



UHID : OP:2024/000120
 Name : Mrs. POOJA KUMARI SINHA Age : 41 Y , Sex - F
 Patient Type : Normal Aadhaar No:
 Bill Date : 03/04/2024
 Referred By. : MEDICINE DEPT.,
 Collection Date/Time : 03/04/2024 12:52:54 PM Lab Refno : LB:2024/000241
 Reporting Date/Time : 03/04/2024 1:56:06 PM

BIO - CHEMISTRY Report

Test Description	Result	Unit	Biological Reference Interval
LIPID (PROFILE)			
VLDL (SERUM)			
Method : CALCULATED			
Sample Type : SERUM			
VLDL (SERUM)*	28.0	mg/dl	10-40 mg/dl
TRIGLYCERIDES (SERUM)			
Method : ENZYMATIC METHOD			
Sample Type : SERUM			
TRIGLYCERIDES	140.0	mg/dl	Upto 170
MEDIWHEEL FULL BODY ANNUAL PLUS CHECK ADVANCED FEMALE -			
BLOOD SUGAR FASTING(1465)			
Method : GOD-POD METHOD			
BLOOD SUGAR FASTING (SERUM)	95.0	mg/dl	70-110

Machines Used: AUTO - ANALYSER OPTIMA - 1, Rayto
 240, Fully Autometed

Checked By: Shashank Srivastava



DR. ANKITA KATARA.
 PANDEY
 MD. PATHOLOGY

* Indicates Critical Values. ■ Indicates Out of TAT.

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UHID : OP:2024/000120
Name : Mrs. POOJA KUMARI SINHA **Age** : 41 Y , Sex - F
Patient Type : Normal **Aadhaar No**:
Bill Date : 03/04/2024
Referred By. : MEDICINE DEPT.,
Collection Date/Time : 03/04/2024 12:52:51 PM **Lab Refno** : LB:2024/000240
Reporting Date/Time : 03/04/2024 2:03:09 PM

HAEMATOLOGY Report

Test Description	Result	Unit	Biological Reference Interval
CBC			
HAEMOGLOBIN(HB) Method : CALORIMETRIC /CYNAMETH HAEMOGLOBIN	10.4*	gm/dl	(M:13-17) (F:12-15)
RBC COUNT Method : FLOW CYTOMETRY	4.07*	million/cumm	(M) 4.5 - 5.5 (F) 3.8 - 4.8 (AT BIRTH) 5 - 7 (1 YR) 3.9 - 5.1 (2 - 12 YR) 4.0 - 5.2
HCT Method : CALCULATED	31.5	%	M :45 - 5% F: 41 - 5%
MCV Method : AUTOMATED ELECTRICAL RESISTANCE IMPEDANCE/ MANUAL	77.5	fl	83-101 fl
MCH Method : AUTOMATED ELECTRICAL RESISTANCE IMPEDANCE/ MANUAL	25.4	pg	27-32 pg
MCHC Method : AUTOMATED ELECTRICAL RESISTANCE IMPEDANCE/ MANUAL	32.8	gm/dl	31.5 - 34.5 gm
TOTAL LEUKOCYTE COUNT (TLC) (1390) Method : AUTOMATED ELECTRICAL RESISTANCE IMPEDANCE/ MANUAL Sample Type : Whole Blood (K2 EDTA WB)			
TOTAL LEUKOCYTE COUNT (TLC)	6000	/cmm	Adult (4000-10000) At birth (10000-26000) 1 Year (6000-16000) 2-7 years (6000-15000) 6-12Years (5000-13500)
DIFFRENTIAL LEUCOCYTE COUNT (DLC) Method : MANUAL / MICROSCOPIC Sample Type : Whole Blood (K2 EDTA WB)			
POLYMORPHS	65	%	40-70

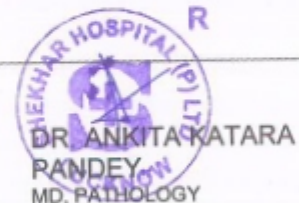


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HAEMATOLOGY Report

Test Description	Result	Unit	Biological Reference Interval
LYMPHOCYTES	31	%	20-40
MONOCYTES	02	%	2-10
EOSINOPHILS	02	%	1-6
BASOPHILS	00	%	1-2
PLATELET COUNT	1,80,000	/cumm	1.5 - 4.5 Lacs New Born 1 - 4.50 Lacs
Method : AUTOMATED ELECTRICAL-RESISTANCE IMPEDANCE/ MANUAL Sample Type : Whole Blood (K2 EDTA WB)			
MEDIWHEEL FULL BODY ANNUAL PLUS CHECK ADVANCED FEMALE -			
ESR - WESTERGREN	34 MM	mm	Male 0 - 15 Female 0 - 20
Sample Type : Whole Blood (K2 EDTA WB)			

Machines Used: HAEMAT ANALYSER, Mindray BC 5150
 Checked By: Shashank Srivastava



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Bill Date : 03/04/2024
Referred By. : MEDICINE DEPT.,
Collection Date/Time : 03/04/2024 12:53:18 PM **Lab Refno** : LB:2024/000246
Reporting Date/Time : 03/04/2024 1:59:09 PM

BIO - CHEMISTRY Report

Test Description	Result	Unit	Biological Reference Interval
LFT (PROFILE)			
BILIRUBIN (TOTAL) Method : JENDRASSIK MODIFIED METHOD Sample Type : SERUM	0.80	mg/dl	Upto 1.0
BILIRUBIN DIRECT Method : JENDRASSIK MODIFIED METHOD Sample Type : SERUM	0.20	mg/dl	Upto 0.25
BILIRUBIN INDIRECT Method : JENDRASSIK MODIFIED METHOD BILIRUBIN INDIRECT (SERUM)	0.60	mg/dl	0.2 - 0.8
SGPT (ALT) Method : IFCC METHOD Sample Type : SERUM SGPT	31.0	IU/L	Upto 49
SGOT (AST) Method : IFCC METHOD Sample Type : SERUM SGOT	25.0	IU/L	Men - Upto 46 Women - Upto 40
ALKALINE PHOSPHATASE (ALP) Method : UV KINETIC Sample Type : SERUM ALKALINE PHOSPHATASE	240.0	U/L	ADULT(>15Years) : 110-310 U/L CHILD(<15Years) : 270-810 U/L
PROTEIN(TOTAL) Method : Biuret method Sample Type : SERUM PROTEIN(TOTAL)*	7.6	gm/dl	6.0 - 8.5
ALBUMIN(1461) Method : BROMOCRESOL METHOD Sample Type : SERUM ALBUMIN	4.0	gm/dl	3.2 - 5.5
LIPID (PROFILE)			
CHOLESTROL(TOTAL) (SERUM) Method : ENZYMATIC METHOD Sample Type : SERUM CHOLESTROL(TOTAL)	198.0	mg/dl	Normal < 200 Borderline high 200 - 239 High >240

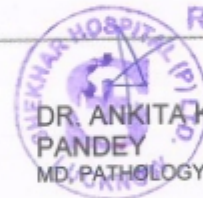


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BIO - CHEMISTRY Report

Test Description	Result	Unit	Biological Reference Interval
HDL (SERUM) Method : DIRECT HOMOGENOUS METHOD Sample Type : SERUM	57.0	mg/dl	Men - 35 - 55 Women - 45 - 65
LDL (SERUM) Method : DIRECT HOMOGENOUS METHOD Sample Type : SERUM	113.0	mg/dl	<100
RFT (PROFILE)			
BUN (BLOOD UREA NITROGEN) Method : UV KINETIC Sample Type : SERUM	12.2	mg/dl	6 - 21
BUN	0.58	mg/dl	0.5 - 1.4
CREATININE Method : JAFFE KINETIC METHOD Sample Type : SERUM			
SODIUM (NA+) Method : I.S.E. Sample Type : SERUM	139.1	mmol/L	136 - 146
SODIUM (NA+)	4.08	mmol/L	3.5 - 5.5
POTASSIUM (K+) Method : I.S.E. Sample Type : SERUM			

Machines Used: AUTO - ANALYSER OPTIMA - 1, HDC
 Lyte Semi Autometed, SEMI AUTO - ANALYZER
Checked By: Shashank Srivastava



DR. ANKITA KATARA
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 MD. PATHOLOGY

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End of Report



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 Date/Time : 03/04/2024 12:53:15 PM
 Reporting Date/Time : 03/04/2024 1:56:55 PM

BIO - CHEMISTRY Report

Test Name	Results	Units	Bio.Ref.Interval
HbA1c (Glycosylated Hemoglobin)	5.3	%	Blood @ (HPLC)
Interpretation			
As per American Diabetes Association (ADA)			
Reference Group	HbA1c in %		
Non diabetic adults >=18 years	4.0 - 6.0		
At risk	>=6.0 to <= 6.5		
Diagnosing Diabetes	> 6.5		
Therapeutic goals for glycemic Control	Age > 19 years Goal of therapy: <7.0 Action suggested: >8.0		
	Age < 19 years Goal of therapy: <7.5		
Note: 1.Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly			



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BIO - CHEMISTRY Report

controlled.

2.Target goals of <7.0% may be beneficial in patients with short

duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications

of diabetes, limited life expectancy or extensive co-morbid conditions

targeting a goal of <7.0% may not be appropriate.

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

as compared to blood and urinary glucose determinations.

ADA criteria for correlation between HbA1c & Mean plasma glucose levels

HbA1c (%)	Mean Plasma Glucose (mg/dl)
6	126
7	154
8	183
9	212
10	240
11	269
12	298

Machines Used: AUTO - ANALYSER OPTIMA - 1

Checked By: Shashank Srivastava



DR. ANKITA KATARA
 PANDEY
 MD, PATHOLOGY

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End of Report

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HAEMATOLOGY Report

Test Description	Result	Unit	Biological Reference Interval
URIC ACID (SERUM) (1455) Method : URICASE METHOD Sample Type : SERUM URIC ACID (144)	5.6	mg/dl	(M) 3.5 - 7.5 mg/dl (W) 2.6 -6.5 mg/dl

Machines Used: Mindray BC 5150, Rayto 240, Fully
Automated
Checked By: Shweta Awasthi



DR. ANKITA KATARA PANDEY
MD, PATHOLOGY



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Aadhaar No:

Lab Refno : LB:2024/000245
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BIO - CHEMISTRY Report

Test Description	Result	Unit	Biological Reference Interval
GLOBULIN	3.6	gm/dl	2.0-3.5

Machines Used: AUTO - ANALYSER OPTIMA - 1, Rayto 240,
Fully Autometed, SEMI AUTO - ANALYZER
Checked By: Shweta Awasthi



DR. ANKITA KATARA PANDEY
MD, PATHOLOGY



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CLINICAL PATHOLOGY Report

Sample Type : Urine

<u>TEST</u> <u>VALUE</u>	<u>VALUE</u>	<u>UNIT</u>	<u>NORMAL</u>
PHYSICAL EXAMINATION			
APPEARANCE	CLEAR		CLEAR
COLOUR	LIGHT YELLOW		PALE
PH	6.0 (ACIDIC)		4.8-7.4
SPECIFIC GRAVITY	1.015		1.010-1.022
CHEMICAL EXAMINATION			
ALBUMIN	NIL		NEGATIVE
GLUCOSE	NIL		NEGATIVE
BLOOD	NIL		NEGATIVE
LEUCOCYTE ESTERASE	NIL		NEGATIVE
NITRITE	NIL		NEGATIVE
MICROSCOPIC EXAMINATION			
RBCs	NIL	/HPF	0-5
DYSMORPHIC RBCs	ABSENT		
PUS CELLS	NIL	/HPF	0-5
EPITHELIAL CELLS	NIL	/HPF	<5
CASTS	NIL		ABS
CRYSTALS	NIL		ABS
BACTERIA	NIL		ABS

Checked By: SATYAM PATHAK


 DR. ANKITA KATARA PANDEY
 MBBS MD LUCKNOW



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HORMONE Report

Sl.No.	Test	Result	Reference Values
THYROID PROFILE (TOTAL T3, T4 & TSH)			
Sample Type : Serum			
1.	TOTAL T3 (TRIIODOTYRONINE)	1.76	0.92-2.33 nmol/l
2.	TOTAL T4.(TYROXINE)	113.68	60-120 nmol/l
3.	TSH(THYROID STIMULATING HORMONE)	3.95	Euthyroid 0.25-5 ulU/ml Hyperthyroid <0.15 ulU/ml Hypothyroid >7.0 ulU/m

Comments: INTERPRETATION (AS PER KIT INSERT)

Serum T3, T4 & TSH measurements from three components of Thyroid screening panel, useful in diagnosing various disorders of Gland function.

Thyroid

1. Primary HypoThyroidism is accompanied by depressed serum T values and elevated serum TSH level 3 & T4
2. Primary Hyper Thyroidism is accompanied by elevated serum T levels along with depressed TSH values 3 & T4
3. Normal T4 levels are accompanied by increased T3 in patient T3 Thyrotoxicosis with
4. Slightly elevated T3 levels may be found in pregnancy and estherapy, while depressed levels may be encountered in severe illness, renal failure and during therapy with drugs like propranopropylthiouracil and
5. Although elevated TSH levels are nearly always indicative of phythyroidism, and may be seen in secondary thyrotoxicosis.

REMARKS: Normal/Reference ranges given are as per kit literature. Correlation is advised. Clinical

Note:- Maximum reading in our instrument is 100. In case of reading greater than 100, instrument given result with greater than (>) sign.

Machines Used: VIDAS / MINI VIDAS
 Checked By: Shweta Awasthi



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BIO - CHEMISTRY Report

Test Description	Result	Unit	Biological Reference Interval
BLOOD SUGAR (PP) Method : GOD-POD METHOD Sample Type : Fluoride Plasma			
BLOOD SUGAR (PP) (SERUM)	106.3	mg/dl	110-170

Machines Used: Rayto 240, Fully Automated
Checked By: Shashank Srivastava



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