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Reporting Date: 19-09-2024 12:37 PM

Reporting Status: Finalized

Patient Name :

MR. VIJAY BIRLA [MRN-240901877]

Age / Gender :

31 Yr / M

Address:

Indore, MADHYA PRADESH

Req. Doctor:

VONE HOSPITAL

Regn. ID:

WALKIN.24-25-11066

HAEMATOLOGY

Request Date :

19-09-2024 08:15 AM

Collection Date :

19-09-2024 08:43 AM | H-7763

Acceptance Date:

19-09-2024 08:43 AM | TAT: 03:54

[HH:MM]

Investigations	Result	Biological Reference Range
CBC		
Haemoglobin	16.2 gm%	M 14 - 18 gm% (Age 1 - 100)
RBC Count	5.18 mill./cu.mm *	M 3.8 - 4.8 mill./cu.mm (Age 1 - 100)
Packed Cell Volume (PCV)	46.8 %	M 40 - 54 % (Age 1 - 100)
MCV	90.4 Cu.m.	76 - 96 Cu.m. (Age 1 - 100)
MCH	31.2 pg	27 - 32 pg (Age 1 - 100)
MCHC	34.6 % *	30.5 - 34.5 % (Age 1 - 100)
Platelet Count	271 10^3/uL	150 - 450 10^3/uL (Age 1 - 100)
Total Leukocyte Count (TLC)	6.05 10^3/uL	4.5 - 11 10^3/uL (Age 1 - 100)
Differential Leukocyte Count (DLC)		
Neutophils	60 %	40 - 70 % (Age 1 - 100)
Lymphocytes	32 %	20 - 40 % (Age 1 - 100)
	06 %	2 - 10 % (Age 1 - 100)
Monocytes	02 %	1 - 6 % (Age 1 - 100)
Eosinophils	00 %	< 1 %
Basophils ESR (WINTROBE METHOD)	10 mm/hr	M 0 - 12 mm/hr

END OF REPORT.

DR.QUTBUDDIN CHAHWALA

Result relate to the sample as received.

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Investigations	Result	Biological Reference Range
HBA1C		biological Reference Range
Glyco Hb (HbA1C)	5.1 %	4 - 6 %

Estimated Average Glucose

99.67 mg/dL

ma/dL

Interpretation: 1HbA1C has been endorsed by clinical groups and American Diabetes Association guidelines 2017 for diagnosing diabetes

using a cut off point of 6.5%

2.Low glycated haemoglobin in a non diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency and haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.

3.ln known diabetic patients, following values can be considered as a tool for monitoring the glycemic control. Excellent control-6-7 %

END OF REPORT.

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[HH:MM]

Reporting Date: 19-09-2024 12:38 PM

Reporting Status: Finalized

Investigations	Result	Biological Reference Range
BLOOD GROUP		
ABO GROUP	0	
RH FACTOR	Positive	

END OF REPORT.

DR.QUTBUDDIN CHAHWALA M.D.PATHOLOGIST

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BIOCHEMISTRY

Request Date :

19-09-2024 08:15 AM

Reporting Date: 19-09-2024 12:41 PM

Reporting Status: Finalized

Collection Date :
Acceptance Date :

19-09-2024 08:43 AM | BIO8562 19-09-2024 08:43 AM | **TAT:** 03:58

[HH:MM]

Investigations	Result	Biological Reference Range
GGT(GAMMA GLUTAMYL TRANSFERASE)	29.6 U/L	M 11 - 60 U/L

END OF REPORT.

DR.QUTBUDDIN CHAHWALA M.D.PATHOLOGIST

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Reporting Date: 19-09-2024 12:41 PM

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Patient Name :

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Acceptance Date:

19-09-2024 08:43 AM | **TAT:** 03:58

[HH:MM]

Investigations		Result	Riological Pot
LFT	2000	1000000000000000000000000000000000000	Biological Reference Range
SGOT		17.5 U/L	0 - 40 U/L
SGPT		19.7 U/L	M 0 - 40 U/L
TOTAL BILIRUBIN		0.80 mg/dL	0 - 1.1 mg/dL
DIRECT BILIRUBIN		0.24 mg/dL *	0 - 0.2 mg/dL
INDIRECT BILIRUBIN		0.56 mg/dL	0.2 - 0.8 mg/dL
TOTAL PROTEIN		6.91 mg/dL	6.6 - 8.8 mg/dL
S.ALBUMIN		4.44 mg/dL	3.5 - 5.5 mg/dL
GLOBULIN		2.47 mg/dL	2 - 3.5 mg/dL
A.G.RATIO		1.80 *	1.1 - 1.5
ALKALINE PHOSPHATASE		86.0 U/L	M 40 - 129 U/L
PT INR	1 1		CHILD 54 - 369 U/L
PT		12.8 sec *	13 - 15 sec
CONTROL		12.8 sec	ne and a second
INR		1.0	0.8 - 1.1
HBSAG		Non Reactive	
ALT / AST RATIO		1.12	< 1.5
AST / ALT RATIO		0.88	< 1

END OF REPORT.

DR.QUTBUDDIN CHAHWALA M.D.PATHOLOGIST

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Request Date :

19-09-2024 08:15 AM

Collection Date :

19-09-2024 11:54 AM | BIO8569

Acceptance Date:

19-09-2024 11:54 AM | TAT: 03:00

[HH:MM]

BIOCHEMISTRY	
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Reporting Date: 19-09-2024 02:54 PM

Reporting Status: Finalized

Investigations	Result	Biological Reference Range
PPBS		
PPBS	130.0 mg/dL	70 - 140 mg/dL

END OF REPORT.

DR.QUTBUDDIN CHAHWALA M.D.PATHOLOGIST

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BIOCHEMISTRY

Request Date:

19-09-2024 08:15 AM

Reporting Date: 19-09-2024 12:45 PM

Reporting Status: Finalized

Collection Date:

19-09-2024 08:43 AM | BIO8562

Acceptance Date :

19-09-2024 08:43 AM | **TAT:** 04:02

[HH:MM]

Investigations	Result	Biological Reference Range
FBS	of the second se	
FBS	98.0 mg/dL	70 - 110 mg/dL
URIC ACID	5.9 mg/dL	Males 3.4 - 7.2 mg/dL Females 2.5 - 6 mg/dL
BUN		
BUN	8.17 mg/dL	5 - 20 mg/dL
CREATININE	0.75 mg/dL	0.7 - 1.4 mg/dL
BUN / CREATINE RATIO	10.8	10 - 20

END OF REPORT.

DR.QUTBUDDIN CHAHWALA

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Patient Name :

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Request Date:

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Collection Date:

19-09-2024 08:43 AM | PATH5497

Acceptance Date:

19-09-2024 08:43 AM | TAT: 04:27

[HH:MM]

IMMUNOLOGY

Reporting Date: 19-09-2024 01:10 PM

Reporting Status: Finalized

Investigations	2.4 2.3 4 pp. 2.4 pp.	No. of the state o
Thyroid Profile	Result	Biological Reference Range
Т3	0.89 ng/dL	0.58 - 1.62 ng/dL (Age 1 -
T4	8.67 ug/dl	100) 5 - 14.5 ug/dl (Age 1 - 100)
TSH Interpretation: Ultra sensitive-thyroid+stim	1.91 uIU/mI	0.35 - 5.1 uIU/ml (Age 1 - 100

Interpretation: Ultra sensitive-thyroid±stimulating hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, sTSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased s-TSH indicates inadequate thyroid hormone, and suppressed s-TSH indicates excess thyroid hormone. Transient s-TSH abnormalities may be found in seriously ill, hospitalized patients, so this is not the ideal

setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening test). when the s-TSH result is abnormal, appropriate follow-up tests T4 & free T3 levels should be performed. If TSH is between 5.0 to 10.0 & free T4 & free T3 level are normal

then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & If TSH is > 10 & free T4 & free T3 level are normal then it is considered as overt hypothyroidism.

Serum triiodothyronine (T3) levels often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of hypothyroidism. However, in a small subset of hyperthyroid patients, hyperthyroidism may be caused by overproduction of T3 (T3 toxicosis). To help diagnose and monitor this subgroup, T3 is measured on all specimens with suppressed s-TSH and normal FT4 concentrations.

Normal ranges of TSH & thyroid hormons vary according trimesper in pregnancy. TSH ref range in Pregnacy Reference range (microIU/ml)

First triemester 0.24 - 2.00

Second triemester 0.43-2.2

END OF REPORT.

DR.QUTBUDDIN CHAHWALA M.D.PATHOLOGIST

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CLINICAL PATHOLOGY

Request Date:

19-09-2024 08:15 AM

Collection Date:

19-09-2024 08:43 AM | CP-3034

Acceptance Date:

19-09-2024 08:43 AM | **TAT:** 03:55

[HH:MM]

Investigations	Result	Biological Reference Range
Urine Routine		
PHYSICAL EXAMINATION		
Quantity	20 ml	
Colour	Pale yellow	Pale Yellow
Deposit	Absent	Absent
Clearity	Clear	Clear
Reaction	Acidic	Acidic
Specific Gravity	1.015	1.001 - 1.035
CHEMICAL EXAMINATION		
Albumin	Absent	Absent
Sugar	Absent	Absent
Bile Salt	Absent	Absent
Bile Pigment	Absent	Absent
Keton	Absent	Absent
Blood	Absent	Absent
MICROSCOPY EXAMINATION		
Red Blood Cells	Nil /hpf	Nil/hpf
Pus Cells	1-2 /hpf	2-3/hpf
Epithelial Cells	1-2 /hpf	3-4/hpf
Casts	Absent	Absent
Crystals	Absent	Absent
Bacteria	Absent	Absent

END OF REPORT.

DR.QUTBUDDIN CHAHWALA M.D.PATHOLOGIST

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V-ONE HOSPITAL Department of Laboratory Medicine.

