



Registration No.	102221695	Mobile No.	7838948523
Patient Name	Mr. SACHIN SHARMA	Registration Date/Time	09/03/2023 10:47:47
Age / Sex	38 Yrs Male	Sample Collected Date/Time	09/03/2023 11:48:33
Ref By / Hospital	Others BANK OF BARODA	Report Date/Time	09/03/2023 16:23:51
Collected At	DCKC	Printed Date/Time	09/03/2023 17:15:26

Test Name	Value	Unit	Biological Ref Interval
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HAEMATOLOGY

Complete Blood Count (CBC)

Haemoglobin (Hb) ,EDTA <i>Method : Colorimetric</i>	13.4	g/dL	13.0 - 17.0
Total Leucocyte Count (TLC) ,EDTA <i>Method : Electric impedance</i>	04.6	10 ⁹ /L	04.0 - 11.0
Red Blood Cell (RBC) ,EDTA <i>Method : Electric impedance</i>	4.50	10 ⁶ /uL	4.50 - 5.50
Hematocrit (HCT /PCV) ,EDTA <i>Method : Pulse height detection</i>	41.3	%	40.0 - 50.0
Mean Corp Volume (MCV) ,EDTA <i>Method : Calculated</i>	91.7	fL	83.0 - 101.0
Mean Corp Hb (MCH) ,EDTA <i>Method : Calculated</i>	29.7	pg	27.0 - 32.0
Mean Corp Hb Conc (MCHC) ,EDTA <i>Method : Calculated</i>	32.4	g/dL	31.5 - 34.5
Platelet Count(PLT) ,EDTA <i>Method : Electric impedance/Microscopy</i>	152.00	10 ³ /uL	150.00 - 410.00

Advice: Platelet reported after manual review of the slide.

RDW- CV% ,EDTA 12.8 % 11.6 - 14.0

Differential Leucocyte Count

Method : Microscopy

Neutrophil ,EDTA	51.0	%	40.0 - 80.0
Lymphocyte ,EDTA	40.0	%	20.0 - 45.0
Eosinophil ,EDTA	3.0	%	1.0 - 6.0
Monocyte ,EDTA	6.0	%	2.0 - 10.0
Basophil ,EDTA	0.0	%	0.0 - 2.0

Checked By :- POOJA



DR. NEELU CHHABRA
MD. PATHOLOGIST

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Ref By / Hospital	Others BANK OF BARODA	Report Date/Time	09/03/2023 12:22:57
Collected At	DCKC	Printed Date/Time	09/03/2023 17:15:26

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ESR ,EDTA 14 mm/Ist hr. 00 - 15
Method : Westergreen





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Ref By / Hospital	Others BANK OF BARODA	Report Date/Time	09/03/2023 14:31:23
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Blood Group ABO ,EDTA

Method : Forward Grouping

"O"

Rh Typing ,EDTA

Method : Forward Grouping

POSITIVE

HbA1c ,EDTA

Method : Photometric method

5.5 %

INTERPRETATIONS:-

NORMAL RANGE **4.00 - 5.60** %

Pre Diabetic/ Higher chance of getting diabetes	5.70	- 6.20	%
Good Diabetic Control	6.20	- 6.80	%
Fair Diabetic Control	6.80	- 7.60	%
Uncontrolled Diabetes -action suggested	>7.6		%

Note:-

Glycosylated Haemoglobin is a specific component of HBA1C and is the blood glucose bound to it. This test is an index of carbohydrate in balance during the preceding two months. The estimation is of greater importance for specific group of patient. This result are not affected by time, meal intake exercise, diabetic drugs, emotional Stress etc. HbA1c should be routinely monitored ideally at least every 3 months.





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BIOCHEMISTRY

LIPID PROFILE

Total Lipids ,Serum Plain	718	mg/dl	400 - 700
Serum Cholesterol ,Serum Plain <i>Method : CHOD-POD</i>	218	mg/dl	0 - 200
Serum Triglycerides ,Serum Plain <i>Method : GOD-POD</i>	282	mg/dl	60 - 165
Serum HDL Cholesterol ,Serum Plain <i>Method : Direct Method</i>	40.0	mg/dl	40.0 - 70.0
Serum LDL Cholesterol ,Serum Plain <i>Method : Calculated</i>	122.0	mg/dl	30.0 - 100.0
Serum VLDL Cholesterol ,Serum Plain <i>Method : Calculated</i>	56.0	mg/dl	24.0 - 45.0
Total CHO/HDL Cholesterol Ratio ,Serum Plain <i>Method : Calculated</i>	5.45		
LDL/HDL Cholesterol Ratio ,Serum Plain <i>Method : Calculated</i>	3.05		

Guidelines for Total Blood Cholesterol Levels on 11 to 12 hour fasting samples.

Desirable : Less than 200 mg/dl

Borderline High Risk : 200 to 239 mg/dl

High Risk : 240 mg/dl and over, on repeated values

Optimal Level for Cardiac Patients : Less than 200 mg/dl

HDL-C : High HDL has generally been found to be protective, decreasing the risk of coronary Artery disease (CAD) in most people. However, some recent studies have shown that in some people with high HDL, the HDL is not protective and may, in fact result in higher risk for CAD than in people with normal HDL levels. In one study it was shown that people with CAD and high HDL had underlying genetic anomalies in enzymes important in lipid turnover. Another study showed that high levels of abnormally large HDL particles were associated with increased risk of CAD. Factors that elevate HDL concentrations include chronic alcoholism, treatment with oral estrogen replacement therapy, extensive aerobic exercise, and treatment with niacin, statins, or fibrates. Smoking reduces levels of HDL cholesterol, while quitting smoking leads to a rise in the plasma HDL level.

Triglycerides	Female 40 - 140
	Male 60 - 165

Adult levels:

Optimal	<100 mg/dL
Near Optimal/ above optimal	100 - 129 mg/dL
Borderline high	130 - 159 mg/dL
High	160 - 189 mg/dL
Verv High	>=190 mg/dL

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LIVER PROFILE / LFT

Serum Bilirubin (Total) ,Serum Plain <i>Method : DSA Method</i>	0.76	mg/dl	0.00 - 1.20
Serum Bilirubin (Direct) ,Serum Plain <i>Method : DSA Method</i>	0.22	mg/dl	0.00 - 0.30
Serum Bilirubin (Indirect) ,Serum Plain <i>Method : Calculated Parameter</i>	0.54	mg/dl	0.00 - 0.60
SGOT ,Serum Plain <i>Method : IFCC/KINETIC</i>	25.5	IU/l	Males : Upto 46 IU/l Females : Upto 40 IU/l
SGPT ,Serum Plain <i>Method : IFCC/KINETIC</i>	47.1	IU/l	Upto 49 IU/l
Serum Alkaline Phosphatase ,Serum Plain <i>Method : DEA Method</i>	76.0	IU/l	30.0 - 120.0
Serum Total Protein ,Serum Plain <i>Method : Biuret Method</i>	7.81	gm/dl	6.00 - 8.50
Serum Albumin ,Serum Plain <i>Method : BCG Method</i>	4.48	gm/dl	3.20 - 5.50
Globulin ,Serum Plain <i>Method : Calculated</i>	3.30	gm/dl	2.00 - 4.10
A/G Ratio ,Serum Plain <i>Method : Calculated</i>	1.36		1.00 - 2.10
Serum GGTP ,Serum Plain <i>Method : G-Glutamyl Transferase</i>	24.0	U/L	0.0 - 50.0



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Blood Sugar (Fasting) ,Plasma F
Method : GOD POD 90.6 mg/dl 70.0 - 110.0

Blood Sugar (PP) ,Plasma PP
Method : GOD POD 101.9 mg/dl 70.0 - 140.0

Serum Uric Acid ,Serum Plain
Method : Uricase- POD 6.70 mg/dl 3.40 - 7.00

Blood Urea Nitrogen ,Serum Plain
Method : Calculated 14.09 mg/dl 0.00 - 20.00

BUN/CREATININE RATIO ,Serum Plain
Method : Tech:FerroZine/Cobas6000 16.00 ug/dL

Iron is transported as Fe (III) bound to the plasma protein apotransferrin. The apotransferrin-Fe(III) complex is called transferrin. Normally only about one third of the iron-binding sites of transferrin are occupied by Fe(III). The additional amount of iron that can be bound is the unsaturated (or latent) iron-binding capacity (UIBC). The sum of the serum iron and UIBC represents total iron-binding capacity (TIBC). TIBC is a measurement for the maximum iron concentration that transferrin can bind.



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IMMUNOASSAY

TOTAL THYROID PROFILE

Total T3 ,Serum Plain	1.95	ng/mL	0.69 - 2.15
Total T4 ,Serum Plain	8.40	ug/dl	5.20 - 12.70
TSH	3.84	uIU/ml	0.30 - 4.50

Comment :

Age Group	Biological Reference Range
1-2 Days	3.2-3.43 uIU/ml
3-4 Days	0.7-15.4 uIU/ml
15 Days - 5 Months	1.7-9.1 uIU/ml
5 Months - 2 Years	0.7-6.4 uIU/ml
2 Years - 12 Years	0.64-6.27 uIU/ml
12 Years - 18 Years	0.51-4.94 uIU/ml
> 18 Years	0.35-5.50 uIU/ml

Adults

Note: TSH levels are subject to circadian variation, rising several hours before the onset of sleep, reaching peak levels between 11 pm to 6 am. Nadir concentrations are observed during the afternoon. Diurnal variation in TSH level approximates + 50 %, hence time of the day has influence on the measured serum TSH concentration. Although elevated TSH levels are nearly always indicative of primary hypothyroidism, and may be seen in secondary thyrotoxicosis.

Newborn

In a very low birth weight baby (particularly premature neonates) immaturity of the hypothalamic-pituitary - thyroid axis may mask primary congenital hypothyroidism. It is recommended that the test be repeated two weeks after birth in babies 1000-1500 gm and at four weeks in those <1000 gm. Specimen collection prior to 24 hours of age, after blood transfusion and prematurity can affect this screening.

Nearly 90% of CH cases are detected by newborn screening. A small number of children may test normal on the newborn screen but later develop hypothyroidism.





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CLINICAL PATHOLOGY

URINE ROUTINE EXAMINATION

URE PHYSICAL EXAMINATION

Colour ,URINE	Pale Yellow	Pale Yellow
Volume ,URINE	20 mL	
Appearance ,URINE	Clear	Clear

URE CHEMICAL EXAMINATION

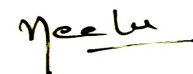
Reaction ,URINE	Acidic	Acidic
Ph (Strip Method) ,URINE	6.5	5.0 - 8.0
Specific Gravity ,URINE	1.025	1.001 - 1.035
Protein (Strip Method) ,URINE	Nil	Not-Detected
Glucose (Strip Method) ,URINE	Nil	Nil

URE MICROSCOPY EXAMINATION

Pus Cells ,URINE	1 - 2 /HPF	0 - 2
Epithelial Cells ,URINE	0 - 1 /HPF	0 - 2
RBC's ,URINE	NIL /HPF	0 - 2
Casts ,URINE	Nil	
Crystals ,URINE	Nil	
Bacteria ,URINE	Absent	Absent
Mucus Thread ,URINE	Nil	Nil
Other ,URINE	Nil	

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STOOL ANALYSIS

STOOL MICROSCOPIC EXAMINATION

OTHERS ,STOOL SNR Nil





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URE SUGAR (FASTING) ,URINE NIL

URE SUGAR PP ,URINE NIL

*** End of Report ***

