



Name : MR DEEPAK KUMAR MISHRA **Age** : 40 Yr(s) Sex :Male
Registration No : MH010871618 **Lab No** : 31230301245
Patient Episode : H03000053358 **Collection Date** : 25 Mar 2023 10:02
Referred By : HEALTH CHECK MHD **Reporting Date** : 25 Mar 2023 13:58
Receiving Date : 25 Mar 2023 11:19

Department of Transfusion Medicine (Blood Bank)

BLOOD GROUPING, RH TYPING & ANTIBODY SCREEN (TYPE & SCREEN)
Specimen-Blood

Blood Group & Rh Typing (Agglutination by gel/tube technique)

Blood Group & Rh typing O Rh(D) Positive

Antibody Screening (Microtyping in gel cards using reagent red cells)

Cell Panel I NEGATIVE
Cell Panel II NEGATIVE
Cell Panel III NEGATIVE
Autocontrol NEGATIVE

Final Antibody Screen Result Negative

Technical Note:

ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique. Antibody screening is done using a 3 cell panel of reagent red cells coated with Rh, Kell, Duffy, Kidd, Lewis, P, MNS, Lutheran and Xg antigens using gel technique.

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Dr Himanshu Lamba



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Name : MR DEEPAK KUMAR MISHRA **Age** : 40 Yr(s) Sex :Male
Registration No : MH010871618 **Lab No** : 32230309719
Patient Episode : H03000053358 **Collection Date** : 25 Mar 2023 10:03
Referred By : HEALTH CHECK MHD **Reporting Date** : 25 Mar 2023 13:10
Receiving Date : 25 Mar 2023 10:46

BIOCHEMISTRY

Glycosylated Hemoglobin Specimen: EDTA Whole blood
HbA1c (Glycosylated Hemoglobin) 5.6 As per American Diabetes Association (ADA)
% [4.0-6.5] HbA1c in %
Non diabetic adults >= 18years <5.7
Prediabetes (At Risk) 5.7-6.4
Diagnosing Diabetes >= 6.5

Methodology (HPLC)

Estimated Average Glucose (eAG) 114 mg/dl

Comments : HbA1c provides an index of average blood glucose levels over the past 8-12 weeks and is a much better indicator of long term glycemic control.

Specimen Type : Serum

THYROID PROFILE, Serum

T3 - Triiodothyronine (ECLIA)	1.31	ng/ml	[0.70-2.04]
T4 - Thyroxine (ECLIA)	7.33	micg/dl	[4.60-12.00]
Thyroid Stimulating Hormone (ECLIA)	1.870	µIU/mL	[0.340-4.250]

Note : TSH levels are subject to circadian variation, reaching peak levels between 2-4.a.m.and at a minimum between 6-10 pm.Factors such as change of seasons hormonal fluctuations,Ca or Fe supplements,high fibre diet, stress and illness affect TSH results.

* References ranges recommended by the American Thyroid Association

1) Thyroid. 2011 Oct;21(10):1081-125.PMID .21787128

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Referred By : HEALTH CHECK MHD **Reporting Date** : 25 Mar 2023 13:01
Receiving Date : 25 Mar 2023 10:41

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Interval
Lipid Profile (Serum)			
TOTAL CHOLESTEROL (CHOD/POD)	188	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	196 #	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL - CHOLESTEROL (Direct)	32	mg/dl	[30-60]
VLDL - Cholesterol (Calculated)	39	mg/dl	[10-40]
LDL- CHOLESTEROL	117 #	mg/dl	[<100] Near/Above optimal-100-129 Borderline High:130-159 High Risk:160-189
T.Chol/HDL.Chol ratio	5.9		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio	3.7		<3 Optimal 3-4 Borderline >6 High Risk

Note:
 Reference ranges based on ATP III Classifications.
 Recommended to do fasting Lipid Profile after a minimum of 8 hours of overnight fasting.



Name : MR DEEPAK KUMAR MISHRA **Age** : 40 Yr(s) Sex :Male
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Patient Episode : H03000053358 **Collection Date** : 25 Mar 2023 10:03
Referred By : HEALTH CHECK MHD **Reporting Date** : 25 Mar 2023 13:02
Receiving Date : 25 Mar 2023 10:41

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Interval
LIVER FUNCTION TEST (Serum)			
BILIRUBIN-TOTAL (mod.J Groff)**	0.35	mg/dl	[0.10-1.20]
BILIRUBIN - DIRECT (mod.J Groff)	0.15	mg/dl	[<0.2]
BILIRUBIN - INDIRECT (mod.J Groff)	0.20	mg/dl	[0.20-1.00]
SGOT/ AST (P5P,IFCC)	33.10	IU/L	[5.00-37.00]
SGPT/ ALT (P5P,IFCC)	24.70	IU/L	[10.00-50.00]
ALP (p-NPP,kinetic)*	101	IU/L	[45-135]
TOTAL PROTEIN (mod.Biuret)	7.4	g/dl	[6.0-8.2]
SERUM ALBUMIN (BCG-dye)	4.5	g/dl	[3.5-5.0]
SERUM GLOBULIN (Calculated)	2.9	g/dl	[1.8-3.4]
ALB/GLOB (A/G) Ratio	1.55		[1.10-1.80]

Note:

**NEW BORN:Vary according to age (days), body wt & gestation of baby

*New born: 4 times the adult value





Name : MR DEEPAK KUMAR MISHRA **Age** : 40 Yr(s) Sex :Male
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BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Interval
KIDNEY PROFILE (Serum)			
BUN (Urease/GLDH)	7.00 #	mg/dl	[8.00-23.00]
SERUM CREATININE (mod.Jaffe)	0.88	mg/dl	[0.80-1.60]
SERUM URIC ACID (mod.Uricase)	5.5	mg/dl	[3.5-7.2]
SERUM CALCIUM (NM-BAPTA)	9.2	mg/dl	[8.6-10.0]
SERUM PHOSPHORUS (Molybdate, UV)	3.3	mg/dl	[2.3-4.7]
SERUM SODIUM (ISE)	138.0	mmol/l	[134.0-145.0]
SERUM POTASSIUM (ISE)	4.48	mmol/l	[3.50-5.20]
SERUM CHLORIDE (ISE / IMT)	102.6	mmol/l	[95.0-105.0]
eGFR	107.4	ml/min/1.73sq.m	[>60.0]

Technical Note

eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to 1.73 sq.m BSA and is not applicable to individuals below 18 years. eGFR tends to be less accurate when Serum Creatinine estimation is indeterminate e.g. patients at extremes of muscle mass, on unusual diets etc. and samples with severe Hemolysis / Icterus / Lipemia.





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BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Interval
TOTAL PSA, Serum (ECLIA)	0.502	ng/mL	[<2.000]

Note : PSA is a glycoprotein that is produced by the prostate gland. Normally, very little PSA is secreted in the blood. Increases in glandular size and tissue damage caused by BPH, prostatitis, or prostate cancer may increase circulating PSA levels.

Caution : Serum markers are not specific for malignancy, and values may vary by method.

Immediate PSA testing following digital rectal examination, ejaculation, prostate massage urethral instrumentation, prostate biopsy may increase PSA levels.

Some patients who have been exposed to animal antigens, may have circulating anti-animal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

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-----END OF REPORT-----

Dr. Neelam Singal
CONSULTANT BIOCHEMISTRY



Name : MR DEEPAK KUMAR MISHRA **Age** : 40 Yr(s) Sex :Male
Registration No : MH010871618 **Lab No** : 32230309720
Patient Episode : H03000053358 **Collection Date** : 25 Mar 2023 16:39
Referred By : HEALTH CHECK MHD **Reporting Date** : 26 Mar 2023 07:37
Receiving Date : 25 Mar 2023 17:55

BIOCHEMISTRY

Specimen Type : Plasma

PLASMA GLUCOSE - PP

Plasma GLUCOSE - PP (Hexokinase) 116 mg/dl [70-140]

Note : Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying, brisk glucose absorption , post exercise

Specimen Type : Serum/Plasma

Plasma GLUCOSE-Fasting (Hexokinase) 92 mg/dl [70-100]

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Dr. Neelam Singal
CONSULTANT BIOCHEMISTRY



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Name : MR DEEPAK KUMAR MISHRA Age : 40 Yr(s) Sex :Male
Registration No : MH010871618 Lab No : 33230305777
Patient Episode : H03000053358 Collection Date : 25 Mar 2023 10:02
Referred By : HEALTH CHECK MHD Reporting Date : 25 Mar 2023 13:29
Receiving Date : 25 Mar 2023 10:48

HAEMATOLOGY

ERYTHROCYTE SEDIMENTATION RATE (Automated) Specimen-Whole Blood

ESR 19.0 # /1sthour [0.0-10.0]

Interpretation :

Erythrocyte sedimentation rate (ESR) is a non-specific phenomena and is clinically useful in the diagnosis and monitoring of disorders associated with an increased production of acute phase reactants (e.g. pyogenic infections, inflammation and malignancies). The ESR is increased in pregnancy from about the 3rd month and returns to normal by the 4th week postpartum.

ESR is influenced by age, sex, menstrual cycle and drugs (eg. corticosteroids, contraceptives).

It is especially low (0 -1mm) in polycythemia, hypofibrinogenemia or congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis or sickle cells.

Test Name	Result	Unit	Biological Ref. Interval
COMPLETE BLOOD COUNT (EDTA Blood)			
WBC Count (Flow cytometry)	5430	/cu.mm	[4000-10000]
RBC Count (Impedence)	4.75	million/cu.mm	[4.50-5.50]
Haemoglobin (SLS Method)	14.2	g/dL	[13.0-17.0]
Haematocrit (PCV) (RBC Pulse Height Detector Method)	42.0	%	[40.0-50.0]
MCV (Calculated)	88.4	fL	[83.0-101.0]
MCH (Calculated)	29.9	pg	[25.0-32.0]
MCHC (Calculated)	33.8	g/dL	[31.5-34.5]
Platelet Count (Impedence)	180000	/cu.mm	[150000-410000]
RDW-CV (Calculated)	13.5	%	[11.6-14.0]
DIFFERENTIAL COUNT			
Neutrophils (Flowcytometry)	60.8	%	[40.0-80.0]
Lymphocytes (Flowcytometry)	24.3	%	[20.0-40.0]



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HAEMATOLOGY

Monocytes (Flowcytometry)	8.8	%	[2.0-10.0]
Eosinophils (Flowcytometry)	5.7	%	[1.0-6.0]
Basophils (Flowcytometry)	0.4 #	%	[1.0-2.0]
IG	0.40	%	
Neutrophil Absolute(Flourescence flow cytometry)	3.3	/cu mm	[2.0-7.0]x10 ³
Lymphocyte Absolute(Flourescence flow cytometry)	1.3	/cu mm	[1.0-3.0]x10 ³
Monocyte Absolute(Flourescence flow cytometry)	0.5	/cu mm	[0.2-1.2]x10 ³
Eosinophil Absolute(Flourescence flow cytometry)	0.3	/cu mm	[0.0-0.5]x10 ³
Basophil Absolute(Flourescence flow cytometry)	0.0	/cu mm	[0.0-0.1]x10 ³

Complete Blood Count is used to evaluate wide range of health disorders, including anemia, infection, and leukemia. Abnormal increase or decrease in cell counts as revealed may indicate that an underlying medical condition that calls for further evaluation.

-----END OF REPORT-----

Soma Pradhan

Dr. Soma Pradhan



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Name : MR DEEPAK KUMAR MISHRA **Age** : 40 Yr(s) Sex :Male
Registration No : MH010871618 **Lab No** : 38230301971
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Referred By : HEALTH CHECK MHD **Reporting Date** : 25 Mar 2023 13:03
Receiving Date : 25 Mar 2023 11:08

CLINICAL PATHOLOGY

Test Name	Result	Biological Ref. Interval
ROUTINE URINE ANALYSIS		
MACROSCOPIC DESCRIPTION		
Colour (Visual)	PALE YELLOW	(Pale Yellow - Yellow)
Appearance (Visual)	CLEAR	
CHEMICAL EXAMINATION		
Reaction[pH] (Reflectancephotometry(Indicator Method))	6.0	(5.0-9.0)
Specific Gravity (Reflectancephotometry(Indicator Method))	1.005	(1.003-1.035)
Bilirubin	Negative	NEGATIVE
Protein/Albumin (Reflectance photometry(Indicator Method)/Manual SSA)	Negative	(NEGATIVE-TRACE)
Glucose (Reflectance photometry (GOD-POD/Benedict Method))	NOT DETECTED	(NEGATIVE)
Ketone Bodies (Reflectance photometry(Legal's Test)/Manual Rotheras)	NOT DETECTED	(NEGATIVE)
Urobilinogen Reflectance photometry/Diazonium salt reaction	NORMAL	(NORMAL)
Nitrite	NEGATIVE	NEGATIVE
Reflectance photometry/Griess test		
Leukocytes	NIL	NEGATIVE
Reflectance photometry/Action of Esterase		
BLOOD (Reflectance photometry(peroxidase))	NIL	NEGATIVE
MICROSCOPIC EXAMINATION (Manual) Method: Light microscopy on centrifuged urine		
WBC/Pus Cells	0-1 /hpf	(4-6)
Red Blood Cells	NIL	(1-2)
Epithelial Cells	1-2 /hpf	(2-4)
Casts	NIL	(NIL)
Crystals	NIL	(NIL)
Bacteria	NIL	
Yeast cells	NIL	

Interpretation:



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CLINICAL PATHOLOGY

URINALYSIS--Routine urine analysis assists in screening and diagnosis of various metabolic , urological, kidney and liver disorders

Protein: Elevated proteins can be an early sign of kidney disease. Urinary protein excretion can also be temporarily elevated by strenuous exercise, orthostatic proteinuria, dehydration, urinary tract infections and acute illness with fever

Glucose: Uncontrolled diabetes mellitus can lead to presence of glucose in urine.

Other causes include pregnancy, hormonal disturbances, liver disease and certain medications.

Ketones: Uncontrolled diabetes mellitus can lead to presence of ketones in urine.

Ketones can also be seen in starvation, frequent vomiting, pregnancy and strenuous exercise.

Blood: Occult blood can occur in urine as intact erythrocytes or haemoglobin, which can occur in various urological, nephrological and bleeding disorders.

Leukocytes: An increase in leukocytes is an indication of inflammation in urinary tract or kidneys. Most Common cause is bacterial urinary tract infection.

Nitrite: Many bacteria give positive results when their number is high. Nitrite concentration during infection increases with length of time the urine specimen is retained in bladder prior to collection.

pH: The kidneys play an important role in maintaining acid base balance of the body. Conditions of the body producing acidosis/alkalosis or ingestion of certain type of food can affect the pH of urine.

Specific gravity: Specific gravity gives an indication of how concentrated the urine is. Increased Specific gravity is seen in conditions like dehydration, glycosuria and proteinuria while decreased Specific gravity is seen in excessive fluid intake, renal failure and diabetes insipidus.

Bilirubin: In certain liver diseases such as biliary obstruction or hepatitis, bilirubin gets excreted in urine.

Urobilinogen: Positive results are seen in liver diseases like hepatitis and cirrhosis and in case of hemolytic anemia.

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Dr. Soma Pradhan



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NAME	Deepak KUMAR MISHRA	STUDY DATE	25-03-2023 11:01:37
AGE / SEX	040Yrs / M	HOSPITAL NO.	MH010871618
REFERRING DEPT	OPD	MODALITY/Procedure Description	CR /Xray chest PA (CXR)
REPORTED ON	26-03-2023 16:58:04	REFERRED BY	Dr. Health Check MHD

X-RAY CHEST - PA VIEW

Findings:

Visualized lung fields appear clear.

Both hilar shadows appear normal.

Cardiothoracic ratio is within normal limits.

Both hemidiaphragmatic outlines appear normal.

Both costophrenic angles are clear.

Impression:

No significant abnormality seen.

Kindly correlate clinically.



Dr. Kumar Raju DMRD, DNB
DMC No. 106585
Associate Consultant, Radiology

N.B. : This is only a professional opinion and not the final diagnosis. Radiological investigations are subject to variations due to technical limitations. Hence, correlation with clinical findings and other investigations should be carried out to know true nature of illness.

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Blood Group & Rh typing O Rh(D) Positive

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Cell Panel II NEGATIVE
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Autocontrol NEGATIVE

Final Antibody Screen Result Negative

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% [4.0-6.5] HbA1c in %
Non diabetic adults >= 18years <5.7
Prediabetes (At Risk) 5.7-6.4
Diagnosing Diabetes >= 6.5

Methodology (HPLC)

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Comments : HbA1c provides an index of average blood glucose levels over the past 8-12 weeks and is a much better indicator of long term glycemic control.

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* References ranges recommended by the American Thyroid Association

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TRIGLYCERIDES (GPO/POD)	196 #	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL - CHOLESTEROL (Direct)	32	mg/dl	[30-60]
VLDL - Cholesterol (Calculated)	39	mg/dl	[10-40]
LDL- CHOLESTEROL	117 #	mg/dl	[<100] Near/Above optimal-100-129 Borderline High:130-159 High Risk:160-189 4.0-5.0 Borderline >6 High Risk
T.Chol/HDL.Chol ratio	5.9		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio	3.7		<3 Optimal 3-4 Borderline >6 High Risk

Note:
Reference ranges based on ATP III Classifications.
Recommended to do fasting Lipid Profile after a minimum of 8 hours of overnight fasting.



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LIVER FUNCTION TEST (Serum)			
BILIRUBIN-TOTAL (mod.J Groff)**	0.35	mg/dl	[0.10-1.20]
BILIRUBIN - DIRECT (mod.J Groff)	0.15	mg/dl	[<0.2]
BILIRUBIN - INDIRECT (mod.J Groff)	0.20	mg/dl	[0.20-1.00]
SGOT/ AST (P5P,IFCC)	33.10	IU/L	[5.00-37.00]
SGPT/ ALT (P5P,IFCC)	24.70	IU/L	[10.00-50.00]
ALP (p-NPP,kinetic)*	101	IU/L	[45-135]
TOTAL PROTEIN (mod.Biuret)	7.4	g/dl	[6.0-8.2]
SERUM ALBUMIN (BCG-dye)	4.5	g/dl	[3.5-5.0]
SERUM GLOBULIN (Calculated)	2.9	g/dl	[1.8-3.4]
ALB/GLOB (A/G) Ratio	1.55		[1.10-1.80]

Note:

**NEW BORN:Vary according to age (days), body wt & gestation of baby

*New born: 4 times the adult value





Name : MR DEEPAK KUMAR MISHRA **Age** : 40 Yr(s) Sex :Male
Registration No : MH010871618 **Lab No** : 32230309719
Patient Episode : H03000053358 **Collection Date** : 25 Mar 2023 10:03
Referred By : HEALTH CHECK MHD **Reporting Date** : 25 Mar 2023 13:01
Receiving Date : 25 Mar 2023 10:41

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Interval
KIDNEY PROFILE (Serum)			
BUN (Urease/GLDH)	7.00 #	mg/dl	[8.00-23.00]
SERUM CREATININE (mod.Jaffe)	0.88	mg/dl	[0.80-1.60]
SERUM URIC ACID (mod.Uricase)	5.5	mg/dl	[3.5-7.2]
SERUM CALCIUM (NM-BAPTA)	9.2	mg/dl	[8.6-10.0]
SERUM PHOSPHORUS (Molybdate, UV)	3.3	mg/dl	[2.3-4.7]
SERUM SODIUM (ISE)	138.0	mmol/l	[134.0-145.0]
SERUM POTASSIUM (ISE)	4.48	mmol/l	[3.50-5.20]
SERUM CHLORIDE (ISE / IMT)	102.6	mmol/l	[95.0-105.0]
eGFR	107.4	ml/min/1.73sq.m	[>60.0]

Technical Note

eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to 1.73 sq.m BSA and is not applicable to individuals below 18 years. eGFR tends to be less accurate when Serum Creatinine estimation is indeterminate e.g. patients at extremes of muscle mass, on unusual diets etc. and samples with severe Hemolysis / Icterus / Lipemia.





Name : MR DEEPAK KUMAR MISHRA **Age** : 40 Yr(s) Sex :Male
Registration No : MH010871618 **Lab No** : 32230309719
Patient Episode : H03000053358 **Collection Date** : 25 Mar 2023 10:03
Referred By : HEALTH CHECK MHD **Reporting Date** : 25 Mar 2023 13:12
Receiving Date : 25 Mar 2023 10:41

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Interval
TOTAL PSA, Serum (ECLIA)	0.502	ng/mL	[<2.000]

Note : PSA is a glycoprotein that is produced by the prostate gland. Normally, very little PSA is secreted in the blood. Increases in glandular size and tissue damage caused by BPH, prostatitis, or prostate cancer may increase circulating PSA levels.

Caution : Serum markers are not specific for malignancy, and values may vary by method.

Immediate PSA testing following digital rectal examination, ejaculation, prostate massage urethral instrumentation, prostate biopsy may increase PSA levels.

Some patients who have been exposed to animal antigens, may have circulating anti-animal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

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-----END OF REPORT-----

Dr. Neelam Singal
CONSULTANT BIOCHEMISTRY



Name : MR DEEPAK KUMAR MISHRA **Age** : 40 Yr(s) Sex :Male
Registration No : MH010871618 **Lab No** : 32230309720
Patient Episode : H03000053358 **Collection Date** : 25 Mar 2023 16:39
Referred By : HEALTH CHECK MHD **Reporting Date** : 26 Mar 2023 07:37
Receiving Date : 25 Mar 2023 17:55

BIOCHEMISTRY

Specimen Type : Plasma

PLASMA GLUCOSE - PP

Plasma GLUCOSE - PP (Hexokinase) 116 mg/dl [70-140]

Note : Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying, brisk glucose absorption , post exercise

Specimen Type : Serum/Plasma

Plasma GLUCOSE-Fasting (Hexokinase) 92 mg/dl [70-100]

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Name : MR DEEPAK KUMAR MISHRA **Age** : 40 Yr(s) Sex :Male
Registration No : MH010871618 **Lab No** : 33230305777
Patient Episode : H03000053358 **Collection Date** : 25 Mar 2023 10:02
Referred By : HEALTH CHECK MHD **Reporting Date** : 25 Mar 2023 13:29
Receiving Date : 25 Mar 2023 10:48

HAEMATOLOGY

ERYTHROCYTE SEDIMENTATION RATE (Automated) Specimen-Whole Blood

ESR **19.0 #** **/1sthour** **[0.0-10.0]**

Interpretation :

Erythrocyte sedimentation rate (ESR) is a non-specific phenomena and is clinically useful in the diagnosis and monitoring of disorders associated with an increased production of acute phase reactants (e.g. pyogenic infections, inflammation and malignancies). The ESR is increased in pregnancy from about the 3rd month and returns to normal by the 4th week postpartum.

ESR is influenced by age, sex, menstrual cycle and drugs (eg. corticosteroids, contraceptives).

It is especially low (0 -1mm) in polycythemia, hypofibrinogenemia or congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis or sickle cells.

Test Name	Result	Unit	Biological Ref. Interval
COMPLETE BLOOD COUNT (EDTA Blood)			
WBC Count (Flow cytometry)	5430	/cu.mm	[4000-10000]
RBC Count (Impedence)	4.75	million/cu.mm	[4.50-5.50]
Haemoglobin (SLS Method)	14.2	g/dL	[13.0-17.0]
Haematocrit (PCV) (RBC Pulse Height Detector Method)	42.0	%	[40.0-50.0]
MCV (Calculated)	88.4	fL	[83.0-101.0]
MCH (Calculated)	29.9	pg	[25.0-32.0]
MCHC (Calculated)	33.8	g/dL	[31.5-34.5]
Platelet Count (Impedence)	180000	/cu.mm	[150000-410000]
RDW-CV (Calculated)	13.5	%	[11.6-14.0]
DIFFERENTIAL COUNT			
Neutrophils (Flowcytometry)	60.8	%	[40.0-80.0]
Lymphocytes (Flowcytometry)	24.3	%	[20.0-40.0]



Name : MR DEEPAK KUMAR MISHRA **Age** : 40 Yr(s) Sex :Male
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HAEMATOLOGY

Monocytes (Flowcytometry)	8.8	%	[2.0-10.0]
Eosinophils (Flowcytometry)	5.7	%	[1.0-6.0]
Basophils (Flowcytometry)	0.4 #	%	[1.0-2.0]
IG	0.40	%	
Neutrophil Absolute(Flourescence flow cytometry)	3.3	/cu mm	[2.0-7.0]x10 ³
Lymphocyte Absolute(Flourescence flow cytometry)	1.3	/cu mm	[1.0-3.0]x10 ³
Monocyte Absolute(Flourescence flow cytometry)	0.5	/cu mm	[0.2-1.2]x10 ³
Eosinophil Absolute(Flourescence flow cytometry)	0.3	/cu mm	[0.0-0.5]x10 ³
Basophil Absolute(Flourescence flow cytometry)	0.0	/cu mm	[0.0-0.1]x10 ³

Complete Blood Count is used to evaluate wide range of health disorders, including anemia, infection, and leukemia. Abnormal increase or decrease in cell counts as revealed may indicate that an underlying medical condition that calls for further evaluation.

-----END OF REPORT-----

Soma Pradhan

Dr. Soma Pradhan



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Name	: MR DEEPAK KUMAR MISHRA	Age	: 40 Yr(s) Sex :Male
Registration No	: MH010871618	Lab No	: 38230301971
Patient Episode	: H03000053358	Collection Date	: 25 Mar 2023 10:03
Referred By	: HEALTH CHECK MHD	Reporting Date	: 25 Mar 2023 13:03
Receiving Date	: 25 Mar 2023 11:08		

CLINICAL PATHOLOGY

Test Name	Result	Biological Ref. Interval
ROUTINE URINE ANALYSIS		
MACROSCOPIC DESCRIPTION		
Colour (Visual)	PALE YELLOW	(Pale Yellow - Yellow)
Appearance (Visual)	CLEAR	
CHEMICAL EXAMINATION		
Reaction[pH] (Reflectancephotometry(Indicator Method))	6.0	(5.0-9.0)
Specific Gravity (Reflectancephotometry(Indicator Method))	1.005	(1.003-1.035)
Bilirubin	Negative	NEGATIVE
Protein/Albumin (Reflectance photometry(Indicator Method)/Manual SSA)	Negative	(NEGATIVE-TRACE)
Glucose (Reflectance photometry (GOD-POD/Benedict Method))	NOT DETECTED	(NEGATIVE)
Ketone Bodies (Reflectance photometry(Legal's Test)/Manual Rotheras)	NOT DETECTED	(NEGATIVE)
Urobilinogen Reflectance photometry/Diazonium salt reaction	NORMAL	(NORMAL)
Nitrite	NEGATIVE	NEGATIVE
Reflectance photometry/Griess test		
Leukocytes	NIL	NEGATIVE
Reflectance photometry/Action of Esterase		
BLOOD (Reflectance photometry(peroxidase))	NIL	NEGATIVE
MICROSCOPIC EXAMINATION (Manual) Method: Light microscopy on centrifuged urine		
WBC/Pus Cells	0-1 /hpf	(4-6)
Red Blood Cells	NIL	(1-2)
Epithelial Cells	1-2 /hpf	(2-4)
Casts	NIL	(NIL)
Crystals	NIL	(NIL)
Bacteria	NIL	
Yeast cells	NIL	

Interpretation:



Name : MR DEEPAK KUMAR MISHRA **Age** : 40 Yr(s) Sex :Male
Registration No : MH010871618 **Lab No** : 38230301971
Patient Episode : H03000053358 **Collection Date** : 25 Mar 2023 10:03
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CLINICAL PATHOLOGY

URINALYSIS--Routine urine analysis assists in screening and diagnosis of various metabolic , urological, kidney and liver disorders

Protein: Elevated proteins can be an early sign of kidney disease. Urinary protein excretion can also be temporarily elevated by strenuous exercise, orthostatic proteinuria, dehydration, urinary tract infections and acute illness with fever

Glucose: Uncontrolled diabetes mellitus can lead to presence of glucose in urine.

Other causes include pregnancy, hormonal disturbances, liver disease and certain medications.

Ketones: Uncontrolled diabetes mellitus can lead to presence of ketones in urine.

Ketones can also be seen in starvation, frequent vomiting, pregnancy and strenuous exercise.

Blood: Occult blood can occur in urine as intact erythrocytes or haemoglobin, which can occur in various urological, nephrological and bleeding disorders.

Leukocytes: An increase in leukocytes is an indication of inflammation in urinary tract or kidneys. Most Common cause is bacterial urinary tract infection.

Nitrite: Many bacteria give positive results when their number is high. Nitrite concentration during infection increases with length of time the urine specimen is retained in bladder prior to collection.

pH: The kidneys play an important role in maintaining acid base balance of the body. Conditions of the body producing acidosis/alkalosis or ingestion of certain type of food can affect the pH of urine.

Specific gravity: Specific gravity gives an indication of how concentrated the urine is. Increased Specific gravity is seen in conditions like dehydration, glycosuria and proteinuria while decreased Specific gravity is seen in excessive fluid intake, renal failure and diabetes insipidus.

Bilirubin: In certain liver diseases such as biliary obstruction or hepatitis, bilirubin gets excreted in urine.

Urobilinogen: Positive results are seen in liver diseases like hepatitis and cirrhosis and in case of hemolytic anemia.

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Soma Pradhan

Dr. Soma Pradhan



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