



Dept. of Pathology

(For Report Purpose Only)



PRN : 107760
Patient Name : Mr. SINGHAL VIKRAM
Age/Sex : 34Yr(s)/Male

Lab No : 1794
Req.No : 1794

Company Name : BANK OF BARODA
Referred By : Dr.HOSPITAL PATIENT

Collection Date & Time : 14/05/2022 10:55 AM
Reporting Date & Time : 14/05/2022 02:45 PM
Print Date & Time : 14/05/2022 02:46 PM

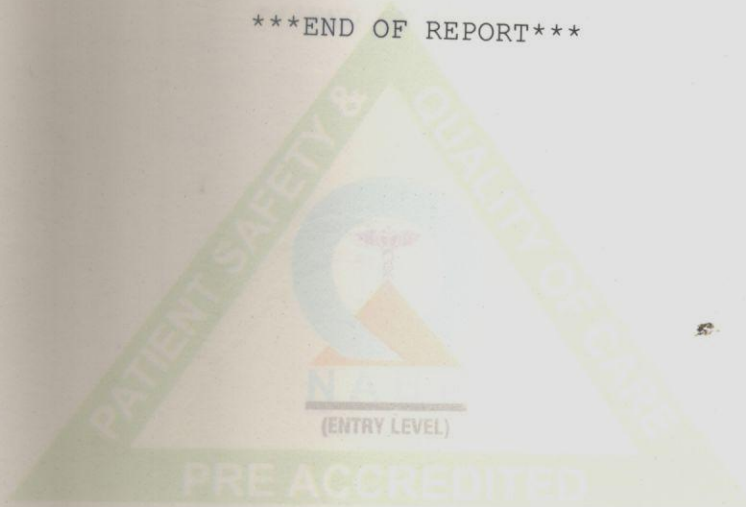
PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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BIOCHEMISTRY

BSL-F & PP

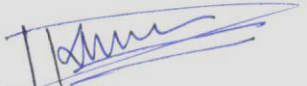
Blood Sugar Level Fasting	: 96	MG/DL	60 - 110
Blood Sugar Level PP	: 78	MG/DL	70 - 140

END OF REPORT



Technician

Report Type By :- KAJAL SADIGALE


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



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HAEMATOLOGY

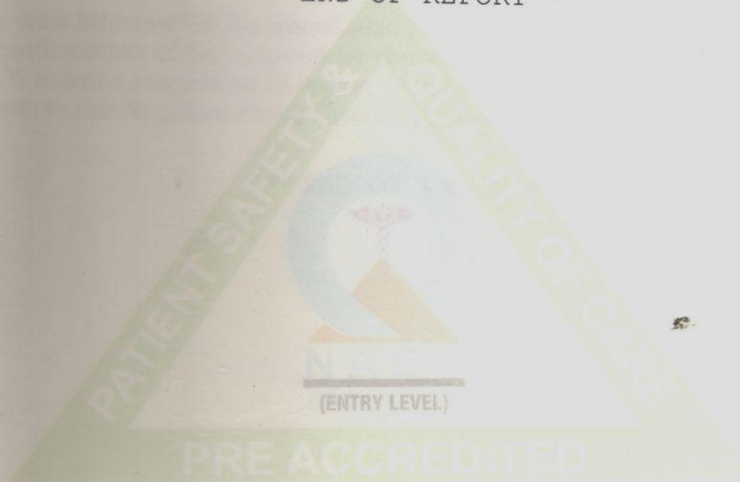
ESR

ESR MM (AT The End of 1 Hr.) By : 05
Westergren Method

mm/hr


Male : 0 - 15
Female : 0 - 20

END OF REPORT



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Print Date & Time : 14/05/2022 01:26 PM

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HAEMATOLOGY

BLOOD GROUP

BLOOD GROUP : "B"
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

WBC COUNT : 12500

RBC COUNT : 4.5

HEMOCENTRIFUGATION : 15.5

PLATELET COUNT : 150000

DIFFERENTIAL COUNT

NEUTROPHILS : 75

LYMPHOCYTES : 20


EOSINOPHILS : 3

MONOCYTES : 2

PLASMAPLASMAS : 0


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HAEMATOLOGY

HAEMOGRAM

HAEMOGLOBIN (Hb)	: 16.5	GM/DL	Male : 13.5 - 18.0 Female : 11.5 - 16.5
PCV	: 50.3	%	Male : 40 - 54 Female : 37 - 47
RBC COUNT	: 5.04	Million/cu mm	Male : 4.5 - 6.5 Female : 3.9 - 5.6
M.C.V	: 99.8	cu micron	76 - 96
M.C.H.	: 32.7	pg	27 - 32
M.C.H.C	: 32.8	picograms	32 - 36
RDW-CV	: 12.6	%	11 - 16
WBC TOTAL COUNT	: 7650	/cumm	ADULT : 4000 - 11000 CHILD 1-7 DAYS : 8000 - 18000 CHILD 8-14 DAYS : 7800 - 16000 CHILD 1MONTH-<1YR : 4000 - 10000

PLATELET COUNT : 237000 cumm 150000 - 450000

WBC DIFFERENTIAL COUNT

NEUTROPHILS	: 60	%	ADULT : 40 - 70 CHILD : 20 - 40
ABSOLUTE NEUTROPHILS	: 4590	µL	2000 - 7000
LYMPHOCYTES	: 22	%	ADULT : 20 - 40 CHILD : 40 - 70
ABSOLUTE LYMPHOCYTES	: 1683	µL	1000 - 3000
EOSINOPHILS	: 13	%	01 - 04
ABSOLUTE EOSINOPHILS	: 994.50	µL	20 - 500
MONOCYTES	: 05	%	02 - 08
ABSOLUTE MONOCYTES	: 382.50	µL	200 - 1000
BASOPHILS	: 00	%	00 - 01
ABSOLUTE BASOPHILS	: 0	µL	0 - 100

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HAEMOGRAM

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PCV	: 50.3	%	Male : 40 - 54 Female : 37 - 47
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M.C.V	: 99.8	cu micron	76 - 96
M.C.H.	: 32.7	pg	27 - 32
M.C.H.C	: 32.8	picograms	32 - 36
RDW-CV	: 12.6	%	11 - 16
WBC TOTAL COUNT	: 7650	/cumm	ADULT : 4000 - 11000 CHILD 1-7 DAYS : 8000 - 18000 CHILD 8-14 DAYS : 7800 - 16000 CHILD 1MONTH-<1YR : 4000 - 10000
PLATELET COUNT	: 237000	cumm	150000 - 450000

WBC DIFFERENTIAL COUNT

NEUTROPHILS	: 60	%	ADULT : 40 - 70 CHILD : 20 - 40
ABSOLUTE NEUTROPHILS	: 4590	µL	2000 - 7000
LYMPHOCYTES	: 22	%	ADULT : 20 - 40 CHILD : 40 - 70
ABSOLUTE LYMPHOCYTES	: 1683	µL	1000 - 3000
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MONOCYTES	: 05	%	02 - 08
ABSOLUTE MONOCYTES	: 382.50	µL	200 - 1000
BASOPHILS	: 00	%	00 - 01
ABSOLUTE BASOPHILS	: 0	µL	0 - 100

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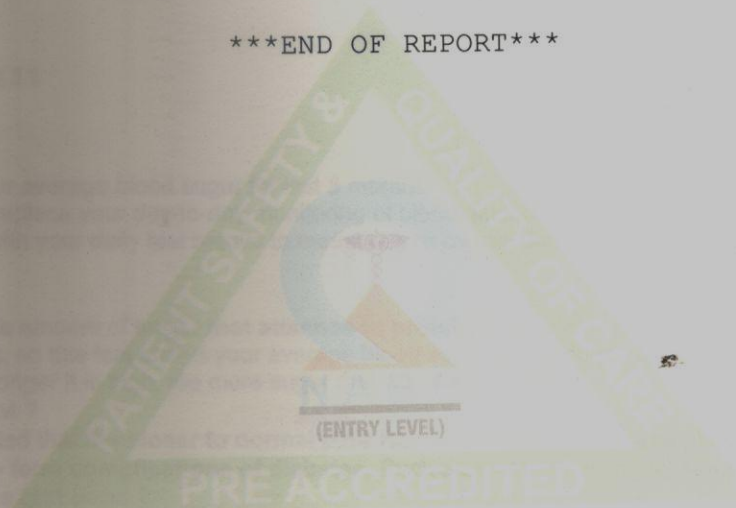
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RBC MORPHOLOGY	: Normocytic Normochromic		
WBC MORPHOLOGY	: Eosinophilia		
PLATELETS	: Adequate		
PARASITES	: Not Detected		

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

END OF REPORT



KS
Technician

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BIOCHEMISTRY

HbA1C- GLYCOSYLATED -HB

HBA1C	: 5.97	%	Normal Control : : 4.2 - 6.2 Good Control : : 5.5 - 6.7 Fair Control : : 6.8 - 7.6 Poor Control : : >7.6
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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.

END OF REPORT

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BIOCHEMISTRY

LFT (Liver function Test)

BILIRUBIN TOTAL (serum)	: 1.1	MG/DL	INFANTS : 1.2 - 12.0 ADULT : : 0.1 - 1.2
BILIRUBIN DIRECT (serum)	: 0.4	MG/DL	ADULT & INFANTS : 0.0 - 0.4
BILIRUBIN INDIRECT (serum)	: 0.70	MG/DL	0.0 - 1.0
S.G.O.T (serum)	: 25	IU/L	5 - 40
S.G.P.T (serum)	: 49	IU/L	5 - 40
ALKALINE PHOSPHATASE (serum)	: 51	IU/L	CHILD BELOW 6 YRS : 60 - 321 CHILD : : 67 - 382 ADULT : : 36 - 113
PROTEINS TOTAL (serum)	: 7.2	GM/DL	6.4 - 8.3
ALBUMIN (serum)	: 4.7	GM/DL	3.5 - 5.7
GLOBULIN (serum)	: 2.50	GM/DL	1.8 - 3.6
A/G RATIO	: 1.88		1:2 - 2:1

END OF REPORT
(ENTRY LEVEL)

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BIOCHEMISTRY

LIPID PROFILE

CHOLESTEROL (serum)	: 168	MG/DL	Male : 120 - 240 Female : 110 - 230
TRIGLYCERIDE (serum)	: 146	MG/DL	0 - 150
HDL (serum)	: 29	MG/DL	Male : 42 - 79.5 Female : 42 - 79.5
LDL (serum)	: 123	MG/DL	0 - 130
VLDL (serum)	: 29.20	MG/DL	5 - 51
CHOLESTROL/HDL RATIO	: 5.79		Male : 1.0 - 5.0 Female : 1.0 - 4.5
LDL/HDL RATIO	: 4.24		Male : <= 3.6 Female : <=3.2

NCEP Guidelines

	Desirable	Borderline	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

AS
Technician

Report Type By :- KAJAL SADIGALE

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



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BIOCHEMISTRY

RFT (RENAL FUNCTION TEST)

BIOCHEMICAL EXAMINATION

UREA (serum)	: 23	MG/DL	0 - 45
UREA NITROGEN (serum)	: 10.74	MG/DL	7 - 21
CREATININE (serum)	: 1.0	MG/DL	0.5 - 1.5
URIC ACID (serum)	: 7.2	MG/DL	Male : 3.4 - 7.0 Female : 2.4 - 5.7

SERUM ELECTROLYTES


SERUM SODIUM	: 141	mEq/L	136 - 149
SERUM POTASSIUM	: 4.9	mEq/L	3.8 - 5.2
SERUM CHLORIDE	: 102	mEq/L	98 - 107

END OF REPORT

(ENTRY LEVEL)


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ENDOCRINOLOGY

TFT (THYROID FUNCTION TEST)

T3-Total (Tri iodothyronine)	: 1.52	ng/mL	0.970 - 1.69
T4 - Total (Thyroxin)	: 9.65	µg/dL	5.53 - 11.0
Thyroid Stimulating Hormones (Ultra TSH)	: 1.99	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	

END OF REPORT

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CLINICAL PATHOLOGY

URINE ROUTINE

PHYSICAL EXAMINATION

QUANTITY : 25 ML
COLOUR : PALE YELLOW
APPEARANCE : CLEAR
REACTION : ACIDIC
SPECIFIC GRAVITY : 1.015

CHEMICAL EXAMINATION

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

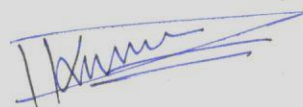
MICROSCOPIC EXAMINATION

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

END OF REPORT

Technician

Report Type By :- LATA RANAWARE


Dr. POONAM KADAM
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Pathologist