



Nidaan Hospital



DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mr. SANDEEP
 MR No : 31686
 Age/Sex : 31 Years / Male
 Type : OPD
 TPA/Corporate : MEDIWHEEL
 IP No. :

Bill Date : 16/09/2023
 Reporting Date : 16/09/2023
 Sample ID : 168229
 Bill/Req. No. : 23319032
 Ref Doctor : Dr. EMO

| Test | Result | Bio. Ref. Interval | Units |
|-------------------------------------|--------|--------------------|-------|
| BLOOD GLUCOSE FASTING AND PP | | | |
| PLASMA GLUCOSE(FASTING) | 87 | 70 - 110 | mg/dl |
| PLASMA POST-GLUCOSE | 96 | 80 - 150 | mg/dL |

BLOOD GROUP

BLOOD GROUP " A " RH POSITIVE

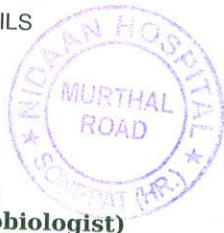
COMPLETE HAEMOGRAM

CBC

| | | | | |
|------------------------------|-------------|---|--------------|---------------|
| HAEMOGLOBIN | 15.6 | | 12.0 - 16.5 | g/dL |
| TOTAL LEUCOCYTE COUNT | 8200 | | 4000 - 11000 | /cumm |
| RED BLOOD CELL COUNT | 5.09 | | 4.0 - 6.0 | millions/cumm |
| PCV (HAEMATOCRIT) | 47.4 | | 40.0 - 54.0 | % |
| MEAN CORPUSCULAR VOLUME | 93.1 | | 78 - 98 | fL |
| MEAN CORPUSCULAR HAEMOGLOBIN | 30.6 | | 26.5 - 32.5 | Picogrames |
| MEAN CORPUSCULAR HB CONC | 32.9 | | 32 - 37 | g/dL |
| PLATELET COUNT | 2.25 | | 1.50 - 4.50 | Lakh/cumm |
| NEUTROPHILS | 46 | | 40 - 73.0 | % |
| LYMPHOCYTES | 42 | H | 20 - 40 | % |
| EOSINOPHILS | 05 | | 0.0 - 6.0 | % |
| MONOCYTES | 07 | | 2.0 - 10.0 | % |
| BASOPHILS | 00 | | 0.0 - 1.0 | % |
| ABSOLUTE NEUTROPHIL | 3772 | | 2000 - 7000 | cells/cumm |
| ABSOLUTE LYMPHOCYTE | 3444 | H | 1000 - 3000 | cells/cumm |
| ABSOLUTE EOSINOPHIL | 410 | | 20 - 500 | cells/cumm |
| ABSOLUTE MONOCYTES | 574 | | 200 - 1000 | cells/cumm |
| ABSOLUTE BASOPHILS | 0 | L | 20 - 100 | cells/cumm |

Checked By :

Dr. Pradip Kumar
 (Consultant Microbiologist)



Dr. Nisha Rana
 (Consultant Pathologist)



DEPARTMENT OF HAEMATOLOGY

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| RDW-CV | 13.0 | 11.5 - 14.5 | % |
| E.S.R. | 10 | 0 - 15 | mm/hr |

HBA1C

HBA1C 5.7 %

Note : HBA1c result is suggestive of Diabetes/ higher than glycemic goal in a known Diabetic patient.
Please note, glycemic goal should be individualized based on duration of diabetes, age/life expectancy, comorbid conditions, known CVD or advanced microvascular complications, hypoglycaemia unawareness, and individual patient considerations.
Please Correlate Clinically.

KFT(KIDNEY FUNCTION TEST)/RFT/Renal Profile

| | | | |
|------------------|-----|-------------|--------|
| SERUM UREA | 24 | 13.0 - 45.0 | mg/dL |
| SERUM CREATININE | 1.1 | 0.5 - 1.4 | mg/dL |
| SERUM URIC ACID | 6.2 | 3.6 - 7.2 | mg/dL |
| SERUM SODIUM | 138 | 130 - 149 | mmol/L |
| SERUM POTASSIUM | 4.2 | 3.5 - 5.5 | mmol/L |

LFT(LIVER FUNCTION TEST)

| LFT | | | |
|--------------------|-------------|----------------|-------|
| TOTAL BILIRUBIN | 0.8 | 0.1 - 1.2 | mg/dL |
| DIRECT BILIRUBIN | 0.2 | 0.00 - 0.30 | mg/dL |
| INDIRECT BILIRUBIN | 0.6 | Adult: 0 - 0.8 | mg/dL |
| SGOT (AST) | 45 | 0.0 - 45 | IU/L |
| SGPT (ALT) | 88 H | 00 - 45.00 | IU/L |
| ALP | 72 | 41 - 137 | U/L |
| TOTAL PROTEINS | 6.6 | 6.0 - 8.2 | g/dL |

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| ALBUMIN | 4.4 | 3.20 - 5.00 | g/dL |
| GLOBULIN | 2.2 | 2.0 - 3.50 | g/dL |
| A/G RATIO | 2 | | |

LIPID PROFILE

LIPID PROFILE

| | | | |
|---------------------------|-------|---|-------|
| SERUM CHOLESTROL | 182 | 0 - 200 | mg/dl |
| SERUM TRIGLYCERIDES | 108 | Up to 150 | mg/dl |
| HDL CHOLESTEROL | 44 | 30 - 60 | mg/dl |
| VLDL CHOLESTEROL | 21.6 | *Less than 30 | mg/dL |
| LDL CHOLESTEROL | 116.4 | Optimal <100, Above Opt. 100-129 -high 160-189 | mg/dl |
| LDL CHOLESTEROL/HDL RATIO | 2.65 | Desirable Level : 0.5 - 3.0 Borderline Risk : 3.0 - 6.0 High Risk : > 6.0 | |

STOOL ROUTINE

PHYSICAL EXAMINATION

| | | |
|-------------|------------|--------|
| COLOUR | Brown | Brown |
| CONSISTENCY | Semi Solid | Formed |
| MUCUS | NIL | NIL |
| BLOOD | NIL | NIL |

CHEMICAL EXAMINATION

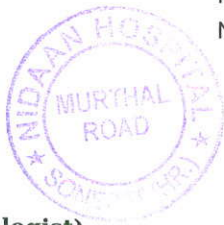
| | | |
|----------|----------|----------|
| REACTION | Alkaline | Alkaline |
|----------|----------|----------|

MICROSCOPIC EXAMINATION

| | | |
|------------------|---------|-----|
| CYSTS/OVA | NIL | NIL |
| VEGETATIVE FORMS | NIL | NIL |
| PUS CELLS | 4-5/hpf | NIL |
| RBCS | NIL | NIL |
| MACROPHAGES | NIL | NIL |

Checked By :

Dr. Pradip Kumar
 (Consultant Microbiologist)



Dr. Nisha Rana
 (Consultant Pathologist)



DEPARTMENT OF MICROBIOLOGY

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|------------------|--------|--------------------|-------|
| FAT GLOBULES | + | NIL | |
| VEGETABLE MATTER | +++ | NIL | |
| STARCH | NIL | NIL | |
| UNDIGESTED | ++ | NIL | |

Note : Stool concentration done by Formal either concentration technique.

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION

| | | | |
|------------------|-------------|-------------|----|
| VOLUME | 20 | | ml |
| COLOUR | Pale Yellow | Pale Yellow | |
| APPEARANCE | Clear | Clear | |
| SPECIFIC GRAVITY | 1.020 | | |

CHEMICAL EXAMINATION

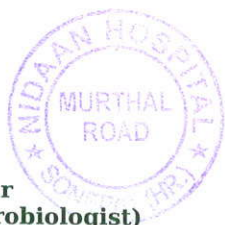
| | | | |
|----------|--------|-----|--|
| REACTION | Acidic | | |
| BLOOD | NIL | | |
| ALBUMIN | NIL | NIL | |
| GLUCOSE | NIL | NIL | |
| PH | 6.0 | | |

MICROSCOPIC EXAMINATION

| | | | |
|------------------|-----|-----|------|
| PUS CELL | 1-2 | 2-4 | /HPF |
| RED BLOOD CELLS | Nil | NIL | /HPF |
| EPITHELIAL CELLS | 1-2 | 2-4 | /HPF |
| CASTS | NIL | NIL | |
| CRYSTALS | NIL | NIL | |

Note : Albumin test positive by Multistrip Method is confirmed by Sulphosalicylic acid method.

Checked By :



Dr. Pradip Kumar
(Consultant Microbiologist)

Dr. Nisha Rana
(Consultant Pathologist)



Prognosis Laboratories



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| | | | | | |
|--------------------|-------------------|-------------------|-------------|--------------------|---------------------|
| Lab No. | 012309160751 | Age/Gender | 31 YRS/MALE | Coll. On | 16/Sep/2023 05:47PM |
| Name | Mr. SANDEEP 31686 | | | Reg. On | 16/Sep/2023 |
| Ref. Dr. | | | | Approved On | 16/Sep/2023 07:41PM |
| Rpt. Centre | Self | | | Printed On | 03/Oct/2023 11:57AM |

| Test Name | Value | Unit | Biological Reference Interval |
|-----------|-------|------|-------------------------------|
|-----------|-------|------|-------------------------------|

Thyroid profile, Total (T3,T4,TSH)

| | | | |
|---|------|--------|------------|
| T3 (Triiodothyronine) , serum Method : ECLIA | 1.57 | ng/mL | 0.80 - 2.0 |
| T4 (Thyroxine) , serum Method : ECLIA | 7.74 | ug/dL | 5.1 - 14.1 |
| TSH (Thyroid Stimulating Hormone) , serum Method : ECLIA | 1.84 | uIU/ml | 0.27 - 4.2 |

Interpretation:

- Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values alongwith depressed TSH levels
- Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
- High T3 levels coupled with normal T4 and suppressed TSH may be seen in T3 toxicosis.

Note: Total T3 and total T4 are highly bound to plasma proteins and are amenable to fluctuations with plasma protein content as well as due to binding defects in the thyroid hormone binding proteins.

The following ranges are recommended for pregnant females:

| Gestation period | TSH (uIU/ml) |
|------------------|--------------|
| First trimester | 0.1 - 2.5 |
| Second trimester | 0.2 - 3.0 |
| Third trimester | 0.3 - 3.0 |

***Disclaimer:** This is an electronically validated report, if any discrepancy found should be confirmed by user.

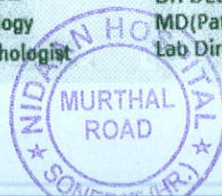


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MBBS,MD (Pathology)
Consultant Pathologist



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OUR FOOTPRINT

Delhi NCR | Gujarat | Punjab | Haryana | Uttar Pradesh



Patient Id 31686
Study Date 16-Sep-2023

Name SANDEEP
Age - 31Y

Accession No -
Gender Male

X-RAY CHEST PA VIEW

FINDINGS :-

The lungs on the either side show equal translucency.

The peripheral pulmonary vasculature is normal.

No focal lung lesion is seen.

Bilateral CP angles are normal.

Both hila are normal in size, have equal density and bear normal relationship.

The heart and trachea are central in position and no mediastinal abnormality is visible.

The cardiac size is normal.

The domes of the diaphragms are normal in position and show smooth outline.

IMPRESSION :- No significant abnormality detected.

ADVICE :- Clinical correlation and follow up.

Dr Avinash Rathod(DMRD)
Consultant Radiologist
Reg. No. 2011/05/1616/1616

