

SHOP NO. 16-17, 1ST FLOOR SHOPPING CENTRE, OPP. JLN HOSPITAL, AJMER -305 001 PHONE : 2428948

Patient Name : MR. DHAN SINGH

Age / Gender : 32 years / Male

Endo ID : 116402

Organization : Goyal Diagnostics Profile

Referral : MEDIWHEEL



Collected Date & Time : Apr 08, 2023, 02:33 p.m.

Reported Date & Time : Apr 08, 2023, 04:25 p.m.

Sample ID :



230980146

Test Description	Value(s)	Unit(s)	Reference Range
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BIOCHEMISTRY

LIPID PROFILE

Cholesterol Total Method : ENZYMETIC COLORIMETRIC METHOD CHOD - POD	191.0	mg/dL	130 -250
Triglycerides Method : ENZYMETIC COLORIMETRIC	178.1	mg/dL	60 -170
HDL Cholesterol Method : PHOSPHOTUNGSTIC ACID	43.3	mg/dL	Normal: 40-60 Major Risk for Heart: > 60
VLDL Cholesterol Method : Calculated	35.62	mg/dL	6 - 38
LDL Cholesterol Method : Calculated	112.08	mg/dL	Optimal < 100 Near / Above Optimal 100-129 Borderline High 130-159 High 160-189 Very High >or = 190
CHOL/HDL Ratio Method : Calculated	4.41		2.6-4.9
LDL/HDL Ratio Method : Calculated	2.59		0.5-3.4

END OF REPORT

Dr. Nishi Prasad
M.D. (Patho.)

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Collected Date & Time : Apr 08, 2023, 02:33 p.m.

Reported Date & Time : Apr 08, 2023, 03:57 p.m.

Sample ID :



Test Description	Value(s)	Unit(s)	Reference Range
<u>IMMUNOLOGY</u>			
T3-Triiodothyronine Method : CHEMILUMINOSCEENCE	1.21	ng/dL	0.60-1.81
T4-Thyroxine Method : CHEMILUMINOSCEENCE	8.8	ug/dL	4.5 - 10.9
TSH -ULTRA SENSITIVE Method : CHEMILUMINOSCEENCE	3.04	uIU/mL	0.35 - 5.50

Interpretation:

TSH measurement is useful in screening and diagnosis for euthyroidism, hyperthyroidism and hypothyroidism. TSH levels may be affected by acute illness and drugs like doapmine and glucocorticoids. Low or undetectable TSH is suggestive of graves disease TSH between 5.5 to 15.0 with normal T3 T4 indicates impaired thyroid hormone or subclinical hypothyroidism or normal T3 T4 with slightly low TSH suggests subclinical Hyperthyroidism. TSH suppression does not reflect severity of hyperthyroidism therefore , measurement of FT3 FT4 is important. FreeT3 is first hormone to increase in early Hyperthyroidism. Only TSH level can prove to be misleading in patients on treatment. Therefore FreeT3 , FreeT4 along with TSH should be checked.

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Collected Date & Time : Apr 08, 2023, 02:33 p.m.

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HAEMATOLOGY

HbA1c (GLYCOSYLATED HEMOGLOBIN)

5.3

%

> 8% Action Suggested

BLOOD

7 - 8 % Good Control

Method : Nephelometry Methodology

< 7% Goal

6 - 7 % Near Normal Glycemia

< 6% Normal level

Instrument: Mispa i2

Clinical Information:

Glycated hemoglobin measurement is not appropriate where there has been a change in diet or treatment within 6 weeks. Hence, people with recent blood loss, hemolytic anemia, or genetic differences in the hemoglobin molecule (hemoglobinopathy and Hb variants viz: HbS, HbC, HbE, HbD, elevated HbF, as well as those that have donated blood recently, are not suitable for this test. Conditions associated with false increased HbA1C values: HbF, Uremia, Lead Poisoning, Hypertriglyceridemia, Alcoholism, Opiate addiction, Iron deficiency state, Postsplenectomy, Hyperbilirubinemia, Chronic aspirin therapy. Conditions associated with false low HbA1C values: HbS, HbC, Hemolytic anemia, Pregnancy, Acute or chronic blood loss

AVERAGE BLOOD GLUCOSE

105.41

90 - 120 Very Good Control

121 - 150 Adequate Control

51 - 180 Sub-optimal Control

181 - 210 Poor Control

> 211 Very Poor Control

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BIOCHEMISTRY

RENAL FUNCTION TEST

Urea Method : Uricase	22.5	mg/dL	10 - 45
Creatinine Method : Serum, Jaffe	1.06	mg/dL	0.6 - 1.4
Uric Acid Method : Serum, Uricase	6.9	mg/dL	3.0 - 7.0
Calcium Method : ARSENASO with serum	9.3	mg/dl	8.6 - 10.2
Sodium Method : Ion-Selective Electrode with serum	140	mmol/L	135 - 145
Potassium Method : Ion Selective Electrode with serum	4.2	mmol/L	3.50 - 5.00
Chlorides Method : Ion-Selective Electrode with serum	103	mmol/L	98 - 106

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Test Description	Value(s)	Unit(s)	Reference Range
HAEMATOLOGY			
Hemoglobin (HB)	13.8	gm/dl	13.5 - 18.0
Erythrocyte (RBC) Count	4.97	mil/cu.mm	4.7 - 6.0
Packed Cell Volume (PCV)	42.2	%	42 - 52
Mean Cell Volume (MCV)	84.9	FL	78 - 100
Mean Cell Haemoglobin (MCH)	27.8	Pg	27 - 31
Mean Corpuscular Hb Conc. (MCHC)	32.7	g/dl	32 - 36
Red Cell Distribution Width (RDW)	12.9	%	11.5 - 14.0
Total Leucocytes Count (WBC)	5900	Cell/cu.mm	4000 - 10000
Neutrophils	58	%	40 - 80
Lymphocytes	36	%	20 - 40
Monocytes	04	%	2 - 10
Eosinophils	02	%	1-6
Basophils	00	%	0-1
Mean Platelet Volume (MPV)	10.8	fL	7.2 - 11.7
PCT	0.28	%	0.2 - 0.5
Platelet Count	263	10 ³ /ul	150 - 450

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BIOCHEMISTRY

IRON - SERUM	75.6	ug/dL	65 - 175
TOTAL IRON BINDING CAPACITY(TIBC)	388	ug/dL	228 - 428
FERRITIN	47.2	ng/mL	Male:22-322 Female:10-291
TRANSFERRIN SATURATION %	19.48	%	16 - 50

Method : Serum CLIA

Method : Calculated

INTERPRETATION

The serum iron test is used to measure the amount of iron that is in transit in the body – the iron that is bound to transferrin in the blood. Along with other tests, it is used to help detect and diagnose iron deficiency or iron overload. Testing may also be used to help differentiate various causes of anemia. The amount of iron present in the blood will vary throughout the day and from day to day. For this reason, serum iron is almost always measured with other iron tests, including ferritin, transferrin, and calculated total iron-binding capacity (TIBC) and transferrin saturation. Serum ferritin appears to be in equilibrium with tissue ferritin and is a good indicator of storage iron in normal subjects and in most disorders. In patients with some hepatocellular diseases, malignancies and inflammatory diseases, serum ferritin is a disproportionately high estimate of storage iron because serum ferritin is an acute phase reactant. In such disorders iron deficiency anemia may exist with a normal serum ferritin conc. In the presence of inflammation, persons with low serum ferritin are likely to respond to iron therapy.

Increased Levels -

Iron overload – Hemochromatosis, Thalassemia & Sideroblastic anemia

-Malignant conditions - Acute myeloblastic & Lymphoblastic leukemia, Hodgkin's disease & Breast carcinoma

-Inflammatory diseases - Pulmonary infections, Osteomyelitis, Chronic UTI, -Rheumatoid arthritis, SLE, burns, Acute & Chronic hepatocellular disease

Decreased Levels

-Iron deficiency anemia

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BIOCHEMISTRY

C-Reactive Protein; CRP, SERUM	7.8	mg/L	0.0-6.0
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Interpretation :

1. Measurement of CRP is useful for the detection and evaluation of infection, tissue injury, inflammatory disorders and associated diseases .
2. High sensitivity CRP (hsCRP) measurements may be used as an independent risk marker for the identification of individual at risk for future cardiovascular disease.
3. Increase in CRP values are non-Specific and should not be interpreted without a complete history.

****END OF REPORT****

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BIOCHEMISTRY

LIVER FUNCTION TEST

Bilirubin - Total	0.80	gm/dl	0.0 - 1.20
Bilirubin - Direct	0.16	mg/dL	0.00 - 0.30
Bilirubin - Indirect	0.64	mg/dL	0.1 - 1.0
Method : Calculated			
ASPARTATE AMINO TRANSFERASE (SGOT-AST)	31.6	U/L	5.0-40.0
Method : IFCC with Serum			
ALANINE AMINO TRANSFERASE (SGPT-ALT)	30.7	U/L	5.0 - 40.0
Method : IFCC with POD Serum			
Alkaline Phosphatase	85.0	U/L	MALE & FEMALE
Method : IFCC with Serum			4-19 YEAR: 54-369 U/L
			20-59 YEAR: 42-98 U/L
			>60 YEAR: 53-141 U/L
Total Protein	6.56	g/dL	6.00 - 8.00
Method : Biuret, with Serum			
Albumin	4.21	g/dL	3.40 - 5.50
Method : Tech; BCG with Serum			
Globulin	2.35	g/dL	1.5 - 3.5
Method : Calculated			
A/G Ratio	1.79		1.5 - 2.5
Method : Calculated			

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BIOCHEMISTRY

Gamma GT	16	U/L	8-61
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Method : G-Glutamyl-Carboxy-Nitoanilide

Interpretation

A high GGT level can help rule out bone disease as the cause of an increased ALP level, but if GGT is low or normal, then an increased ALP is more likely due to bone disease. Even small amounts of alcohol within 24 hours of a GGT test may cause a temporary increase in the GGT.

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CLINICAL PATHOLOGY

General Examination

Colour	Pale yellow		Pale Yellow
Transparency (Appearance)	S.turbid		Clear
Reaction (pH)	Acidic		4.5 - 7.0
Specific gravity	1.020		1.005 - 1.030

Chemical Examination

Urine Protein (Albumin)	NIL		NIL
Urine Glucose (Sugar)	NIL		NIL

Microscopic Examination

Pus cells (WBCs)	2-3	/hpf	0-9
Epithelial cells	5-6	/hpf	0-4
Red blood cells	NIL	/hpf	0-4
Crystals	Absent		Absent
Cast	Absent		Absent
Amorphous deposits	Present		Absent
Bacteria	Present		Absent
Yeast cells	Absent		Absent

END OF REPORT

Dr. Nishi Prasad
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Consultant Radiologist & Sonologist

Dr. Roopa Goyal

MD (Radio-Diagnosis)

GOYAL
DIAGNOSTICS
4-D ULTRASOUND • COLOUR DOPPLER

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Sample ID :



230980146

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HAEMATOLOGY

BLOOD GROUP ABO AND RHTYPE

'O' POSITIVE

Method : Gel Technique & Tube Agglutination

Medical Remark :

The blood group done is forward blood group only. In case of any discrepancy kindly contact the lab

END OF REPORT

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Collected Date & Time : Apr 08, 2023, 02:33 p.m.

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Sample ID :



230980146

Test Description	Value(s)	Unit(s)	Reference Range
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BIOCHEMISTRY

Glucose fasting	93.62	mg/dL	70.0-110.0
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Method : Fluoride Plasma-F, Hexokinase

END OF REPORT

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Collected Date & Time : Apr 08, 2023, 03:28 p.m.

Reported Date & Time : Apr 08, 2023, 04:05 p.m.

Sample ID :



230980160

Test Description	Value(s)	Unit(s)	Reference Range
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BIOCHEMISTRY

Blood Glucose-Post Prandial	112.14	mg/dL	70 - 140
Method : Hexokinase			

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