



Dept. of Pathology

(For Report Purpose Only)



PRN : 106704
Patient Name : Mr. OTARI SHARAD
Age/Sex : 31Yr(s)/Male
Company Name : BANK OF BARODA
Referred By : Dr.HOSPITAL PATIENT

Lab No : 10066
Req.No : 10066

Collection Date & Time : 26/03/2022 10:52 AM
Reporting Date & Time : 26/03/2022 05:27 PM
Print Date & Time : 26/03/2022 10:08 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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BIOCHEMISTRY

LIPID PROFILE

CHOLESTEROL (serum)	: 175	MG/DL	Male : 120 - 240 Female : 110 - 230
TRIGLYCERIDE (serum)	: 169	MG/DL	0 - 150
HDL (serum)	: 28	MG/DL	Male : 42 - 79.5 Female : 42 - 79.5
LDL (serum)	: 126	MG/DL	0 - 130
VLDL (serum)	: 33.80	MG/DL	5 - 51
CHOLESTROL/HDL RATIO	: 6.25		Male : 1.0 - 5.0 Female : 1.0 - 4.5
LDL/HDL RATIO	: 4.50		Male : <= 3.6 Female : <=3.2

NCEP Guidelines

	Desirable	Borderline (ENTRY LEVEL)	Undesirable
Total Cholesterol (mg/dl)	Below 200	200-240	Above 240
HDL Cholesterol (mg/dl)	Above 60	40-59	Below 40
Triglycerides (mg/dl)	Below 150	150-499	Above 500
LDL Cholesterol (mg/dl)	Below 130	130-160	Above 160

Suggested to repeat lipid profile with low fat diet for 2-3 days prior to day of test and abstinence from alcoholic beverages if applicable.
Cholesterol & Triglycerides reprocessed , & confirmed.

END OF REPORT

Technician

Report Type By :- GANESH JADHAV

Dr. PODNAM KADAM
MD (Microbiology), Dip.Pathology &
Bacteriology (MMC-2012/03/0668)
Pathologist



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 Reporting Date & Time : 26/03/2022 11:07 AM
 Print Date & Time : 26/03/2022 05:46 PM

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HAEMATOLOGY

HAEMOGRAM

HAEMOGLOBIN (Hb)	: 14.0	GM/DL	Male : 13.5 - 18.0
PCV	: 45.6	%	Female : 11.5 - 16.5
RBC COUNT	: 5.67	Million/cu mm	Male : 40 - 54
M.C.V	: 80.4	cu micron	Female : 37 - 47
M.C.H.	: 24.7	pg	Male : 4.5 - 6.5
M.C.H.C	: 30.7	picograms	Female : 3.9 - 5.6
RDW-CV	: 13.7	%	76 - 96
WBC TOTAL COUNT	: 8660	/cumm	27 - 32
			32 - 36
			11 - 16
			ADULT : 4000 - 11000
			CHILD 1-7 DAYS : 8000 - 18000
			CHILD 8-14 DAYS : 7800 - 16000
			CHILD 1MONTH-<1YR : 4000 - 10000
			150000 - 450000
PLATELET COUNT	: 329000	cumm	

WBC DIFFERENTIAL COUNT

NEUTROPHILS	: 64	%	ADULT : 40 - 70
ABSOLUTE NEUTROPHILS	: 5542.40	µL	CHILD : 20 - 40
LYMPHOCYTES	: 26	%	2000 - 7000
ABSOLUTE LYMPHOCYTES	: 2251.60	µL	ADULT : 20 - 40
EOSINOPHILS	: 02	%	CHILD : 40 - 70
ABSOLUTE EOSINOPHILS	: 173.20	µL	1000 - 3000
MONOCYTES	: 08	%	01 - 04
ABSOLUTE MONOCYTES	: 692.80	µL	20 - 500
BASOPHILS	: 00	%	02 - 08
ABSOLUTE BASOPHILS	: 0	µL	200 - 1000
			00 - 01
			0 - 100

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RBC Morphology	: Normocytic Normochromic		
WBC Abnormality	: Within Normal Limits		
PLATELETS	: Adequate		
PARASITES	: Not Detected		

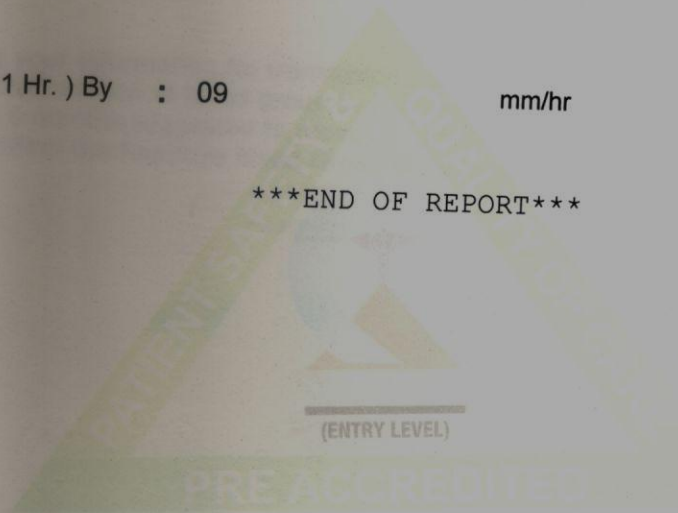
Method : Processed on 5 Part Fully Automated Blood Cell Counter - sysmex XS-800i.

ESR

ESR MM(At The End Of 1 Hr.) By : 09 mm/hr
Wintrobes Method

Male : 0 - 9
Female : 0 - 20

END OF REPORT



Name
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HAEMATOLOGY

BLOOD GROUP

BLOOD GROUP : "O"
RH FACTOR : POSITIVE

NOTE : This is for your information.No transfusion / therapeutic intervention is done without confirmation of blood group by concerned authorities.In case of infants less than 6 months,suggested to repeat Blood Group after 6 months of age for confirmation. Kindly confirm the Negative Blood Group by reverse blood grouping (Tube method).

END OF REPORT

(ENTRY LEVEL)

PRE ACCREDITED

ganesh
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BIOCHEMISTRY

HbA1C- GLYCOSYLATED -HB

HBA1C : 5.55 %

Normal Control : : 4.2 - 6.2
Good Control : : 5.5 - 6.7
Fair Control : : 6.8 - 7.6
Poor Control : : >7.6

Instrument: COBAS C 111

NOTE :

1. The HbA1C test shows your average blood sugar for last 3 months.
2. The HbA1C test does not replace your day-to-day monitoring of blood glucose.
Use this test result along with your daily test results to measure your overall diabetes control.

How does HbA1C works ?

The HbA1C test measures the amount of **sugar that attaches to protein** in your red blood cells. RBCs live for about 3 months, so this test shows your average blood sugar levels during that time. Greater the level of sugar & longer it is high, the more sugar that will attach to RBCs.

Why is this test so important ?

Research studies demonstrated that **the closer to normal your HbA1C level was, the less likely your risk of developing the long- term complications of diabetes.** Such problems include eye disease and kidney problems.

Who should have the HbA1c test done ?

Everyone with diabetes can benefit from taking this test. Knowing your HbA1C level helps you and your doctor decide if you need to change your diabetes management plan.

How often should you have a HbA1C test ?

You should have this test done when you are first diagnosed with diabetes. Then at least twice a year if your treatment goals are being met & blood glucose control is stable. More frequent HbA1C testing (4 times / year) is recommended if your blood glucose management goals.

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Print Date & Time : 26/03/2022 05:45 PM

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BIOCHEMISTRY

BSL-F & PP

Blood Sugar Level Fasting	: 93	MG/DL	60 - 110
Blood Sugar Level PP	: 98	MG/DL	70 - 140

CALCIUM

CALCIUM (serum)	: 9.35	MG/DL	8.4 - 10.4
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RFT (RENAL FUNCTION TEST)

BIOCHEMICAL EXAMINATION

UREA (serum)	: 12	MG/DL	0 - 45
UREA NITROGEN (serum)	: 5.60	MG/DL	7 - 21
CREATININE (serum)	: 0.7	MG/DL	0.5 - 1.5
URIC ACID (serum)	: 6.8	MG/DL	Male : 3.4 - 7.0 Female : 2.4 - 5.7

SERUM ELECTROLYTES

SERUM SODIUM	: 145	mEq/L	136 - 149
SERUM POTASSIUM	: 4.0	mEq/L	3.8 - 5.2
SERUM CHLORIDE	: 104	mEq/L	98 - 107

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BIOCHEMISTRY

LFT (Liver function Test)

BILIRUBIN TOTAL (serum)	: 0.3	MG/DL	INFANTS : 1.2 - 12.0 ADULT : 0.1 - 1.2
BILIRUBIN DIRECT (serum)	: 0.1	MG/DL	ADULT & INFANTS : 0.0 - 0.4
BILIRUBIN INDIRECT (serum)	: 0.20	MG/DL	0.0 - 1.0
S.G.O.T (serum)	: 27	IU/L	5 - 40
S.G.P.T (serum)	: 20	IU/L	5 - 40
ALKALINE PHOSPHATASE (serum)	: 130	IU/L	CHILD BELOW 6 YRS : 60 - 321 CHILD : 67 - 382 ADULT : 36 - 113
PROTEINS TOTAL (serum)	: 7.5	GM/DL	6.4 - 8.3
ALBUMIN (serum)	: 4.3	GM/DL	3.5 - 5.7
GLOBULIN (serum)	: 3.20	GM/DL	1.8 - 3.6
A/G RATIO	: 1.34		1:2 - 2:1

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ENDOCRINOLOGY

THYROID FUNCTION TEST

T3-Total (Tri iodothyronine)	: 1.24	ng/mL	0.970 - 1.69
T4 - Total (Thyroxin)	: 10.5	µg/dL	5.53 - 11.0
Thyroid Stimulating Hormones (Ultra TSH)	: 1.87	µIU/mL	0.465 - 4.68

NOTE:-

Three common ways in which there may be inadequate amounts of the thyroid hormone for normal metabolism. Primary hypothyroidism, in which there is a raised TSH & a low T3. This is due to failure of the thyroid gland, possibly due to autoantibody disease, possibly due to toxic stress or possibly due to iodine deficiency. The second, the most common cause of thyroid failure, occurs at the pituitary level. In this condition there is inadequate thyroid stimulating hormone (TSH) produced from the pituitary and so one tends to see low or normal TSH, low T4s and variable T3s. This condition is most common in many patients with chronic fatigue syndrome, where there is a general suppression of the hypothalamic-pituitary-adrenal axis. The third type of under-functioning is due to poor conversion of there are normal or possibly slightly raised levels of TSH, normal levels of T4 but low levels of thyroid problem routinely TSH, a Free T4 and a Free T3 are also advisable. Any patients who are taking T3 as part of their thyroid supplement need to have their T3 levels monitored as well as T4. T3 is much more quickly metabolized than T4 and blood tests should be done between 4-6 hours after their morning dose.

The Guideline for pregnancy reference ranges for total T3, T4, Ultra TSH Level in pregnancy

	Total T3	Total T4	Ultra TSH
First Trimester	0.86 - 1.87	6.60 - 12.4	0.30 - 4.50
2 nd Trimester	1.0 - 2.60	6.60 - 15.5	0.50 - 4.60
3 rd Trimester	1.0 - 2.60	6.60 - 15.5	0.80 - 5.20

The guidelines for age related reference ranges for T3,T4,& Ultra TSH

	Total T3	Total T4	Ultra TSH
Cord Blood	0.30 - 0.70	1-3 day 8.2-19.9	Birth- 4 day: 1.0-38.9
New Born	0.75 - 2.60	1 Week 6.0-15.9	2-20 Week : 1.7-9.1
1-5 Years	1.0-2.60	1-12 Months 6.8 - 14.9	20 Week- 20 years 0.7 - 6.4
5-10 Years	0.90 - 2.40	1-3 Years 6.8-13.5	
10-15 Years	0.80 - 2.10	3-10 Years 5.5-12.8	

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CLINICAL PATHOLOGY

URINE ROUTINE

PHYSICAL EXAMINATION

QUANTITY : 30 ML
COLOUR : PALE YELLOW
APPEARANCE : SLIGHTLY HAZY
REACTION : ACIDIC
SPECIFIC GRAVITY : 1.020

CHEMICAL EXAMINATION

PROTEIN : ABSENT
SUGAR : ABSENT
KETONES : ABSENT
BILE SALTS : ABSENT
BILE PIGMENTS : ABSENT
UROBILINOGEN : NORMAL

MICROSCOPIC EXAMINATION

PUS CELLS : 0-1 /hpf
RBC CELLS : ABSENT / hpf
EPITHELIAL CELLS : 0-1 /hpf
CASTS : ABSENT /hpf
CRYSTALS : ABSENT
OTHER FINDINGS : ABSENT
BACTERIA : ABSENT

END OF REPORT

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