



UHID : OP:2024/002194  
 Name : Mr. ANURAG SHUKLA  
 Patient Type : Normal  
 Bill Date : 25/05/2024  
 Referred By. : MEDICINE DEPT.,  
 Collection Date/Time : 25/05/2024 10:28:01 AM

Age : 50 Y , Sex - M  
 Aadhaar No:

Lab Refno : LB:2024/004367  
 Reporting Date/Time : 25/05/2024 10:48:41 AM

## HAEMATOLOGY Report

Test Description	Result	Unit	Biological Reference Interval
<b>HAEMOGLOBIN(HB)</b> Method : CALORIMETRIC /CYNAMETH HAEMOGLOBIN	14.6	gm/dl	(M:13-17) (F:12-15)
<b>RBC COUNT</b> Method : FLOW CYTOMETRY	4.83	million/cumm	(M) 4.5 - 5.5 (F) 3.8 - 4.8 (AT BIRTH) 5 - 7 ( 1 YR) 3.9 - 5.1. (2 - 12 YR) 4.0 - 5.2
<b>HCT</b> Method : CALCULATED	43.1	%	M :45 ± 5% F: 41 ± 5%
<b>MCV</b> Method : AUTOMATED ELECTRICAL RESISTANCE IMPEDANCE/ MANUAL	89.3	fl	83-101 fl
<b>MCH</b> Method : AUTOMATED ELECTRICAL RESISTANCE IMPEDANCE/ MANUAL	30.2	pg	27-32 pg
<b>MCHC</b> Method : AUTOMATED ELECTRICAL RESISTANCE IMPEDANCE/ MANUAL	33.8	gm/dl	31.5 - 34.5 gm
<b>TOTAL LEUKOCYTE COUNT (TLC) (1390)</b> Method : AUTOMATED ELECTRICAL RESISTANCE IMPEDANCE/ MANUAL Sample Type : Whole Blood (K2 EDTA WB)			
TOTAL LEUKOCYTE COUNT (TLC)	6100	/cmm	Adult (4000-10000) At birth (10000-26000) 1 Year (6000-16000) 2-7 years (6000-15000) 6-12Years (5000-13500)

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### HAEMATOLOGY Report

Test Description	Result	Unit	Biological Reference Interval
<b>DIFFERENTIAL LEUCOCYTE COUNT (DLC)</b> <b>(1391)</b>			
Method : MANUAL / MICROSCOPIC Sample Type : Whole Blood (K2 EDTA WB)			
POLYMORPHS	60	%	40-70
LYMPHOCYTES	30	%	20-40
MONOCYTES	05	%	2-10
EOSINOPHILS	05	%	1-6
BASOPHILS	00	%	1-2
<b>PLATELET COUNT-1395</b>			
Method : AUTOMATED ELECTRICAL RESISTANCE IMPEDANCE/ MANUAL Sample Type : Whole Blood (K2 EDTA WB)			
PLATELET COUNT	2,00000	/cumm	1.5 - 4.5 Lacs New Born 1 - 4.50 Lacs



Machines Used: HAEMAT ANALYSER, Mindray BC 5150

Checked By: Shweta Awasthi

DR. SHRUTI SINGH  
MD, PATHOLOGY



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Collection Date/Time : 25/05/2024 10:28:10 AM Lab Refno : LB:2024/004369  
Reporting Date/Time : 25/05/2024 12:43:52 PM

### HAEMATOLOGY Report

Test Description	Result	Unit	Biological Reference Interval
<b>MEDIWHEEL FULL BODY ANNUAL PLUS ABOVE 50 MALE- ESR - WESTERGREN</b> Sample Type : Whole Blood (K2 EDTA WB)	16 MM / FIRST HOUR	mm	Male 0 - 15 Female 0 - 20

BLOOD GROUPING	"A"
RH TYPING	Positive (as per sample collection)

#### **BLOOD SUGAR (PP) (1465)**


Method : GOD-POD METHOD

Sample Type : Flouride Plasma

BLOOD SUGAR (PP) (149)	138.0	mg/dl	110-170
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**Machines Used:** Rayto 240, Fully Autometed

**Checked By:** Shweta Awasthi

  
DR. ANKITA KATARA  
PANDEY  
MD, PATHOLOGY

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End of Report

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Patient Type : Normal Aadhaar No:  
Bill Date : 25/05/2024  
Referred By. : MEDICINE DEPT.,  
Collection Date/Time : 25/05/2024 10:28:19 AM Lab Refno : LB:2024/004371  
Reporting Date/Time : 25/05/2024 12:48:33 PM

### BIO - CHEMISTRY Report

Test Name	Results	Units	Bio.Ref.Interval
HbA1c (Glycosylated Hemoglobin)	6.1	%	Blood @ (HPLC)
<b>Interpretation</b> <b>As per American Diabetes Association (ADA)</b>			
<b>Reference Group</b>	<b>HbA1c in %</b>		
Non diabetic adults $\geq 18$ years	4.0 - 6.0		
At risk	$\geq 6.0$ to $\leq 6.5$		
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: $< 7.5$		
<b>Note:</b> 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			



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### BIO - CHEMISTRY Report

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
10	240
11	269
12	298

Machines Used: AUTO - ANALYSER OPTIMA - 1

Checked By: Shweta Awasthi



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 Bill Date : 25/05/2024  
 Referred By. : MEDICINE DEPT.,  
 Collection Date/Time : 25/05/2024 10:15:37 AM Lab Refno : LB:2024/004336  
 Reporting Date/Time : 25/05/2024 3:39:39 PM

## CLINICAL PATHOLOGY Report

Stool for Occult Blood : Negative

Sample Type : Urine

TEST	VALUE	UNIT	NORMAL VALUE
<b>PHYSICAL EXAMINATION</b>			
APPEARANCE	CLEAR		CLEAR
COLOUR	YELLOWISH		PALE
PH	6.0 (ACIDIC)		4.8-7.4
SPECIFIC GRAVITY	1.030		1.010-1.022
<b>CHEMICAL EXAMINATION</b>			
ALBUMIN	++		NEGATIVE
GLUCOSE	NIL		NEGATIVE
BLOOD	NIL		NEGATIVE
LEUCOCYTE ESTERASE	NIL		NEGATIVE
NITRITE	NIL		NEGATIVE
<b>MICROSCOPIC EXAMINATION</b>			
RBCs	NIL	/HPF	0-5
DYSMORPHIC RBCs	ABSENT		
PUS CELLS	1-2	/HPF	0-5
EPITHELIAL CELLS	1-2	/HPF	<5
CRYSTALS	NIL		ABS
BACTERIA	NIL		ABS
<b>HYALINE CASTS SEEN.</b>			

Checked By: SATYAM PATHAK

DR. ANKITAKHARA PANDEY  
 MD, PATHOLOGY

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Bill Date : 25/05/2024  
Referred By : MEDICINE DEPT.,  
Collection Date/Time : 25/05/2024 10:28:39 AM Lab Refno : LB:2024/004374  
Reporting Date/Time : 25/05/2024 12:44:34 PM

**HORMONE Report**

Sl.No.	Test	Result	Reference Values
THYROID PROFILE ( TOTAL T3, T4 & TSH)			
Sample Type : Serum			
1.	TOTAL T3 (TRIIODOTYRONINE)	2.00	0.92-2.33 nmol/l
2.	TOTAL T4 (TYROXINE)	115.17	60-120 nmol/l
3.	TSH (THYROID STIMULATING HORMONE)	3.08	Euthyroid 0.25-5 ulU/ml Hyperthyroid <0.15 ulU/ml Hypothyroid >7.0 ulU/m
<b>Comments: INTERPRETATION (AS PER KIT INSERT)</b>			
Serum T3, T4 & TSH measurements from three components of Thyroid screening panel, useful in diagnosing various disorders of Gland function.			
Thyroid			
1. Primary HypoThyroidism is accompanied by depressed serum T values and elevated serum TSH level 3 & T4			
2. Primary Hyper Thyroidism is accompanied by elevated serum T levels along with depressed TSH values 3 & T4			
3. Normal T4 levels are accompanied by increased T3 in patient T3 Thyrotoxicosis with			
4. Slightly elevated T3 levels may be found in pregnancy and estherapy, while depressed levels may be encountered in severe illness, renal failure and during therapy with drugs like propranopropylthiouracillol and			
5. Although elevated TSH levels are nearly always indicative of phyphthyroidism, and may be seen in secon dary thyrotoxicosis.			
REMARKS: Normal/Reference ranges given are as per kit literature. Ccorrelation is advised. Clinical			
Note:- Maximum reading in our instrument is 100. In case of reading greater than 100, instrument given result with greater than (>) sign.			

Machines Used: VIDAS / MINI VIDAS  
Checked By: Shweta Awasthi



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Patient Type : Normal Aadhaar No:  
Bill Date : 25/05/2024  
Referred By. : MEDICINE DEPT.,  
Collection Date/Time : 25/05/2024 10:28:42 AM Lab Refno : LB:2024/004375  
Reporting Date/Time : 25/05/2024 12:45:00 PM

**SEROLOGY Report**

**PSA (Serum)**


TEST NAME	RESULT	NORMAL RANGES
PSA	0.78	< 4.0 ng/ml

**METHOD:-** Two step enzyme immunoassay sandwich method with final fluorescent detection (ELFA)

**REMARKS:-**

- 1- PSA is elevated in benign prostatic hyperplasia (BPH). Clinically an elevated PSA value is not of diagnostic value as a specific test for cancer and should only be used in conjunction with other clinical manifestations (observations) and diagnostic procedures such as prostate biopsy and DRE (Digital Rectal Examination) report.
- 2- Free PSA determinations may be helpful in regards to the differential diagnosis of BPH and prostate cancer conditions.
- 3- PSA level in man increases as their age advances. Hence the requirement of age-specific values is a must.

**Machines Used:**VIDAS / MINI VIDAS  
**Checked By:** Shweta Awasthi

  
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MD, PATHOLOGY





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Patient Type : Normal

Aadhaar No:

Bill Date : 25/05/2024

Referred By. : MEDICINE DEPT.,

Collection Date/Time : 25/05/2024 10:28:14 AM

Lab Refno : LB:2024/004370

Reporting Date/Time : 25/05/2024 12:47:09 PM

## BIO - CHEMISTRY Report

Test Description	Result	Unit	Biological Reference Interval
<b>LFT (PROFILE)</b>			
<b>BILIRUBIN (TOTAL)</b> Method : JENDRASSIK MODIFIED METHOD Sample Type : SERUM	0.67	mg/dl	Upto 1.0
<b>BILIRUBIN DIRECT</b> Method : JENDRASSIK MODIFIED METHOD Sample Type : SERUM	0.24	mg/dl	Upto 0.25
<b>BILIRUBIN INDIRECT</b> Method : JENDRASSIK MODIFIED METHOD BILIRUBIN INDIRECT (SERUM)	0.43	mg/dl	0.2 - 0.8
<b>SGPT (ALT)</b> Method : IFCC METHOD Sample Type : SERUM SGPT	28.0	IU/L	Upto 49
<b>SGOT (AST)</b> Method : IFCC METHOD Sample Type : SERUM SGOT	26.0	IU/L	Men - Upto 46 Women - Upto 40
<b>ALKALINE PHOSPHATASE (ALP)</b> Method : UV KINETIC Sample Type : SERUM ALKALINE PHOSPHATASE	210.0	U/L	ADULT(>15Years) : 110-310 U/L CHILD(<15Years) : 270-810 U/L
<b>PROTEIN(TOTAL)</b> Method : Biuret method Sample Type : SERUM PROTEIN(TOTAL)*	7.7	gm/dl	6.0 - 8.5
<b>ALBUMIN(1461)</b> Method : BROMOCRESOL METHOD Sample Type : SERUM ALBUMIN	4.2	gm/dl	3.2 - 5.5
<b>LIPID (PROFILE)</b>			
<b>CHOLESTROL(TOTAL) (SERUM)</b> Method : ENZYMATIC METHOD Sample Type : SERUM CHOLESTROL(TOTAL)	<b>249.0</b>	<b>mg/dl</b>	Normal < 200 Borderline high 200 - 239 High >240



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### BIO - CHEMISTRY Report

Test Description	Result	Unit	Biological Reference Interval
<b>HDL (SERUM)</b> Method : DIRECT HOMOGEOMOUS METHOD Sample Type : SERUM	51.0	mg/dl	Men - 35 - 55 Women - 45 - 65
<b>LDL (SERUM)</b> Method : DIRECT HOMOGEOMOUS METHOD Sample Type : SERUM	162.0	mg/dl	<100
<b>VLDL (SERUM)</b> Method : CALCULATED Sample Type : SERUM			
VLDL (SERUM)*	36.0	mg/dl	10-40 mg/dl
<b>TRIGLYCERIDES (SERUM)</b> Method : ENZYMATIC METHOD Sample Type : SERUM			
TRIGLYCERIDES	<b>180.0</b>	mg/dl	Upto 170
<b>MEDIWHEEL FULL BODY ANNUAL PLUS ABOVE 50 MALE-</b>			
<b>BLOOD SUGAR FASTING(1465)</b> Method : GOD-POD METHOD			
BLOOD SUGAR FASTING (SERUM)	127.0	mg/dl	70-110
<b>RFT (PROFILE)</b>			
<b>BUN (BLOOD UREA NITROGEN)</b> Method : UV KINETIC Sample Type : SERUM			
BUN	12.9	mg/dl	6 - 21
<b>CREATININE</b> Method : JAFFE KINETIC METHOD Sample Type : SERUM	1.21	mg/dl	0.5 - 1.4
<b>SODIUM (NA+)</b> Method : I.S.E. Sample Type : SERUM			
SODIUM (NA+)	140.1	mmol/L	136 - 146

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Lab Refno : LB:2024/004370

### BIO - CHEMISTRY Report

Test Description	Result	Unit	Biological Reference Interval
<b>POTASSIUM (K+)</b> Method : I.S.E. Sample Type : SERUM	4.60	mmol/L	3.5 - 5.5

**Machines Used:** AUTO - ANALYSER OPTIMA - 1, HDC  
Lyte Semi Autometed, Rayto 240, Fully  
Autometed, SEMI AUTO - ANALYZER  
**Checked By:** Shweta Awasthi



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Reporting Date/Time : 25/05/2024 3:39:39 PM ■

Age : 50 Y , Sex - M  
Aadhaar No:

Lab Refno : LB:2024/004336

**CLINICAL PATHOLOGY Report**

**Stool for Occult Blood : Negative**

**Sample Type : Urine**

<u>TEST</u>	<u>VALUE</u>	<u>UNIT</u>	<u>NORMAL VALUE</u>
<b>PHYSICAL EXAMINATION</b>			
APPEARANCE	CLEAR		CLEAR
COLOUR	YELLOWISH		PALE
PH	6.0 (ACIDIC)		4.8-7.4
SPECIFIC GRAVITY	1.030		1.010-1.022
<b>CHEMICAL EXAMINATION</b>			
ALBUMIN	++		NEGATIVE
GLUCOSE	NIL		NEGATIVE
BLOOD	NIL		NEGATIVE
LEUCOCYTE ESTERASE	NIL		NEGATIVE
NITRITE	NIL		NEGATIVE
<b>MICROSCOPIC EXAMINATION</b>			
RBCs	NIL	/HPF	0-5
DYSMORPHIC RBCs	ABSENT		
PUS CELLS	1-2	/HPF	0-5
EPITHELIAL CELLS	1-2	/HPF	<5
CRYSTALS	NIL		ABS
BACTERIA	NIL		ABS
<b>HYALINE CASTS SEEN.</b>			

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