SPECTRA DIAGNOSTIC
LABORATORY SERVICE PROVIDER

Name:	**SANJAY KUMAR SINHA**	Ward:	OPD
Lab ID	**00000144**	Registration on:	12/03/2024 13:14:00
Age & Sex:	**56 Year | Male**	Reported on:	14:41:43
Reference:	**VELOCITY HOSPITAL**	Sample Type:	BLOOD & URINE

CBC ESR

Test	Observed Value		Unit	Biological Reference Interval
Haemoglobin	15.36		g/dL	13.5 - 17.5
Total RBC	5.27		mill./cm	4.50 - 5.90
Total WBC	7830		/cmm	4000 - 11000
Platelet Count	163000		/cmm	150000 - 450000
HCT	**48.4**	**H**	%	36.0 - 48.0
MCV	91.8		fL	80.0 - 100.0
MCH	29.1		pg	27.0 - 32.0
MCHC	31.7		g/dL	31.5 - 36.0
DIFFERENTIAL COUNT				
Neutrophils	59		%	40 - 70
Lymphocytes	37		%	20 - 40
Eosinophils	02		%	02-05
Monocytes	02		%	01-07
Basophils	00		%	00 - 02
Band Cells	00		%	0.0 - 6.0
ABSOLUTE DIFFERNTIAL COUNT				
Neutrophils	4620		/cumm	1800 - 7700
Lymphocytes	2897		/cumm	800 - 4800
Eosinophils	157		/cumm	20 - 500
Monocytes	**157**	**L**	/cumm	200 - 1000
Basophils	0		/cumm	0 - 100
GLR / NLR (Neutrophil/Lymphocyte Ratio)	**1.6**			
M ENTZER INDEX	**17.4**			
RDW-CV	13.6		%	11.1 - 14.1
RDW-SD	**49.9**		fl	
MPV	9.2		fl	
PCT	**0.15**		%	

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PDW	18.0	%	

PERIPHERAL SMEAR EXAMINATION

RBC Morphology	**Normochromic and normocytic.**		
WBC Morphology	**Appear normal,Immature cells are not seen .**		
Platelets in Smear	Adequate.		
Malarial Parasites	Not Detected.		
ESR			
AFTER 1 HOUR	**21 H**	mm/hr	0.0 - 15.0

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BLOOD GROUP

Test	Observed Value	Unit	Biological Reference Interval
Blood Group	"O"		
Rh Factor	POSITIVE		

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Reference:	**VELOCITY HOSPITAL**	Sample Type:	BLOOD & URINE

BLOOD GLUCOSE TEST

Test	Observed Value	Unit	Biological Reference Interval
RANDOM (RBS)			
Blood Sugar-R	109.0	mg/dL	70.0 - 140.0

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Reference:	**VELOCITY HOSPITAL**	Sample Type:	BLOOD & URINE

HEMOGLOBIN A1c TEST

Test	Observed Value	Unit	Biological Reference Interval
HbA1c	5.53	%	> 8 : Action Suggested 7-8 : Good control < 7 : Goal 6.2-7 : Near Normal Glycemia < 6.2 : Non-diabetic Level
Mean Blood Glucose	112.0	mg/dL	70.0 - 140.0

Importance of HbA1c - Glycated Hb. in Diabetes Mellitus

- HbA1c, also known as Glycated Hemoglobin is the most important test for the assessment of long term blood glucose control (also called glycemic control)
- HbA1c reflects mean blood glucose concentration over past 6-8 weeks and provides amuch better indication of long term glycemic control than blood glucose determination
- HbA1c is formed by non-enzymatic reaction between glucose and Hb. , this reaction is irreversible and therefore remains unaffected by short term fluctuations in blood glucose levels.
- Long term complications of diabetes such as retinopathy-eye complications, nephropathy-kidney complications and neuropathy-nerve complications, are potentially serious and can lead to blindness, kidney failure etc.
- Glycemic control monitored by HbA1c measurement using HPLC method-(Gold Standard) is considered most important. (Ref. National Glycohemoglobin Standardization Program -NGSP).

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Reference:	**VELOCITY HOSPITAL**	Sample Type:	BLOOD & URINE

LIPID PROFILE

Test	Observed Value	Unit	Biological Reference Interval
Sample	Random Blood Serum		
Cholesterol	**231.3 H**	mg/dL	<200 Desirable 200-229 Borderline >240 High
Triglyceride	**178.6 H**	mg/dL	<150 Normal 150-199 Borderline 200-499 High >=500 Very High
HDL Cholesterol	40.8	mg/dL	40-60
VLDL	**35.72 H**	mg/dL	0.00 - 30.00
LDL Cholesterol	**154.78 H**	mg/dL	< 130 : Optimal 130 - 159 : Borderline High 160 - 189 : High >= 190 : Very High
LDL Chol. / HDL Chol. Ratio	**3.79 H**		1.0 - 3.4
Cholesterol / HDL Chol. Ratio	**5.7 H**		0 - 3.5
Total Lipid	766.0	mg/dl	400.0 - 1000.0

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Reference:	**VELOCITY HOSPITAL**	Sample Type:	BLOOD & URINE

RENAL FUNCTION TEST

Test		Unit	
S. Creatinine	0.87	mg/dL	0.5-1.30
Bl. Urea	22.0	mg/dL	10.0 - 40.0
BUN	10.3	mg/dl	6.0 - 22.0
Uric Acid	4.5	mg/dL	3.5 - 7.2
PROTEINS			
Total Protein	6.8	g/dL	6.0 - 8.0
Albumin	4.23	g/dL	3.50 - 5.50
Globulin	2.6	g/dL	2.0 - 4.0
A/G Ratio	1.6		

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Reference:	**VELOCITY HOSPITAL**	Sample Type:	BLOOD & URINE

LIVER FUNCTION TEST

Test	Observed Value	Unit	Biological Reference Interval
BILIRUBIN			
Total Bilirubin	0.5	mg/dL	0.00 - 1.20
Direct Bilirubin	0.2	mg/dL	0.00 - 0.40
Indirect Bilirubin	0.30	mg/dL	0.00 - 1.00
SGPT(ALT)	20.0	U/L	0.0 - 40.0
SGOT (AST)	22.0	U/L	0.0 - 46.0
Alkaline Phosphatase	184.0	U/L	64.0 - 306.0
PROTEINS			
Total Protein	6.8	g/dL	6.0 - 8.0
Albumin	4.23	g/dL	3.50 - 5.50
Globulin	2.6	g/dL	2.0 - 4.0
A/G Ratio	1.6		

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Reference:	**VELOCITY HOSPITAL**	Sample Type:	BLOOD & URINE

URINE ANALYSIS

Test	Observed Value	Unit	Biological Reference Interval
Sample	Fresh Urine		
PHYSICAL EXAMINATION			
Quantity	10.0	mL	
Colour	Pale-Yellow		
Appearance	**Clear**		Clear
pH	7.0		
Specific Gravity	1.015		
Sediments	Absent		Absent
CHEMICAL EXAMINATION			
Protein (Albumin)	Absent		Absent
Sugar	Absent		Absent
Bile Salts	Absent		Absent
Bile Pigment	Absent		Absent
Ketone	**Trace**		Absent
Occult Blood	Absent		Absent
Nitrite	Absent		Absent
Leukocyte Esterase	Absent		Absent
Urobilinogen	Normal		Normal
MICROSCOPIC EXAMINATION			
Pus Cells	**3-5**	/hpf	Absent
Red Blood Cells	Absent	/hpf	Absent
Epithelial Cells	**2-3**	/hpf	Absent
Crystals	Absent		Absent
Amorphous material	Absent		Absent
Casts	Absent		Absent
Yeast	Absent		Absent
Bacteria	Absent		Absent

--- End of Report ---

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CIN : U85195GJ2009PLC057059

TEST REPORT

Reg. No.	: 40300714683	**Reg. Date** : 12-Mar-2024 16:36	**Ref.No** :	**Approved On**	: 12-Mar-2024 17:42
Name	: SANJAY KUMAR SINHA			**Collected On**	: 12-Mar-2024 16:36
Age	: 56 Years	**Gender:** Male	**Pass. No. :**	**Dispatch At**	:
Ref. By	:			**Tele No.**	:
Location	: SPECTRA DIAGNOSTIC @ LP SAVANI ROAD				

Test Name	Results	Units	Bio. Ref. Interval
	THYROID FUNCTION TEST		
T3 (triiodothyronine), Total *Method:CLIA*	1.42	ng/mL	0.6 - 1.81
T4 (Thyroxine),Total *Method:CLIA*	7.8	µg/dL	4.5 - 12.6
TSH (Ultra Sensitive) *By CLIA Method*	1.051	µIU/mL	0.55 - 4.78
Sample Type:Serum			

Comments:
Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-relasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulate the thyroid gland to synthesize and secrete T3 and T4. Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

TSH levels During Pregnancy :

- First Trimester : 0.1 to 2.5 µIU/mL
- Second Trimester : 0.2 to 3.0 µIU/mL
- Third trimester : 0.3 to 3.0 µIU/mL

Referance : Carl A.Burtis,Edward R.Ashwood,David E.Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Eddition. Philadelphia: WB Sounders,2012:2170

Test done from collected sample. This is an electronically authenticated report.

Dr. Dhaval Bamania
Pathologist
G-16880

Generated On : 12-Mar-2024 17:47

MC-2679

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CIN : U85195GJ2009PLC057059

TEST REPORT

Reg. No.	: 40300714683	**Reg. Date** : 12-Mar-2024 16:36	**Ref.No** :	**Approved On**	: 12-Mar-2024 17:37
Name	: SANJAY KUMAR SINHA			**Collected On**	: 12-Mar-2024 16:36
Age	: 56 Years	**Gender:** Male	**Pass. No. :**	**Dispatch At**	:
Ref. By	:			**Tele No.**	:
Location	: SPECTRA DIAGNOSTIC @ LP SAVANI ROAD				

Test Name	Results	Units	Bio. Ref. Interval
Prostate Specific Antigen (PSA),Total	1.70	ng/mL	0 - 4

Method:CLIA

Sample Type:Serum

Useful For

1. Evaluating patients with documented prostate problems in whom multiple prostate-specific antigen tests may be necessary per year
2. Monitoring patients with a history of prostate cancer as an early indicator of recurrence and response to reatment.
3.Prostate cancer screening.

Comments

-Prostate-specific antigen (PSA) is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. Normally, very little PSA is secreted in the blood. Increases in glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels.

-Digital rectal examination generally does not increase normal prostate-specific antigen (PSA) values. However, cystoscopy, urethral instrumentation, and prostate biopsy may increase PSA levels.

---------- End Of Report ----------

Test done from collected sample. This is an electronically authenticated report.

Dr. Brijesha Patel
M.D. Pathology
Reg. No.:-G-32437

Generated On : 12-Mar-2024 17:47