



Diagnos ^t ics S. No.	: LSHHI298100	MR No.	: MR/23/001010
Patient Name	: Mr. ISHANT GAWRI	Doctor	: Dr. RMO
Age/Sex	: 34 YRS Sex : Male	Date & Time	: 11-Feb-2023 03:38 PM
OPD/IPD	: OPD	Sample Collection	: 11-Feb-2023 03:46 PM
IPD No	:	Reporting Date/Time	: 11-Feb-2023 05:23 PM
		Refer Doctor :	

BIO-CHEMISTRY

Test Name	Status	Result	Biological Reference Interval	Unit
<u>BLOOD GLUCOSE FASTING</u>				
BLOOD SUGAR FASTING		102	70-110	mg/dl
<u>BLOOD GLUCOSE PP</u>				
BLOOD SUGAR PP		110	80-140	mg/dl

HAEMATOLOGY

BLOOD GROUP And RH TYPE

BLOOD GROUP ABO & Rh "B" POSITIVE -

CBC (COMPLETE BLOOD COUNT)

HAEMOGLOBIN		13.9	13.0-17.0	gm/dl
TLC (Total Leucocyte Count)		10800	4000-11000	/cumm
NEUTROPHILS		60	45-75	%
LYMPHOCYTES		37	20-45	%
EOSINOPHILS		01	0-06	%
MONOCYTES		02	02-10	%
BASOPHILS		00	0-2	%
RBC		4.60	3.8-5.5	Millions/cmm
PCV/HAEMATOCRIT	H	46.1	35-45	%
MCV	H	100.2	76-96	fl
MCH		30.2	27-31	Picogram
MCHC		30.2	30-35	gm/dl
RDW		13.5	11.5-14.5	%
PLATELETS		2.61	1.5-4.0	Lacs

BIO-CHEMISTRY



(This is only professional opinion and not the diagnosis, Please correlate clinically)

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PARK GROUP OF HOSPITALS : West Delhi • South Delhi • Gurgaon • Karnal • Panipat • Hodal • Ambala • Behror



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CREATININE SERUM

CREATININE 1.2 0.6-1.4 mg/dl

HAEMATOLOGY

ESR

ESR 10 0-20 mm/1sthr

BIO-CHEMISTRY

LFT(LIVER FUNCTION TEST)

BILIRUBIN (TOTAL)	0.70	0.1-1.2	mg/dl
BILIRUBIN DIRECT	0.20	0.0-0.3	mg/dl
BILIRUBIN INDIRECT	0.50	0.1-0.9	mg/dl
SGOT (AST)	39	0-40	IU/L
SGPT (ALT)	H 75	0-40.0	IU/L
ALK.PHOSPHATASE	101	42.0-119	IU/L
TOTAL PROTEIN	7.1	6.0-8.0	gm/dl
ALBUMIN	4.2	3.20-5.0	gm/dl
GLOBULIN	2.9	2.30-3.80	gm/dl
A/G Ratio	1.4	1.0-1.60	

LIPID PROFILE

TOTAL CHOLESTEROL	H 258	0-250	mg/dL
TRIGLYCERIDE	H 277	0-161	mg/dL
HDL-CHOLESTEROL	54	30.0-60.0	mg/dL
LDL CHOLESTEROL	H 148.6	0-130	mg/dL
VLDL	H 55.4	0-40	mg/dL
LDL / HDL RATIO	2.75	0.0-3.55	

UREA

BLOOD UREA 20 13.0-45.0 mg/dl

URIC ACID, SERUM



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URIC ACID 6.8 3.0-7.2 mg/dl

CLINICAL PATHOLOGY

URINE ROUTINE EXAMINATION

VOLUME	40	-	ml
COLOUR	P.YELLOW	-	
APPEARANCE	CLEAR	-	
URINE pH	6.0	5.5-8.5	
SPECIFIC GRAVITY	1.020	1.005-1.030	
KETONE	NEG	-	
URINE PROTEIN	NEG	-	
URINE SUGAR	NEG	-	
PUS CELLS	3-4	1-2	/HPF
RBC CELLS	NIL	-	/HPF
EPITHELIAL CELLS	1-2	2-3	/HPF
CRYSTALS	NIL	-	
CASTS	NIL	-	



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STOOL ROUTINE EXAMINATION

STOOL EXAMINATION

<u>NAME OF TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>NORMAL RANGE</u>
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PHYSICAL EXAMINATION

Colour	Yellowish		Brown
Consistency	Semi formed		Soft
Blood	Nil		Nil
Mucus	Not present		Nil
Adult Parasite	Nil		Nil
Reaction	Alkaline		

MICROSCOPIC EXAMINATION

Pus cells	0-1	/HPF	0 - 2
RBC's	Nil	/HPF	Nil
Ova	Nil	/HPF	Nil
Cyst	Nil	/HPF	Nil
Bacterial Flora	+		

LAB
TECHNICIAN

Dr. VISHAL SALHOTRA
MD (PATHOLOGY)


Dr. NISHTHA KHERA
MBBS, MD (PATHOLOGY)

Dr. PARDIP KUMAR
CONSULTANT(MICROBIOLOGY)

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Prognosis Laboratories

National Reference Lab.: 515-516, Sector-19, D.D.A. Plotted Development, Dwarka, New Delhi-110075

8130192290 www.prlworld.com care@prlworld.com

Lab No.	012302120087	Age/Gender	34 YRS/MALE	Coll. On	12/Feb/2023 08:01AM
Name	Mr. ISHANT GAWRI	Reg. On		Reg. On	12/Feb/2023
Ref. Dr.		Approved On		Approved On	12/Feb/2023 10:13AM
Rpt. Centre	Self	Printed On		Printed On	25/Feb/2023 01:47PM

Test Name	Value	Unit	Biological Reference Interval
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HbA1c (Glycosylated haemoglobin), EDTA whole blood	5.9	%	4.0 - 6.0
<i>Method : HPLC</i>			
Estimated average plasma Glucose	122.63	mg/dL	65 - 136
<i>Method : Calculated</i>			

The test is approved by NGSP for patient sample testing.

Interpretation:

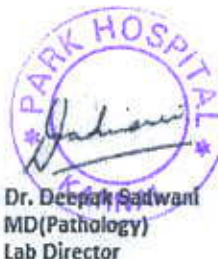
Metabolically normal patients	%	4.0 - 6.0
Good control:	%	< 7.0
Fair control:	%	7.0 - 8.0
Poor control:	%	> 8.0

Glycosylated hemoglobin or HbA1c is a reliable indicator of mean plasma glucose levels for a period of 8-12 weeks preceding the date on which the test is performed and is a more reliable indicator of overall blood sugar control in known diabetic patients than blood sugar levels. A value of 4-6 % is usually seen in metabolically normal patients, however diabetics with very good control can also yield similar values. The HbA1c test, thus can not be used to differentiate between diabetic patients with very good control over the plasma glucose levels from metabolically normal, non-diabetic subjects as both groups may reveal very similar values in the assay.



Dr. Smita Sadwani
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Technical Director

Dr. Anita
MD Pathology
Sr. Consultant Pathologist



Dr. Deepak Sadwani
MD(Pathology)
Lab Director

Dr. Moushmi Mukherjee
MBBS,MD (Pathology)
Consultant Pathologist

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National Reference Lab, 515-516, Sector-19, D.D.A. Plotted Development, Dwarka, New Delhi-110075

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Lab No-	012302120087	Age/Gender	34 YRS/MALE	Coll. On	12/Feb/2023 08:01AM
Name	Mr. ISHANT GAWRI			Reg. On	12/Feb/2023
Ref. Dr.				Approved On	12/Feb/2023 01:49PM
Rpt. Centre	Self			Printed On	25/Feb/2023 01:47PM

Test Name	Value	Unit	Biological Reference Interval
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TSH (Thyroid Stimulating Hormone), serum 3.76 uIU/ml 0.27 - 4.2
 Method : ECLIA

Interpretation:

1. Primary hyperthyroidism is accompanied by elevated serum FT3 and FT4 values alongwith depressed TSH levels.
2. Primary hypothyroidism is accompanied by depressed serum FT3 and FT4 values and elevated serum TSH levels.
3. High FT3 levels accompanied by normal FT4 levels and depressed TSH levels may be seen in T3 toxicosis.
4. Central hypothyroidism occurs due to primary or idiopathic malfunction (secondary and tertiary hypothyroidism respectively). This relatively rare but important condition is indicated by presence of low serum FT3 and FT4 levels, in conjunction with TSH levels that are paradoxically either low/normal or are not elevated to levels that are expected.

The following ranges are recommended for pregnant females:

First trimester	uIU/ml	0.1 - 2.5
Second trimester	uIU/ml	0.2 - 3.0
Third trimester	uIU/ml	0.3 - 3.0

***Disclaimer: This is an electronically validated report, if any discrepancy found should be confirmed by user.
 This test was performed at Prognosis Laboratories, 515-516, Sector 19, Dwarka, New Delhi-110075.
 *** End Of Report *****



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