



A Unit of Diagnostic Care with Trust

श्री साई इमेजिंग एंड डायग्नोस्टिक सेंटर

हर जीवन अमूल्य है

पुराना धमतरी रोड, सब्जी बाजार के सामने,
संतोषी नगर, रायपुर (छ.ग.) ☎ 0771-4023900

MRI | CT Scan | 4D Color USG | Digital X-Ray | Advance Pathology | 2D Echo/E.C.G./TMT | E.E.G/OPG/SPIRO

PT. NAME	:- MR. NAVIN KUMAR SAW	Sample Collected On	:- 01/10/2024
PT. AGE/SEX	:- 42 Y / M	Report Released On	:- 02/10/2024
MOBILE NO	:-	Accession On	:- 10
Ref. By.	:- SELF	Patient Unique ID No.	:- 10430
Company	:- ARCOFEMI HEALTH CARE LTD.	TPA	:- MEDIWHEEL

BIO CHEMISTRY

Description	Result	Unit	Biological Ref. Range
FASTING BLOOD SUGAR	89.6	mg/dL	70 - 110
POST PRANDIAL BLOOD SUGAR	110.5	mg/dl	70 - 140
Urea	24.6	mg/dL	15 - 45
Serum Creatinine	0.78	mg/dl	0.66 - 1.25
Uric Acid	4.0	mg/dL	3.5 - 8.5
Serum Sodium	139.0	mmol/L	135 - 155
Serum Potassium	4.3	mmol/L	3.5 - 5.3
Cholesterol	165.2	mg/dl	Desirable : <200 Borderline :200 - 239 High : >=240
Triglycerides	120.7	mg/dl	<150 : Normal 150-199 : Borderline - High 200-499 : High >500 : Very High
HDL	45.1	mg/dl	<40 : Low 40-60 :Optimal >60 : Desirable
LDL	95.96	mg/dl	<100 : Normal 100-129 : Desirable 130-159 : Borderling-High 160-189 : High >190 : Very High
VLDL	24.14	mg/dl	7 - 40
Cholesterol/HDL Ratio	3.66		0 - 5.0
LDL/HDL Ratio	2.12	ratio	0 - 3.5

Clinical Significance :

Total Cholesterol

Serum cholesterol is elevated in hereditary hyperlipoproteinemias and in other metabolic diseases. Moderate-to-markedly elevated values are also seen in cholestatic liver disease, risk factor for cardiovascular disease. Low levels of cholesterol may be seen in disorders like hyperthyroidism, malabsorption, and deficiencies of apolipoproteins.

Triglycerides

Increased serum triglyceride levels are a risk factor for atherosclerosis. Hyperlipidemia may be inherited or may be due to conditions like biliary obstruction, diabetes mellitus, nephrotic syndrome, renal failure, certain metabolic disorders or drug induced.

LDL Cholesterol (Direct) - LDL Cholesterol is directly associated with increased incidence of coronary heart disease, familial hyperlipidemias, fat rich diet intake, hypothyroidism, Diabetes mellitus, multiple myeloma and porphyrias. Decreased LDL levels are seen in hypolipoproteinemias, hyperthyroidism, chronic anaemia, and Reye's syndrome.

Undetectable LDL levels indicate abetalipoproteinemia

HDL Cholesterol - High-density lipoprotein (HDL) is an important tool used to assess risk of developing coronary heart disease. Increased levels are seen in persons with more physical activity. Very high levels are seen in case of metabolic response to medications like hormone replacement therapy. Low HDL cholesterol correlates with increased risk for coronary heart disease (CHD). Very low levels are seen in Tangier disease, cholestatic liver disease and in association with decreased hepatocyte function.

CHECKED BY

DR. MAIKAL KUJUR MBBS, MD

PATHOLOGY (AIIMS, NEW DELHI)

REG. NO. : CG MCI-2996/2010

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Bilirubin - Total	0.58	mg/dl	0.2 - 1.3
Bilirubin - Direct	0.15	mg/dl	0 - 0.3
Bilirubin (Indirect)	0.43	mg/dl	0 - 1.1
SGOT (AST)	26.8	U/L	17 - 59
SGPT (ALT)	30.7	U/L	21 - 72
Alkaline phosphatase (ALP)	82.7	U/L	38 - 126
Total Proteins	7.4	g/dl	6.3 - 8.2
Albumin	4.2	g/dl	3.5 - 5.0
Globulin	3.20	g/dl	2.3 - 3.6
A/G Ratio	1.31		1.1 - 2.0
Gamma GT	21.8	U/L	<55

Clinical Significance :

Alanine transaminase (ALT)

ALT is an enzyme found in the liver that helps your body metabolize protein . When the liver is damaged, ALT is released into the bloodstream and levels increase .

Aspartate transaminase (AST)

AST is an enzyme that helps metabolize alanine, an amino acid. Like ALT, AST is normally present in blood at low levels. An increase in AST levels may indicate liver damage or disease or muscle damage.

Alkaline phosphatase (ALP)

ALP is an enzyme in the liver, bile ducts and bone. Higher-than-normal levels of ALP may indicate liver damage or disease , such as a blocked bile duct, or certain bone diseases.

Albumin and total protein

Albumin is one of several proteins made in the liver. Your body needs these proteins to fight infections and to perform other functions . Lower-than-normal levels of albumin and total protein might indicate liver damage or disease.

Bilirubin.

Bilirubin is a substance produced during the normal breakdown of red blood cells. Bilirubin passes through the liver and is excreted in stool. Elevated levels of bilirubin (jaundice) might indicate liver damage or disease or certain types of anemia.

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CLINICAL PATHOLOGY

Description	Result	Unit	Biological Ref. Range
URINE R/M			
Appearance	Clear		Clear
Specific Gravity	1.015		1.003 - 1.030
Urine Glucose(Sugar)	Nil		Not Detected
<u>Microscopic Examination</u>			
Epithelial cells	1-2	/HPF	0 - 5
PUS CELLS	2-3	/HPF	0 - 5
RBC (Urine)	Absent	/HPF	0 - 3
Casts	Absent		Not Detected
Crystals	Absent		Not Detected
Bacteria	Absent		Not Detected
Reaction (pH)	Acidic		
<u>Chemical Examination</u>			
Others	Not detected		
<u>Physical Examination</u>			
Colour	Pale Yellow		Pale Yellow
Urine Protein(Albumin)	Nil		Not Detected

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HAEMATOLOGY

Description	Result	Unit	Biological Ref. Range
BLOOD GROUP			
BLOOD GROUP	" A "		
Rh	Positive		

NOTE :- This technique is used for preliminary ABO grouping specimen should Be Further Tested by Tube Method For Confirmation.

W.B.C. Indices

TOTAL WBC COUNT	7000	/cumm	4000 - 11000
NEUTROPHILS	61	%	40 - 70
LYMPHOCYTES	33	%	20 - 52
MONOCYTES	04	%	4 - 12
EOSINOPHILS	02	%	1 - 6
BASOPHILS	00	%	0 - 1

R.B.C. Indices

HAEMOGLOBIN	14.6	gm/dL	12.5 - 16.5
RBC COUNT	4.70	Mill/cumm	4.2 - 5.5
HEMATOCRIT (PCV)	42.7	%	37.5 - 49.5
MCV	90.8	fL	80 - 95
MCH	31.1	pg	26 - 32
MCHC	34.19	g/dl	32 - 36
RDW-CV	14.0	%	11.5 - 16.5

Platelet Indices

PLATELET COUNT	109000	/ μ L	150000-400000
MPV	15.4	fl	7.0 - 11.0
PDW	16.7	%	12 - 18
P-LCR	63.4	%	13 - 43
ESR	14	after 1 hr	0 - 15
Advice			Correlate Clinically

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HbA1C-Glycosylated Haemoglobin	5.3	%	Normal Range : <6% Good Control : 6 - 7% Fair Control : 7 - 8% Unsatisfactory Control : 8 -10% Poor Control : >10%
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Clinical Significance :

Hemoglobin A1c (HbA1c) level reflects the mean glucose concentration over the previous period (approximately 8-12 weeks) and provides a much better indication of long-term glycemic control than blood and urinary glucose determinations. American Diabetes Association (ADA) include the use of HbA1c to diagnose diabetes, using a cutpoint of 6.5%. The ADA recommends measurement of HbA1c 3-4 times per year for type 1 and poorly controlled type 2 diabetic patients, and 2 times per year for well-controlled type 2 diabetic patients) to assess whether a patient's metabolic control has remained continuously within the target range. Falsely low HbA1c results may be seen in conditions that shorten erythrocyte life span, and may not reflect glycemic control in these cases accurately.

HORMONES

Description	Result	Unit	Biological Ref. Range
THYROID HORMONES			
T3 (Triiodothyronine)	97.24	ng/dl	80 - 253 : 1yr - 10 Yr 76 - 199 11 Yr - 15 Yr 69 - 201 : 16 Yr - 18 Yr 60 - 181 : > 18 Yrs
T4 (Thyroxine)	8.55	ug/dl	4.6 - 12.5
TSH	1.22	uiU/mL	0.52 -16.0 1 Day - 30 Days 0.55-7.10 1 mon-5yrs 0.37 -6.00 : 6 Yrs - 18 Yrs 0.35 - 5.50 18 Yrs - 55 Yrs 0.50 - 8.90 : > 55 Yrs

SPECIAL PATHOLOGY

Description	Result	Unit	Biological Ref. Range
PSA (Total)	0.03	ng/ml	0.0 To 4.00

--- End Of Report ---

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