PULKIT DIAGNOSTIC CENTRE

Dr. Nimisha Gupta
M.D. (Pathology) AIIMS, New Delhi
FNAC & Histopathology Expert, M.N.A.M.S. DNB
Ex- Registrar : PGIMER Chandigarh, GMCH Chandigarh

Date 14/09/2024 Srl No. 16
Name Mr. MANISH KUMAR Age 34 Yrs. Sex M
Ref. By

Test Name	Value	Unit	Normal Value
COMPLETE HAEMOGRAM			
By Mindray LT-360s			
HAEMOGLOBIN (Hb)	14.1	gm/dl	13.0 - 18.0
TOTAL LEUCOCYTE COUNT (TLC)	6,700	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	61	%	40 - 75
LYMPHOCYTE	33	%	20 - 45
EOSINOPHIL	04	%	01 - 06
MONOCYTE	02	%	02 - 10
R B C COUNT	4.60	Millions/cmm	4.5 - 5.5
P.C.V / HAEMATOCRIT	42.0	%	40 - 54
M C V	91.2	fl.	83 - 101
M C H	30.6	Picogram	27.0 - 32.0
M C H C	33.50	gm/dl	31.5 - 34.5
PLATELET COUNT	**1.04**	Lakh/cmm	1.50 - 4.50
By automated cell counter			
RDW - CV	13.7	%	11.0 - 16.0
RDW - SD	43.5	fl.	37.0 - 49.0
MPV	**16.2**	fl.	8.60 - 15.50
PDW	16.9	fl.	11.0 - 22.0
PCT	**0.087**	%	0.15 - 0.62
P-LCC	**36.0**	/uL	44 - 140
P- LCR	**66.9**	%	15.0 - 35.0
HAEMATOLOGY			
ERYTHROCYTE SED.RATE (WIN)	**12**		0 - 10
BLOOD GROUP ABO	"AB"		
RH TYPING	POSITIVE		

Technician

Dr. Nimisha Gupta
Senior Consultant Pathology

0581-4015967
9411220966
pulkitdiagnosticcentre@yahoo.com
A-1, P-2,D.D. PURAM, BAREILLY- 243001

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Name	Mr. MANISH KUMAR	Age	34 Yrs.	Sex	M
Ref. By					

BIOCHEMISTRY

Test Name	Value	Unit	Normal Value
BLOOD SUGAR FASTING	78.7	mg/dl	60 - 110
URINE SUGAR FASTING	NIL		NIL
BLOOD UREA	28.1	mg /dl	15.0 - 45.0
SERUM CREATININE	1.00	mg%	0.7 - 1.4
SERUM URIC ACID	4.6	mg%	3.4 - 7.0
GAMMA GT			
γ GLUTAMYL TRANSFERASE (GGT):-	**37.9**	**U/L at 37°C**	

EXPECTED VALUES

Serum (Males) : 10 - 50 U/L at 37°C
(Females) : 07 - 35 U/L at 37°C

COMMENT

- γ Glutamyl Transferase (GGT) is an enzyme found mainly in serum from hepatic origin, though the highest levels are in kidneys.
- Elevated levels are found in hepatobilary and pancreatic diseases, chronic alcoholism, myocardial infraction with secondary liver damage and diabetics.

BILIRUBIN TOTAL	0.76	mg/dl	0 - 1.2
CONJUGATED (D. Bilirubin)	0.38	mg/dl	0 - 0.25
UNCONJUGATED (I.D.Bilirubin)	0.38	mg/dl	0 - 1.2
TOTAL PROTEIN	7.1	gm/dl	6.6 - 8.3
ALBUMIN	4.2	gm/dl	3.4 - 4.8
GLOBULIN	2.9	gm/dl	2.3 - 3.5
A/G RATIO	1.448		
SGOT	33.2	IU/L	0 - 40
SGPT	30.6	IU/L	0.0 - 41.0
ALKALINE PHOSPHATASE IFCC Method	78.6	U/L	37.0 - 147.0

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Test Name	Value	Unit	Normal Value

ISO Certified 9001:2015

CUSTOMER SATISFACTION 100% GUARANTEED

HAEMATOLOGY

HB A1C- HemoCue 501 Fully Automated

HbA1C (GLYCOSYLATED HAEMOGLOBIN)

PATIENT'S VALUE % HbA1C = 5.8 %

EXPECTED VALUES :-

%HbA1c	Approx. mean blood glucose(mg/dl)	Interpretation
4	65	
5	100	Non-diabetic range
6	135	
7	170	ADA target
8	205	
9	240	
10	275	Action suggested
11	310	
12	345	

REMARKS:-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.

6 STEPS quality control to ensure 100% report accuracy

- Qualified and trained technicians
- Temperature-controlled containers to store samples
- Strict quality checks on sample before processing
- Regular monitoring of lab analyzers by expert
- Assured machine inspection on a daily basis
- Verified reports by qualified pathologist
- 20+ Years of Trust & Experience

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Home Sample Collection Available

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Name	Mr. MANISH KUMAR	Age	34 Yrs.	Sex	M
Ref. By					

Test Name	Value	Unit	Normal Value
LIPID PROFILE			
TRIGLYCERIDES	144.5	mg/dL	40.0 - 165.0
TOTAL CHOLESTEROL	153.6	mg/dL	140.0 - 250.0
H D L CHOLESTEROL DIRECT	47.8	mg/dL	35.3 - 79.5
V L D L	28.9	mg/dL	10.0 - 40.0
L D L CHOLESTEROL	76.7	mg/dL	50.0 - 190.0
TOTAL CHOLESTEROL/HDL RATIO	3.213		0.0 - 4.97
LDL / HDL CHOLESTEROL RATIO	1.605		0.00 - 3.55

INTERPRETATION

TRIGLYCERIDE level > 250mg/dL is associated with an approximately 2-fold greater risk of coronary vascular disease. Elevation of triglycerides can be seen with obesity, medication, fast less than 12hrs., alcohol intake, diabetes melitus,and pancreatitis.
CHOLESTEROL, its fractions and triglycerides are the important plasma lipids indefining cardiovascular risk factors and in the managment of cardiovascular disease.
Highest acceptable and optimum values of cholesterol values of cholesterol vary with age.
Values above 220 mgm/dl are associated with increased risk of CHD regardless of HDL & LDL values.
HDL-CHOLESTEROL level <35 mg/dL is associated with an increased risk of coronary vascular disease even in the face of desirable levels of cholesterol and LDL - cholesterol.
LDL - CHOLESTEROL & TOTAL CHOLESTEROL levels can be strikingly altered by thyroid, renal and liver disease as well as hereditary factors. Based on total cholesterol, LDL- cholesterol, and total cholesterol/HDL - cholesterol ratio, patients may be divided into the three risk categories :-

	CHOLESTEROL	LDL-CHOLESTEROL	CHO/HDL RATIO
Acceptable/Low Risk	: < 200 mg/dL	: <130 mg/dL	: < 4.5
Borderline High Risk	: 200-239 mg/dL	: 130-159 mg/dl	: 4.5 - 6.0
High Risk	: > 240 mg /dL	: > 160 mg/dL	: > 6.0

APO A1 & APO B: Recent studies have shown that Apolipoproteins A1 & B might be the best indicators of Coronary Artery Disease risk in an individual. Patients who have normal lipid profile may have abnormal Apo A1 & Apo B values. Ratio of Apo B : Apo A1 is >1 in cases of increased CHD risk.

Sinal
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Ref. By					

URINE EXAMINATION TEST

Test Name	Value	Unit	Normal Value
PHYSICAL EXAMINATION			
QUANTITY	15	ml.	
COLOUR	PALE YELLOW		Yellow
TRANSPARENCY/ CLARITY	CLEAR		Clear
SPECIFIC GRAVITY	Q.N.S.		1.005 to 1.025
PH	6.0		4.5 to 8.0
CHEMICAL EXAMINATION			
PROTEIN	NIL	mg/dl	< 150 mg/dl
REDUCING SUGAR/ GLUCOSE	NIL	mg/dl	<130 mg/dl
MICROSCOPIC EXAMINATION			
PUS CELLS	0-1		<2-5 /hpf
RBC'S	NIL		<2 RBCs/hpf
CASTS	NIL		0-5 hyaline casts/lpf
CRYSTALS	NIL		Occasionally
SQUAMOUS EPITHELIAL CELLS	0-2		<15-20 /hpf
BACTERIA	NIL		None
OTHERS	-		NIL

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Ex-Registrar : AIIMS New Delhi
: PGIMER Chandigarh
: GMCH Chandigarh

A-1, P-2, D. D. PURAM, BAREILLY - 243 001
Ph. : 0581 - 2301385, M. : 94112 20966
E-mail : pulkitdiagnosticcentre@yahoo.com
Web. : www.bareillypathlab.com

Date	14/09/2024	Srl No.	16		
Name	Mr. MANISH KUMAR	Age	34 Yrs.	Sex	M
Ref. By					

Test Name	Value	Unit	Normal Value

IMMUNOLOGY

THYROID PROFILE

THYROID PROFILE

Method: - Immunoassay CLIA

	PATIENT VALUE	
T3	**1.03 ng/ml**	**Adult: 0.50-2.0 ng/ml** · Cord Blood : 0.4 - 1.3 · 1-2 days : 0.8 - 2.6 · 3-30 days : 0.7 - 2.0 · 1-12 months: 1.1-2.3 · 1-7 years : 1.2 - 2.0 · 7-13 years : 1.1 - 2.0 · 13-18 years : 1.0 - 1.8
T4	**5.21 µg/dl**	**Male - 4.4 to 10.8 µg/dl** **Female - 4.8 to 11.6 µg/dl** · Cord Blood : 6.0 - 13.1 · 1-2 days : 10.7 - 25.8 · 3-30 days : 7.8 - 19.7 · 1-12 months: 5.4 - 13.8 · 1-7 years : 5.3 - 12.3 · 7-13 years : 6.0 -11.1 · 13-18 years : 4.9 - 10.7

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Note :1. If the test result(s) is alarming or unexpected patient is advised to contact the lab immediately.
2. Test report is not valid for medico-legal purpose.

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Date	14/09/2024	Srl No.	16		
Name	Mr. MANISH KUMAR	Age	34 Yrs.	Sex	M
Ref. By					

Test Name	Value	Unit	Normal Value
TSH (3rd Generation)	**1.77**	**µIU/ml**	**Adult: 0.28 to 6.82 µIU/ml** · Premature Infant : 0.8 - 5.2 · Cord Blood : 1.0 - 17.4 · 1-3 days : 1.0 - 17.4 · 1-2 Weeks : 1.7 - 9.1 · 4-12 months: 0.8-8.2 · 1-5 years : 0.8-8.2 · 5-10 years : 0.7 -7.0 · 10-15 years : 0.7 - 5.7

INTERPRETATION:

TSH measurement has been used for screening for euthyroidism, screening and diagnosis for hyperthyroidism & hypothyroidism. suppressed tsh·(<0.01µiu/ml) suggest a diagnosis of hyperthyroidism and elevated concentration (< 7µiu/ml) suggest hypothyroidism. tsh levels may be affected by acute illness & several medication including dopamine and glucocorticoides. decreased (low or undetectable) in graves disease. increased in tsh secreting pituitary adenoma (secondary hyperthyroidism) prth and in hypothalamic disease thyrotropin (tertiary hyperthyroidism). elevated in hypothyroidism (along with decreased) except for pituitary and hypothalamic disease.

· mild to modest elevations in patients with normal t3 & t4 level indicate impaired thyroid hormone reserves and incipient hypothyroidism (subclinical hypothyroidism).

· mild to modest decreased with normal t3 and t4 indicates subclinical hyperthyroidism.

· degree of tsh suppression does not reflect the severity of hyperthyroidism; therefore, measurement of free thyroid hormone levels is required patient with a suppressed TSH level.

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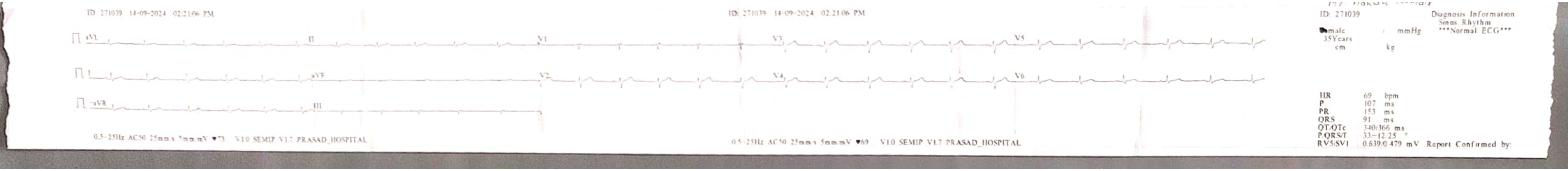
ID: 271039 14-09-2024 02:21:06 PM
aVL
II
V1
V3
V5
I
aVF
V2
V4
V6
-aVR
III
0.5-25Hz AC50 25mm/s 5mm/mV ♥73 V1.0 SEMIP V1.7 PRASAD_HOSPITAL
ID: 271039 14-09-2024 02:21:06 PM
0.5-25Hz AC50 25mm/s 5mm/mV ♥69 V1.0 SEMIP V1.7 PRASAD_HOSPITAL
ID: 271039
Diagnosis Information
Sinus Rhythm
male
35Years
cm
mmHg
kg
Normal ECG
HR 69 bpm
P 107 ms
PR 153 ms
QRS 91 ms
QT/QTc 340/366 ms
P/QRS/T 33 12 25 °
RV5/SV1 0.639/0.479 mV
Report Confirmed by:

Patient Name	:	MANISH KUMAR	14- 09-2024
Ref. By. :	:	SELF	Age /Sex 34Y/ M
Investigation	:	X-Ray Chest PA View	

OBSERVATION

Bilateral lung fields are clear.

Trachea is central.

Both hila are normal.

Cardiac shape, size and silhouette are normal.

No mediastinal widening or mediastinal shift noted.

Both domes of diaphragm are normal in height and silhouette.

Bilateral C.P. angles are clear.

Bony rib cage is normal.

IMPRESSION

NO SIGNIFICANT ABNORMALITY DETECTED IN THE SCAN.

To correlate clinico-pathologically