

Date 25/11/2023 11:44:13 AM
 Name Mr. KAMAL SINGH BISHT
 Ref. By Dr. SELF

Srl No. 1019
 Age 43 Yrs.
 Sex M

UHID No. OPD-44619
 Printed on 27/11/2023 12:25 PM

Test Name	Value	Unit	Normal Value
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COMPLETE HAEMOGRAM

Erba Mannheim Elite 580

HAEMOGLOBIN (Hb)	14.2	gm / dL	13.5 - 18.0
TOTAL LEUCOCYTE COUNT (TLC)	7,300	cells / cu mm	4000 - 11000
<u>DIFFERENTIAL LEUCOCYTE COUNT (DLC)</u>			
NEUTROPHIL	56	%	40 - 75
LYMPHOCYTE	33	%	20 - 40
EOSINOPHIL	05	%	01 - 06
MONOCYTE	06	%	02 - 10
BASOPHIL	00	%	0 - 0
RBC COUNT	4.83	million / cu mm	4.5 - 5.5
P.C.V / HAEMATOCRIT	42.6	%	40 - 54
M C V	88.199	fl.	80 - 100
M C H	29.4	Picogram	27.0 - 31.0
M C H C	33.33	gm / dL	32 - 36
PLATELET COUNT	1,76,000	Lakh / cu mm	150000 - 400000
ESR	15	mm / 1st hr	0 - 15

VESMATIC EASY - AUTOMATED

HAEMATOLOGY

BLOOD GROUP ABO	"O"
RH TYPING	POSITIVE
Hb A1c	7.4 %

EXPECTED VALUES :-

Metabolically healthy patients	=	4.8 - 5.5 % HbA1c
Good Control	=	5.5 - 6.8 % HbA1c
Fair Control	=	6.8 - 8.2 % HbA1c
Poor Control	=	>8.2 % HbA1c

REMARKS:-

LAB TECHNICIAN



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In vitro quantitative determination of HbA1c in whole blood is utilized in long term monitoring of glycemia . The HbA1c level correlates with the mean glucose concentration prevailing in the course of the patient's recent history (approx - 6-8 weeks) and therefore provides much more reliable information for glycemia monitoring than do determinations of blood glucose or urinary glucose. It is recommended that the determination of HbA1c be performed at intervals of 4-6 weeks during Diabetes Mellitus therapy.

Results of HbA1c should be assessed in conjunction with the patient's medical history, clinical examinations and other findings.

KIDNEY FUNCTION TEST (KFT)

Roche cobas c 311

BLOOD UREA Urease / GLDH	15.4	mg / dL	15.0 - 40.0
SERUM CREATININE Jaffe	0.71	mg / dL	0.7 - 1.4
SERUM URIC ACID Enzymatic	5.3	mg / dL	3.4 - 7.0
SODIUM ISE	140.2	mEq / L	135.0 - 145.0
POTASSIUM ISE	4.00	mEq / L	3.5 - 5.0
CALCIUM o-cresolphthaleine complexone	9.7	mg / dL	8.6 - 10.0
INORGANIC PHOSPHORUS molybdate UV	3.0	mg / dL	2.5 - 5.0
TOTAL PROTEIN Biuret	6.0	gm / dL	6.6 - 8.3
ALBUMIN BCP	3.8	gm / dL	3.5 - 5.5
TOTAL CHOLESTEROL CHOD-PAP	170.0	mg / dL	0.0 - 200.0

LIVER FUNCTION TEST (LFT)

Roche cobas c 311

BILIRUBIN TOTAL DPD	0.72	mg / dL	0 - 1.2
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TSH ELFA Method	2.38	uIU / mL	0.35 - 5.50
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REFERENCE RANGE

PAEDIATRIC AGE GROUP

0-3 DAYS	1.0 - 20	uIU / mL
3-30 DAYS	0.5 - 6.5	uIU / mL
1 MONTH -5 MONTHS	0.5 - 6.0	uIU / mL
6 MONTHS- 18 YEARS	0.5 - 4.5	uIU / mL

ADULTS	0.35 - 5.50	uIU / mL
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Note: TSH levels are subject to circadian variation, rising several hours before the onset of sleep, reaching peak levels between 11 pm to 6 am. Nadir concentrations are observed during the afternoon. Diurnal variation in TSH level approximates $\pm 50\%$, hence time of the day has influence on the measured serum TSH concentration.

Assay performed on enhanced chemi luminescence system (Centaur-Siemens)

Serum T3,T4 & TSH measurements form the three components of Thyroid screening panel, useful in diagnosing various disorders of Thyroid gland function.

1. Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH level.
2. Primary hyperthyroidism is accompanied by elevated serum T3 and T4 levels along with depressed TSH values.
3. Normal T4 levels are accompanied by increased T3 in patients with T3 thyrotoxicosis.
4. Slightly elevated T3 levels may be found in pregnancy and estrogen therapy, while depressed levels may be encountered in severe illness, renal failure and during therapy with drugs like propranolol and propyl thiouracil.

Although elevated TSH levels are nearly always indicative of primary hypothyroidism, and may be seen in



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secondary thyrotoxicosis.

BIOCHEMISTRY

BLOOD SUGAR FASTING HEXOKINASE	127.5	mg / dL	60.0 - 110.0
BLOOD SUGAR PP HEXOKINASE	218.4	mg/dl	80.0 - 140.0

URINE EXAMINATION TEST

PHYSICAL EXAMINATION

QUANTITY	20	mL	
COLOUR	YELLOW		
TRANSPARENCY	SLIGHTLY TURBID		
SPECIFIC GRAVITY	Q.N.S.		Q.N.S.
PH	5.0		6.0

CHEMICAL EXAMINATION

ALBUMIN	NIL
SUGAR	NIL

MICROSCOPIC EXAMINATION

PUS CELLS	2 - 3	/ HPF	
RBCs	NIL	/ HPF	NIL
CASTS	NIL	/ HPF	NIL
CRYSTALS	NIL		NIL
EPITHELIAL CELLS	1 - 2	/ HPF	
BACTERIA	NIL		NIL
OTHERS	NIL		NIL

**** End Of Report ****



DR. ANAMIKA YADAV
 MBBS DNB PATHOLOGY
 UK-9464

22-08-2023 23:00:23

ID: 0
KAMAL SINGH BIST
Male 43Years

HR	:	77	bpm
P	:	104	ms
PR	:	139	ms
QRS	:	84	ms
QT/QTc	:	370/421	ms
P/QRS/T	:	59/29/106	°
RV5/SV1	:	1.418/0.662	mV

Diagnosis Information:
Sinus Rhythm
Inverted T Wave(V6)



Report Confirmed by:

