024 12:33
ALT / SGPT (IFCC, Without pyridoxal phosphate)	: 21.3	IU/L	0 - 45	25/04/2024 12:33
ALKALINE PHOSPHATASE (Serum, AMP)	: 100	U/L	53 - 128	25/04/2024 12:33
TOTAL PROTEIN (BIURET)	: 7.55	gm/dl	6.4 - 8.3	25/04/2024 12:33
SERUM ALBUMIN (BCG)	: 4.12	gm/dl	3.50 - 5.2	25/04/2024 12:33
GLOBULIN (CALCULATED)	: 3.43	gm/dl	1.5 - 3.0	25/04/2024 12:33
A/G RATIO	: 1.2			25/04/2024 12:33

Comments :

Liver function tests (LFT) are used to diagnose and monitor liver disease or damage. Levels that are higher or lower than normal can indicate liver problems. These are a group of tests which are helpful to screen for liver infections; determine how well a treatment is working or measure the severity of a

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disease or monitor possible side effects of medications.

RENAL FUNCTION TEST

Specimen:SERUM

BLOOD UREA (UREASE-GLDH)	: 18.8	mg /dl	19 - 55	25/04/2024 12:33	
SERUM CREATININE Modified Jaffes Method	: 0.94	mg/dL	0.7 - 1.3	25/04/2024 12:33	
SERUM URIC ACID (URICASE-POD)	: 6.0	mg/dL	3.5 - 7.2	25/04/2024 12:33	

Comments:

Kidney function tests (KFT) are used when a patient has risk factors for kidney dysfunction such as hypertension, diabetes, cardiovascular disease, obesity, elevated cholesterol or a family history of kidney disease. It can also be done when someone has signs and symptoms of kidney disease, though in early stage often no noticeable symptoms are observed. Kidney function test is also useful for general health screening, screening patients at risk of developing kidney disease and management of patients with known kidney disease.

BIOCHEMISTRY

Specimen:Fluoride Plasma

BLOOD GLUCOSE - FASTING (GOD-POD)	: 100.0	mg/dL	74 - 100	25/04/2024 12:34	
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Interpretation :

American Diabetes Association Guideline(Criteria for the diagnosis of Diabetes)

FPG \geq 126mg/dL (7.0 mmol/L). Fasting is defined as no caloric intake for at least 8 hrs.

OR

2-h PG \geq 200 mg/dL (11.1 mmol/L) during OGTT. The test should be performed as described by the WHO, using a glucose load containing the equivalent of 75 g anhydrous glucose dissolved in water.

OR

A1C \geq 6.5% (48 mmol/mol). The test should be performed in a laboratory using a method that is NGSP certified and standardized to the DCCT assay.

OR

In a patient with classic symptoms of hyperglycemia or hyperglycemia crisis, a random plasma glucose \geq 200 mg/dL (11.1 mmol/L).

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In a patient with classic symptoms of hyperglycemia or hyperglycemia crisis, a random plasma glucose ≥ 200 mg/dL (11.1 mmol/L).

DCCT, Diabetes Control and Complications Trial; FPG fasting plasma glucose; OGTT, oral glucose tolerance test; WHO, World Health Organization; 2-h PG, 2-h plasma glucose.

In the absence of unequivocal hyperglycemia, diagnosis requires two abnormal test results from the same sample or in two separate test samples.

BLOOD GLUCOSE⁻ PP (GOD-POD)	: 112.3	mg/dL	70 - 140	25/04/2024 17:49	
BLOOD UREA (UREASE-GLDH)	: 18.8	mg /dl	19 - 55	25/04/2024 12:34	
SERUM CREATININE Modified Jaffes Method	: 0.94	mg/dL	0.7 - 1.3	25/04/2024 12:34	
BLOOD UREA NITROGEN (BUN) ERBA EM-200	: 8.8	mg/dl	5.0 - 20.0	25/04/2024 12:34	
BUN (Urea) Creatinine Ratio	: 9.4	%	10 - 20	25/04/2024 12:34	

Blood urea nitrogen and creatinine are both metabolites, so they are produced constantly by the body at a fairly steady pace. The difference lies in the way they behave in the nephron, the functional unit of the kidney. Creatinine is usually filtered, secreted directly into the lumen, and does not leave the lumen of the tubule. BUN is filtered and then reabsorbed back in the blood, so, naturally, we would have more BUN in the blood than creatinine. If the BUN creatinine ratio is high, it is usually connected to the low glomerular filtration rate . In this case, both metabolites get filtered poorly due to small flow, but urea (that contains urea nitrogen) leaks out back to the blood which increases the ratio. If the ratio is low, it means that substances just passed the kidney, did not get filtered.

GGT (Gamma Glutamyl Transferase)	: 18.9	IU/L	9.00 - 52.00	25/04/2024 12:34	
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CLINICAL PATHOLOGY

URINE ANALYSIS		Specimen:URINE
VISUAL EXAMINATION		25/04/2024 12:52
COLOUR/APPEARANCE	: Pale yellow/clear	25/04/2024 12:52
CHEMICAL EXAMINATION		25/04/2024 12:52
PROTEIN	: Nil	25/04/2024 12:52
Error of indicators		

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SUGAR Double sequential enzyme reaction	: Nil		NIL	25/04/2024 12:52	
REACTION (PH) Indicator Principle	: Acidic			25/04/2024 12:52	
MICROSCOPIC EXAMINATION					
PUS CELLS	: 1-2	/HPF	0 - 1	25/04/2024 12:52	
EPITHELIAL CELLS	: 0-1	/HPF	0 - 2	25/04/2024 12:52	
RBC	: nil	/HPF	0 - 0	25/04/2024 12:52	
CRYSTALS	: Nil		NIL	25/04/2024 12:52	
CASTS	: Nil		NIL	25/04/2024 12:52	
AMORPHOUS DEPOSIT	: Nil		NIL	25/04/2024 12:52	

BLOOD GROUP(ABO & RH TYPING)

Specimen:EDTA Whole Blood

BLOOD GROUP ABO : B
 Tube or Column Agglutination
BLOOD GROUP "RH" : POSITIVE
 Tube or Column Agglutination

25/04/2024 13:04
 25/04/2024 13:04

ENDOCRINOLOGY

Specimen:EDTA Whole Blood

GLYCOSYLATED Hb (HbA1C) : 5.1 %
 HPLC
Estimated Average Glucose (eAG) : 99.67 mg/dL

25/04/2024 13:11
 25/04/2024 13:11

Comments:-

Haemoglobin A1c (HbA1c) correlates with a time weighted average of plasma glucose values over the previous 3 to 10 weeks. The measurement of HbA1c is therefore a reflection of glucose control over a far longer period than a blood glucose value and it remains unaffected by the short term fluctuation in blood sugar levels.

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EXPECTED VALUES:

Non Diabetic	4.5% - 5.9%
Good control	6.0% - 6.8%
Fair control	6.9% - 7.6%
Poor control	7.7% and above

End of Report***

For Home Blood Collection Services Call 01762-512600 or 8437721021.

Timings for Home Care Department : 06:00 - 18:00 hours.

The results are released by technical staff under the supervision of authorised person

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2024-04-25 10:29:27

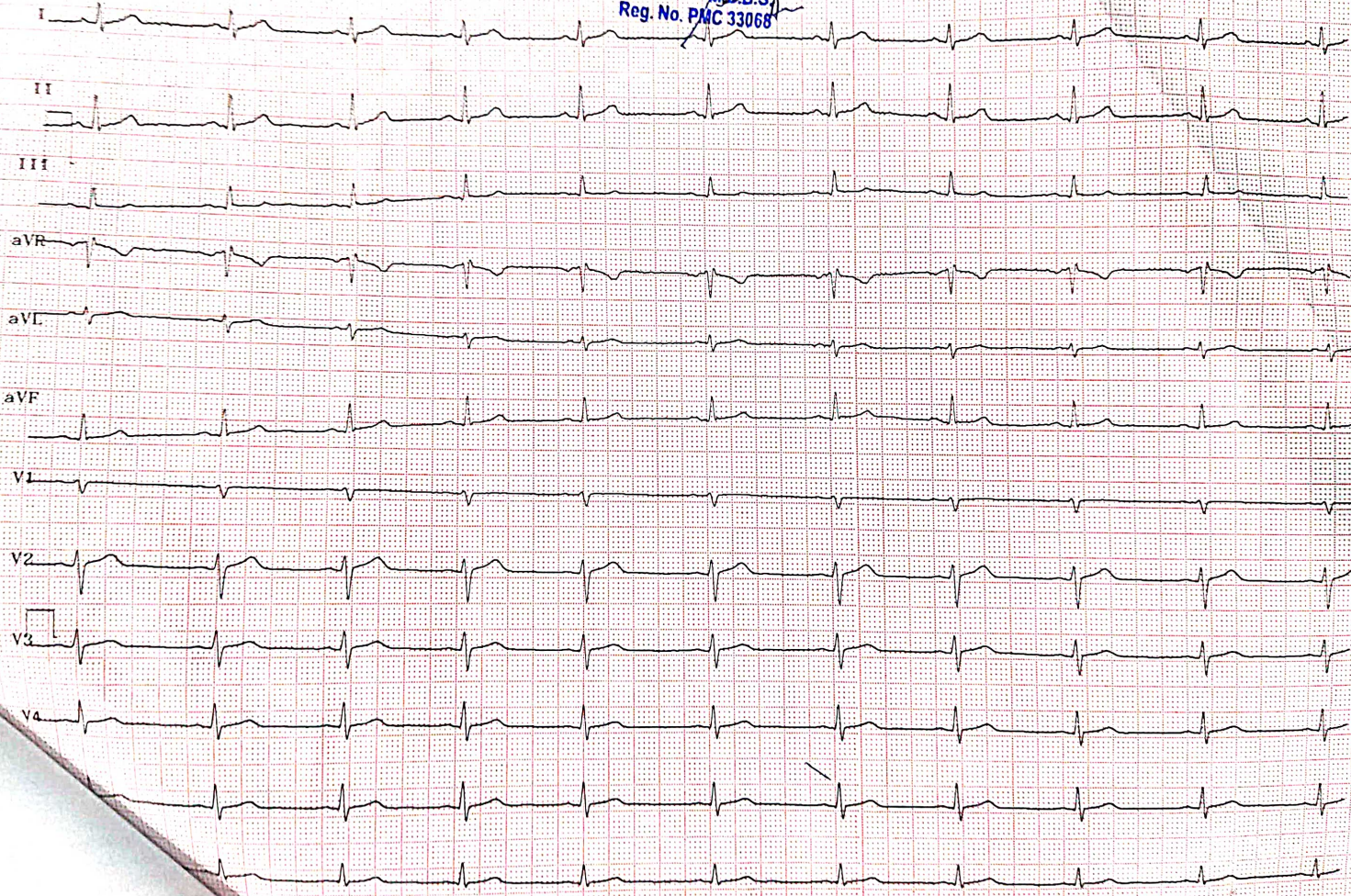
12 Channel Rhythm Report

Hosp: _____
Prescribed by: _____

ID : _____
Name: *Poojita agwal*
Age : _____
Sex : _____
H : / W : _____

Heart Rate: 65 bpm

Dr. SUMEET ARYA
MBBS
Reg. No. PMC 33068



10.0/5.0mm/mV. 25.0mm/sec

EKG2000 6.04/1.03 Bionet Co., Ltd.



INDUS HEALTHCARE

Name : MR. PRATEEK AGRAWAL	Pat ID : IH/644048/24
Age :035Y	Sex :M
Modality : DX	Date : 25/04/2024
Time : 10:37:00	Radiologist : DR. SOFIA BANSAL
Ref. Doctor :MEDICAL OPD/MWL	Imaging Center : INDUS HOSPITAL

CHEST X-RAY PA VIEW

Lung fields are normal.

Trachea is central.

Both CP angles are normal.

Both hila are unremarkable.

Cardiac size appears normal.

Both domes are normally placed with normal contours.

Chest cage is within normal limit.

Correlate clinically and with other relevant investigations.

DR. SOFIA BANSAL

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