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



Date :- 07/09/2024

Name: - MR RAUSHAN KUMAR JHA

Ref. BY :- NEW PARASHAR HOSPITAL

Srl NO:-01

Age: - 33 Yrs Sex: - M

### HAEMATOLOGY

## COMPLETE BLOOD COUNT (CBC) WITH ESR

INVESTIGATION REQUESTED	FINDING	UNITS	NORMAL RANGE
HAEMOGLOBIN (Hb)	15.0	gm/dl	12 -16
TLC(Total Leucocyte Count)	10400	Cells/Cumm	4000-11000
DIFFERENTIAL LEUCOCYTE CO	DUNT	Illa The	
NEUTROPHILS	66	%	40 - 70
LYMPHOCYTES	24	%	20 - 40
EOSINOPHILS	07	%	1-6
MONOCYTES	03	%	2 - 10
BASOPHILS	00	%	0 - 1
E.S.R (Westergren Method)	71	mm/1st hr.	0.00- 20
RBC (Red Blood Cell Count)	5.1	Millions/cm	m 3.5 – 5.5
Hct (Haematocrit)	45.4	%	40 -45
M C V (Mean Corp Volume)	89.2	fL	80.0-99.9
M C H (Mean Corp Hb)	30.0	pg	27.0 - 31.0
M C H C (Mean Corp Hb Conc)	33.2	g/DL	33.0 - 37.0
PLATELET COUNT	1.94	Lakhs/c.mm	1.5-4.5

Dr. Shahbaz Alam

BMLT, M.Sc., MLT Ph.D.(Microbiology) Reg. No. Dep/02-04244 Dr. Md. Parwez

Pathologist, M.B.B.S. Reg. No. : 17015 Dr. Satya Narayan

Pathologist, M.B.B.S. Reg. No. : 12034 (Bihar)





## Reg. No 815

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



Date :- 07/09/2024

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Srl No :- 01

Age :- 33 Yrs. Sex:-M

#### **BIOCHEMISTRY**

## LIVER FUNCTION TEST (LFT)

Test Name Value		<u>Value</u>	<u>Unit</u>	Reference
SERUM BILIRU	BIN (Total)	0.8	mg/dl	up to 1.0
BILIRUBIN	(Dir.)	0.48	mg/dl	up to 0.2
BILIRUBIN	(Ind.)	0.32	mg/dl	up to 0.8
SGOT/AST		38.4	U/L	up to 38
SGPT/ALT		46.6	U/L	up to 40
ALKALINE PHO	SPHATASE	118	IU/L	25-147
TOTAL PROTEI	N N	7.0	gm/dl	6.3-8.5
ALBUMIN		4:0	gm/dl	3.5-5.5
GLOBULIN		3.0	gm/dl	2.8-5.6

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Date :- 07/09/2024

Name:- MR RAUSHAN KUMAR JHA

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Srl No :- 01

Sex :- M Age :- 33 Yrs.

## RENAL PROFILE (KFT)

	Value	Unit	Reference Value
Test Name	Value	/ 11	20-35
BLOOD UREA	27.4	mg/dl	2000
SERUM CREATININE	0.8	mg/dl	0.4-1.4
BUN	12.8	mg/dl	10-20
Section 1	138.4	meq/l	137-147
S.SODIUM (NA+)		meq/l	3.5-5.0
S.POTASSIUM (K+)	4.2	meq/1	
S.CHLORIDE (CL)	102	meq/l	98-105
CALCIUM	9.4	mg/dl	8.4-10.4
PHOSPHORUS	4.0	mg/dl	2.5-4.5
SERUM URIC ACID	6.5	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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Srl No :- 01

Sex :- M Age :- 33 Yrs.

## LIPID PROFILE

	Value	Unit	Reference Value
Test Name		mg/dl	125-200
SERUM CHOLESTEROL	264		25-200
SERUM TRIGLYCERIDES	178	mg/dl	23-200
HDL CHOLESTEROL	38.8	mg/dl	30-65
HDL CHOLESTEROD	35.4	mg/dl	0.00-40
VLDL		ma/dl	50-150
LDL CHOLESTEROL	189.4	mg/dl	
TOTAL CHOLESTEROL/HDL RATIO	6.9		0.00-4.9
LDL/HDL CHOLESTEROL RATIO	4.9		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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Dr. Satya Narayan Pathologist, M.B.B.S. Reg. No.: 12034 (Bihar)





Date :- 07/09/2024

Name: - MR RAUSHAN KUMAR JHA

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## URINE EXAMINATION REPORT

## PHYSICAL EXAMINATION

Quantity

About 14 ml.

:CLEAR Appearance

Colour: L.YELLOW

Sediment

NIL

Specific Gravity: QNS

CHEMICAL EXAMINATION

Ph

: 06

Sugar Albumin

: NIL

: NIL Phosphates: NIL \* Bile Salts

\* Bile Pigments \* Urobilinogen

\* Blood Pigments \* Acetone Bodies \* le Test

\* B.J. Protein

\* Porphobilinogen

\* Urates

## MICROSCOPIC EXAMINATIOM

Erythocytes: NIL

Casts

Crystals

Pus Cells: 2-3 /HPF

Granular : NIL/HPF

Calcium Oxalate: NIL

Epith Cells: 0-1 /HPF

: 1-2/HPF Hyaline

Amor. Phosphate: NIL

Fatty Cast: NIL/HPF

: NIL Amor, Urates

Others

: NIL/HPF

Triple Phosphate: NIL

Note: \* Done When Special asked for

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Dr. Satya Narayan

Pathologist, M.B.B.S. Reg. No.: 12034 (Bihar) Examiner



#### Pathcare Labs Pvt. Ltd.

Regional Laboratory - C/o Cure Pathology,1st Floor, Juran Chapra, Road Number:3, Near State Bank of India, Muzaffarpur, Bihar-842001

## REPORT

Car A Train

Patient Name

: Mr. RAUSHAN KUMAR JHA

Age and Sex

: 34 Yrs / Male

Referring Doctor

: Self

Referring Customer

: N/A

Vial ID

: R1336246

Sample Type Client Address

: WB-EDTA

Sample Drawn Date : 10-Sep-2024 03:36 AM Registration Date

Reg. No.

PCC Code

Sec. 1 5,19

Report Date Report Status : 10-Sep-2024 03:36 PM : 10-Sep-2024 06:25 PM

: Final Report

: PCL-BH-256

: 00772409100113

: Naushad Alam Ansari Juran Chapra Near Central Bank

CLINICAL	BIO	CH	FW.	STRY
	_	_	_	

CLINICAL PICCUS

Test Name	Obtained Value	Units	Bio. Ref. Intervals (Age/Gender specific)	Method
*Glycosylated Hemoglobin(GHb/HbA1c)	5.78	%	<5.7 Non diabetic, 5.7 – 6.4 Borderline diabetic,	High-performance
*Glycosylated Hemoglobin *Mean Blood Glucose	39.67 119.19	mmol/r mg/dL	->6.5 Diabetic mol	chromatography Calculated Calculated

#### Comments:

 HbA1c is an indicator of glycemic control. HbA1c represents average Glycemia 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

Reference: ADA (American Diabetic Assosciation) Guidelines 2023.

End Of Report





MD-Pathology

Page 1 of 2

it is advised to contact the laboratory immediately for possible remedial action. orditions overleaf. Partial Reproduction of this report is not Permitted Note: If the test results are alarming or un Note: This report is subject to





## Pathcare Labs Pvt. Ltd.

Regional Laboratory - C/o Cure Pathology,1st Floor, Juran Chapra, Road Number:3, Near State Bank of India, Muzaffarpur, Bihar-842001

## REPORT -

Patient Name

: Mr. RAUSHAN KUMAR JHA

Age and Sex

: 34 Yrs / Male

Referring Doctor

: Self

Referring Customer Vial ID

: N/A

Sample Type

Client Address

: Serum

: R1336245

: Naushad Alam Ansari Juran Chapra Near Central Bank

Reg. No.

: 00772409100113

PCC Code

PCL-BH-256

Sample Drawn Date : 10-Sep-2024 03:36 AM

Registration Date

: 10-Sep-2024 03:36 PM : 10-Sep-2024 05:48 PM

Report Date Report Status

: Final Report

## **CLINICAL BIOCHEMISTRY**

Test Name	Obtained Value	Units	Bio. Ref. Intervals (Age/Gender specific)	Method
Thyroid Profile I			# 1073 NW NW	
Tri-lodothyronine Total (TT3)	166	ng/dL	70-204	CMIA
Thyroxine - Total (TT4)	9.93	μg/dL	4.6-10.5	CMIA
Thyroid Stimulating Hormone (TSH)	1.79	μIU/mL	0.4-4.2	CMIA

Pregnancy				
	TSH(µlU/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		
3 Trimester	0.3-3.00		4.9-12.2	
etation:	0.3-3.00	79.9-186	5.1-13.2	

- 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. Hyperthyroidism (overactive thyroid):
- Hyperthyroidism (overactive Thyroid) occurs when your thyroid gland produces too much of the hormone Thyroxine. Hyperthyroidism can accelerate your bodys 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 doesnt 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,

Correlate Clinically.

\*\*\* End Of Report \*\*\*





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Page 2 of 2

advised to contact the laboratory immediately for possible remedial action.

