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Healthcare Services  
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Regd. No. : 1834

# ZENA HEALTHCARE SERVICES

(A Unit of Zena Enterprises)

**Patient Name :** SASWAT TRIPATHY

**Age / Gender :** 52 years / Male

**Patient ID :** 18469

**Referral :** MEDI WHEEL

**Collection Time :** 18/10/2023, 10:42 AM

**Reporting Time :** 18/10/2023, 05:59 PM

**Sample ID :**



Test Description	Value(s)	Reference Range	Unit
<b>Lipid Profile</b>			
Cholesterol-Total Method : Spectrophotometry	219.49	Desirable level   < 200 Borderline High   200-239 High   >or = 240	mg/dL
Triglycerides Method : Serum, Enzymatic, endpoint	224.59	Normal: < 150 Borderline High: 150-199 High: 200-499 Very High: >= 500	mg/dL
HDL Cholesterol Method : Serum, Direct measure-PEG	45.90	Normal: > 40 Major Risk for Heart: < 40	mg/dL
LDL Cholesterol Method : Enzymatic selective protection	128.67	Optimal < 100 Near / Above Optimal 100-129 Borderline High 130-159 High 160-189 Very High >or = 190	mg/dL
VLDL Cholesterol Method : Serum, Enzymatic	44.92	6 - 38	mg/dL
CHOL/HDL Ratio Method : Serum, Enzymatic	4.78	3.5 - 5.0	
LDL/HDL Ratio Method : Serum, Enzymatic	2.80	2.5 - 3.5	

**Note:**

8-10 hours fasting sample is required.

\*\*END OF REPORT\*\*

Lab technician

**Dr. Kundan Kumar Sahoo**  
CONSULTANT PATHOLOGIST /  
MICROBIOLOGIST

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Plot No. 119, Opp. Water tank Lane, Near Police Phandi, Saheed Nagar, Bhubaneswar-07  
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### HbA1c, Glycosylated Hemoglobin

**HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD**      7.10      %

Method : (HPLC, NGSP certified)

Estimated Average Glucose :      -      -      mg/dL

#### Interpretation

As per American Diabetes Association (ADA)	
Reference Group	HbA1c in %
Non diabetic adults >=18 years	<5.7
At risk (Prediabetes)	5.7 - 6.4
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 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

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Test Description	Value(s)	Reference Range	Unit
10	240		
11	269		
12	298		

\*\*END OF REPORT\*\*

Lab technician

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ID 10437 CASE

AGE 52Y M D

Cms Kg

SASWAT TRIPATHY  
MALE

18/10/2023 10:31:40

ZENA HEALTHCARE  
PLOT -119, SAHIDNAGAR, BHUBANESWAR

RATE	94 bpm	SINUS RHYTHM
R-R	635 ms	
P-R	130 ms	
QRS	86 ms	
QT	352 ms	
QTc	412 ms	

--AXIS--

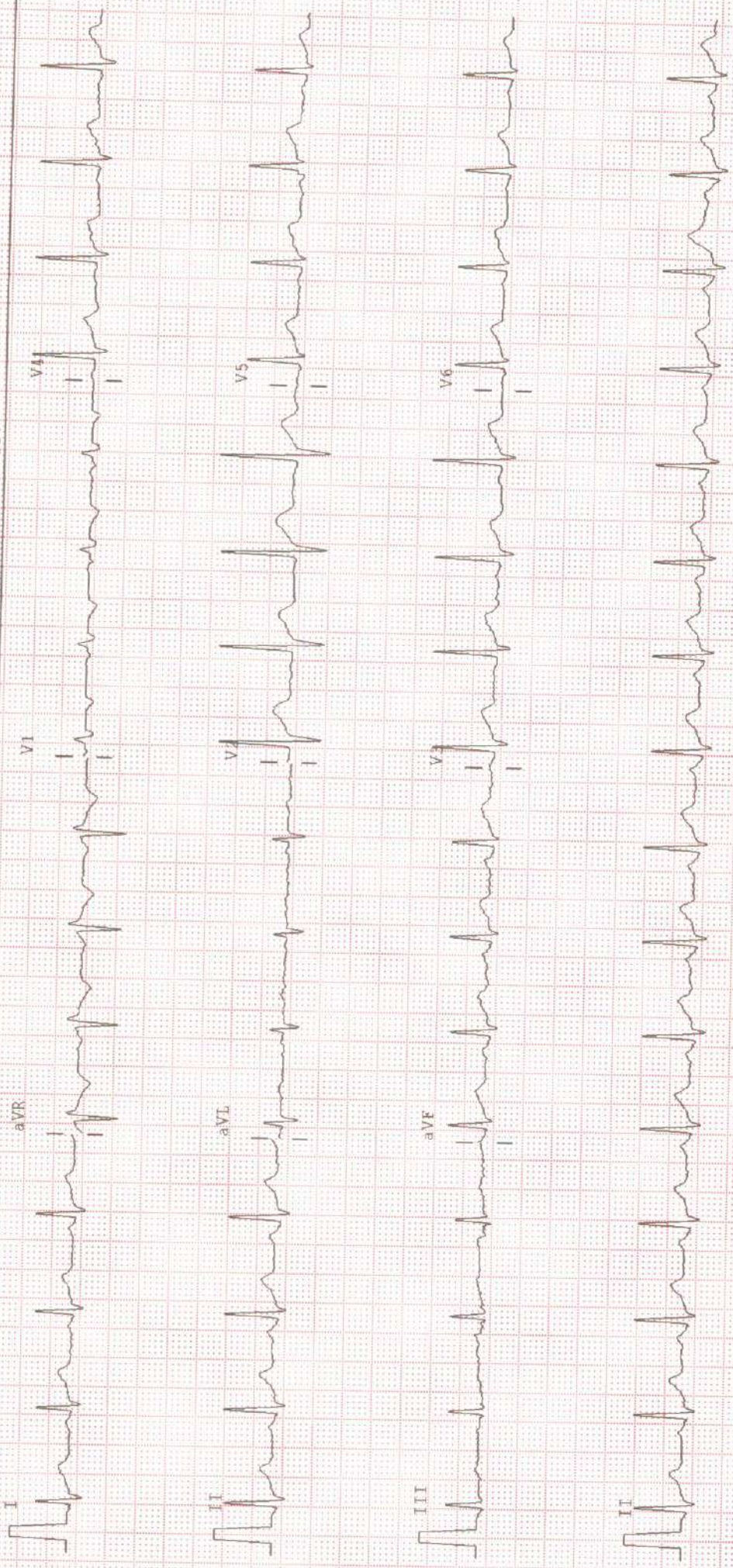
P	58°
QRS	59°
T	52°

NORMAL ECG

12 SL: REPORT FORMAT: 3x4+1L SQ

REF:

Dr.





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**Sample ID :**



21290

Test Description	Value(s)	Reference Range	Unit
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Test Description	Value(s)	Reference Range	Unit
<b>Complete Blood Count</b>			
Hemoglobin (Hb)	14.2	13.5 - 18.0	gm/dL
Erythrocyte (RBC) Count	5.15	4.7 - 6.0	mil/cu.mm
Packed Cell Volume (PCV)	46.3	42 - 52	%
Mean Cell Volume (MCV)	89.90	78 - 100	fL
Mean Cell Haemoglobin (MCH)	27.57	27 - 31	PG
Mean Corpuscular Hb Conc. (MCHC)	<b>30.67</b>	32 - 36	g/dL
Red Cell Distribution Width (RDW)	12.7	11.5 - 14.0	%
Total Leucocytes (WBC) Count	9800	4000-10000	cell/cu.mm
Neutrophils	61	40 - 80	%
Lymphocytes	34	20 - 40	%
Monocytes	02	2 - 10	%
Eosinophils	03	1 - 6	%
Basophils	<b>00</b>	1-2	%
Platelet Count	264	150 - 450	$10^3$ /ul
Mean Platelet Volume (MPV)	11.6	7.2 - 11.7	fL
PCT	0.31	0.2 - 0.5	%
PDW	<b>18.5</b>	9.0 - 17.0	%

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21290

Test Description	Value(s)	Reference Range	Unit
<b><u>LFT, Liver Function Test</u></b>			
Bilirubin - Total Method : Serum, Jendrassik Grof	0.95	0.00 - 1.00	mg/dL
Bilirubin - Direct Method : Serum, Diazotization	0.20	0.00 - 0.20	mg/dL
Bilirubin - Indirect Method : Serum, Calculated	0.75	0.10 - 0.80	mg/dL
SGOT Method : Serum, UV with P5P, IFCC 37 degree	20.6	8 - 33	U/L
SGPT Method : Serum, UV with P5P, IFCC 37 degree	29.7	3 - 35	U/L
GGT-Gamma Glutamyl Transpeptidase Method : Serum, G-glutamyl-carboxy-nitroanilide	9.23	< 55	U/L
Alkaline Phosphatase Method : PNPP-AMP Buffer/Kinetic	117.3	53-128	U/L
Total Protein Method : Serum, Biuret, reagent blank end point	6.95	6.60 - 8.70	g/dL
Albumin Method : Serum, Bromocresol green	3.88	3.50 - 5.30	g/dL
Globulin Method : Serum, EIA	3.07	2.00-3.50	g/dL
A/G Ratio Method : Serum, EIA	1.26	1.2 - 2.2	

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Test Description	Value(s)	Reference Range	Unit
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### Urine(R/M) Routine Examination of Urine

#### General Examination

Colour	PALE YELLOW	Pale Yellow	
Transparency (Appearance)	CLEAR	Clear	
Deposit	Absent	Absent	
Reaction (pH)	Acidic 6.0	4.5 - 7.0	
Specific gravity	1.015	1.005 - 1.030	

#### Chemical Examination

Urine Protein (Albumin)	Absent	Absent	
Urine Glucose (Sugar)	Present (++++)	Absent	

#### Microscopic Examination

Red blood cells	Absent	0-4	/hpf
Pus cells (WBCs)	2 - 4 /HPF	0-9	/hpf
Epithelial cells	2 - 3 /HPF	0-4	/hpf
Crystals	Absent	Absent	
Cast	Absent	Absent	
Amorphous deposits	Absent	Absent	
Bacteria	Absent	Absent	
Trichomonas Vaginalis	Absent	Absent	
Yeast cells	Absent	Absent	

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Test Description	Value(s)	Reference Range	Unit
<b>PSA (Prostate Specific Antigen)-Total</b>			
PSA- Prostate Specific Antigen*	0.98	0.0 - 3.5	ng/mL

**INTERPRETATION :**

Prostate-specific antigen (PSA) is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. PSA exists in serum mainly in two forms, complexed to alpha-1-anti-chymotrypsin (PSA-ACT complex) and unbound (free PSA). Increases in prostatic glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels. Transient increase in PSA can also be seen following per rectal digital or sonological examinations.

**Note:** Patients on Biotin supplement may have interference in some immunoassays. With individuals taking high dose Biotin (more than 5 mg per day) supplements, at least 8-hour wait time before blood draw is recommended.

**Ref:** Arch Pathol Lab Med—Vol 141, November 2017

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Test Description	Value(s)	Reference Range	Unit
<b>Thyroid Profile ( T3, T4, TSH )</b>			
T3-Total Method : CLIA	0.98	0.87 - 2.73	ng/dL
T4-Total Method : CLIA	9.23	6.09 - 12.23	ug/dL
TSH-Ultrasensitive Method : CLIA	1.05	0.45 - 4.50	uIU/mL

**Interpretation**

TSH	T3	T4	Suggested Interpretation for the Thyroid Function Tests Pattern
Raised	Within range	Within range	Raised Within Range Within Range .Isolated High TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. Subclinical Autoimmune Hypothyroidism. Intermittent 14 therapy for hypothyroidism .Recovery phase after Non-Thyroidal illness"
Raised	Decreased	Decreased	Chronic Autoimmune Thyroiditis Post thyroidectomy, Post radioiodine Hypothyroid phase of transient thyroiditis"
Raised or within range	Raised	Raised or within range	Interfering antibodies to thyroid hormones (anti-TPO antibodies) Intermittent 14 therapy or T4 overdose *Drug interference- Amiodarone, Heparin, Beta blockers, steroids, anti-epileptics.
Decreased	Raised or within range	Raised or within range	Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & Range Range associated with Non-Thyroidal illness .Subclinical Hyperthyroidism .Thyroxine ingestion'
Decreased	Decreased	Decreased	Central Hypothyroidism .Non-Thyroidal illness .Recent treatment for Hyperthyroidism (TSH remains suppressed)"
Decreased	Raised	Raised	Primary Hyperthyroidism (Graves' disease). Multinodular goitre, Toxic nodule *Transient thyroiditis: Postpartum, Silent (lymphocytic), Postviral (granulomatous, subacute, DeQuervain's), Gestational thyrotoxicosis with hyperemesis gravidarum"
Decreased Within Rang	Raised	Within range	T3 toxicosis *Non-Thyroidal illness
Within range	Decreased	Within range	Isolated Low T3 -often seen in elderly & associated Non-Thyroidal illness In elderly the drop in T3 level can be upto 25%.

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Test Description	Value(s)	Reference Range	Unit
<b><u>Glucose, Fasting (FBS)</u></b>			
Glucose fasting Method : Fluoride Plasma-F, Hexokinase	301.02	75 - 115	mg/dL
<b><u>Glucose, Post Prandial (PP)</u></b>			
Blood Glucose-Post Prandial Method : Hexokinase	417.35	70 - 140	mg/dL
<b><u>BUN, Serum</u></b>			
BUN-Blood Urea Nitroge Method : Serum, Urease	16.5	10 - 50	mg/dL
<b><u>Creatinine</u></b>			
Creatinine Method : Serum, Jaffe	0.89	0.60 - 1.30	mg/dL
<b><u>Blood Group ABO &amp; Rh Typing, Blood</u></b>			
Blood Group (ABO typing) Method : Manual-Hemagglutination	"O"		
RhD Factor (Rh Typing) Method : Manual hemagglutination	Positive		
<b><u>ESR, Erythrocyte Sedimentation Rate</u></b>			
<b>ESR - Erythrocyte Sedimentation Rate</b> Method : EDTA Whole Blood, Manual Westergren	9	0 - 15	mm/hr
<b>Interpretation:</b>			
<ul style="list-style-type: none"><li>• It indicates presence and intensity of an inflammatory process. It does not diagnose a specific disease. Changes in the ESR are more significant than the abnormal results of a single test.</li><li>• It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis and polymyalgia rheumatica.</li><li>• It is also increased in pregnancy, multiple myeloma, menstruation, and hypothyroidism.</li></ul>			

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18 10 2023

SASWAT TRIPATHY 52YRS

SASWAT TRIPATHY 52YRS  
Sex: Male  
DOB:  
ID: PAT000350

Acq. Date: 18/10/2023  
Acq. Time: 10:59:18  
Exp. Index: 745

R

L



15cm

CHEST  
PA  
W: 3546, L: 2144  
Tech ID: admin

Scale: 0.52

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CHEST