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AARROGYAM DIAGNOSTICS
(A UNIT OF CULPAM HEALTH CARE PVT. LTD.)
सर्वे सन्तु निरामयाः

F- 41, P.C. Colony, Opp. Madhuban Complex, Near Malahi Pakari Chowk, Kankarbagh, Patna – 20
9264278360, 9065875700, 8789391403
info@aarogyamdiagnostics.com
www.aarogyamdiagnostics.com

Date	**08/10/2021**	**Srl No.**	**29**	**Patient Id**	**2110080029**
Name	**Mr. ANIL KUMAR**	**Age**	**54 Yrs.**	**Sex**	**M**
Ref. By Dr.BOB					

Test Name	**Value**	**Unit**	**Normal Value**

HAEMATOLOGY

Test Name	Value	Unit	Normal Value
HB A1C	6.3	%	

EXPECTED VALUES :-

Metabolicaly healthy patients	=	4.8 - 5.5	% HbAIC
Good Control	=	5.5 - 6.8	% HbAIC
Fair Control	=	6.8-8.2	% HbAIC
Poor Control	=	>8.2	% HbAIC

REMARKS:-

In vitro quantitative determination of **HbAIC** in whole blood is utilized in long term monitoring of glycemia
.

The **HbAIC** 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 **HbAIC** be performed at intervals of 4-6 weeksduring Diabetes
Mellitus therapy.

Results of **HbAIC** should be assessed in conjunction with the patient's medical history, clinical examinations
and other findings.

****** End Of Report ******

Dr.R.B.RAMAN
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CONSULTANT PATHOLOGIST

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Ref. By Dr.BOB			

Test Name	Value	Unit	Normal Value
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN (Hb)	14.8	gm/dl	13.5 - 18.0
TOTAL LEUCOCYTE COUNT (TLC)	6,400	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	69	%	40 - 75
LYMPHOCYTE	27	%	20 - 45
EOSINOPHIL	02	%	01 - 06
MONOCYTE	02	%	02 - 10
BASOPHIL	00	%	0 - 0
ESR (WESTEGREN`s METHOD)	11	mm/Ist hr.	0 - 15
R B C COUNT	4.71	Millions/cmm	4.5 - 5.5
P.C.V / HAEMATOCRIT	44.4	%	40 - 54
M C V	94.27	fl.	80 - 100
M C H	**31.42**	Picogram	27.0 - 31.0
M C H C	33.3	gm/dl	33 - 37
PLATELET COUNT	2.71	Lakh/cmm	1.50 - 4.00
BLOOD GROUP ABO	"O"		
RH TYPING	POSITIVE		

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Ref. By Dr.BOB					

BIOCHEMISTRY

Test Name	Value	Unit	Normal Value
BLOOD SUGAR FASTING	**124.7**	mg/dl	70 - 110
SERUM CREATININE	1.0	mg%	0.7 - 1.4
BLOOD UREA	27.9	mg /dl	15.0 - 45.0
SERUM URIC ACID	4.6	mg%	3.4 - 7.0
LIVER FUNCTION TEST (LFT)			
BILIRUBIN TOTAL	0.59	mg/dl	0 - 1.0
CONJUGATED (D. Bilirubin)	0.22	mg/dl	0.00 - 0.40
UNCONJUGATED (I.D.Bilirubin)	0.37	mg/dl	0.00 - 0.70
TOTAL PROTEIN	7.3	gm/dl	6.6 - 8.3
ALBUMIN	4.1	gm/dl	3.4 - 4.8
GLOBULIN	3.2	gm/dl	2.3 - 3.5
A/G RATIO	**1.281**		
SGOT	26.5	IU/L	5 - 40
SGPT	19.5	IU/L	5.0 - 55.0
ALKALINE PHOSPHATASE IFCC Method	120.4	U/L	40.0 - 130.0
GAMMA GT	24.3	IU/L	8.0 - 71.0
LFT INTERPRET			
LIPID PROFILE			
TRIGLYCERIDES	108.0	mg/dL	40.0 - 165.0
TOTAL CHOLESTEROL	153.5	mg/dL	123.0 - 199.0

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Test Name	**Value**	**Unit**	**Normal Value**
H D L CHOLESTEROL DIRECT	58.3	mg/dL	40.0 - 79.4
V L D L	21.6	mg/dL	4.7 - 22.1
L D L CHOLESTEROL DIRECT	73.6	mg/dL	63.0 - 129.0
TOTAL CHOLESTEROL/HDL RATIO	2.633		0.0 - 4.97
LDL / HDL CHOLESTEROL RATIO	1.262		0.00 - 3.55
THYROID PROFILE			
T3	0.94	ng/ml	0.60 - 1.81
T4 Chemiluminescence	8.39	ug/dl	4.5 - 10.9
TSH Chemiluminescence	2.04	uIU/ml	

REFERENCE RANGE

PAEDIATRIC AGE GROUP		
0-3 DAYS	1-20	ulu/ ml
3-30 DAYS	0.5 - 6.5	ulu/ml
I MONTH -5 MONTHS	0.5 - 6.0	ulu/ml
6 MONTHS- 18 YEARS	0.5 - 4.5	ulu/ml
ADULTS	0.39 - 6.16	uIu/ml

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.

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Test Name	**Value**	**Unit**	**Normal Value**

Assay performed on enhanced chemi lumenescence system (Centaur-Siemens)

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

1. Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH level.

2. Primary hyperthyroidism is accompanied by elevated serum T3 and T4 levels along with depressed TSH values.

3. Normal T4 levels are accompanied by increased T3 in patients with T3 thyrotoxicosis.

4. Slightly elevated T3 levels may be found in pregnancy and estrogen therapy, while depressed levels may be encountered in severe illness, renal failure and during therapy with drugs like propranolol and propyl thiouracil.

5. Although elevated TSH levels are nearly always indicative of primary hyporthyroidism, and may be seen in secondary thyrotoxicosis.

URINE EXAMINATION TEST

PHYSICAL EXAMINATION			
QUANTITY	20	ml.	
COLOUR	PALE YELLOW		
TRANSPARENCY	CLEAR		
SPECIFIC GRAVITY	1.030		
PH	6.0		
CHEMICAL EXAMINATION			
ALBUMIN	NIL		

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Test Name	Value	Unit	Normal Value
SUGAR	NIL		
MICROSCOPIC EXAMINATION			
PUS CELLS	0-1	/HPF	
RBC'S	NIL	/HPF	
CASTS	NIL		
CRYSTALS	NIL		
EPITHELIAL CELLS	0-1	/HPF	
BACTERIA	NIL		
OTHERS	NIL		

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