

DEPARTMENT OF PATHOLOGY

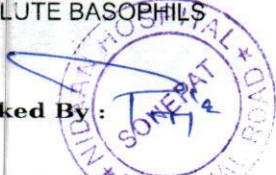
Patient Name : Ms. POONAM RANI
MR No : 27177
Age/Sex : 35 Years / Female
Type : OPD
TPA/Corporate : MEDIWHEEL
IP No. :
Bill Date : 21/03/2024
Reporting Date : 21/03/2024
Sample ID : 203710
Bill/Req. No. : 24383405
Ref Doctor : Dr. Pulkit Sharma

Test	Result	Bio. Ref. Interval	Units
BLOOD GLUCOSE FASTING AND PP			
PLASMA GLUCOSE (FASTING)	90	70 - 110	mg/dl
PLASMA POST-GLUCOSE	110	80 - 150	mg/dL

BLOOD GROUP			
BLOOD GROUP	" B " RH POSITIVE		

COMPLETE HAEMOGRAM				
CBC				
HAEMOGLOBIN	11.0	L	12.0 - 16.5	g/dL
TOTAL LEUCOCYTE COUNT	5800		4000 - 11000	/cumm
RED BLOOD CELL COUNT	4.02		4.0 - 6.0	millions/cumm
PCV (HAEMATOCRIT)	36.5		35.0 - 47.0	%
MEAN CORPUSCULAR VOLUME	88.9		78 - 98	fL
MEAN CORPUSCULAR HAEMOGLOBIN	27.4		26.5 - 32.5	Picogrames
MEAN CORPUSCULAR HB CONC	30.1	L	32 - 37	g/dL
PLATELET COUNT	2.48		1.50 - 4.50	Lakh/cumm
NEUTROPHILS	56		40 - 73.0	%
LYMPHOCYTES	35		20 - 40	%
EOSINOPHILS	01		0.0 - 6.0	%
MONOCYTES	08		2.0 - 10.0	%
BASOPHILS	00		0.0 - 1.0	%
ABSOLUTE NEUTROPHIL	3248		2000 - 7000	cells/cumm
ABSOLUTE LYMPHOCYTE	2030		1000 - 3000	cells/cumm
ABSOLUTE EOSINOPHIL	58		20 - 500	cells/cumm
ABSOLUTE MONOCYTES	464		200 - 1000	cells/cumm
ABSOLUTE BASOPHILS	0	L	20 - 100	cells/cumm

Checked By :



Dr. Pradip Kumar
(Consultant Microbiologist)

Dr. Nisha Rana
(Consultant Pathologist)

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Test	Result	Bio. Ref. Interval	Units
RDW-CV	13.6	11.5 - 14.5	%
E.S.R.	20 <i>H</i>	0 - 15	mm/hr

HBA1C

HBA1C	5.2		%
ESTIMATED AVERAGE GLUCOSE (EAG)	102.5		mg/dL

Note : HBA1c result is suggestive of Diabetes/ higher than glycemic goal in a known Diabetic patient. Please note, glycemic goal should be individualized based on duration of diabetes, age/life expectancy, comorbid conditions, known CVD or advanced microvascular complications, hypoglycaemia unawareness, and individual patient considerations. Please Correlate Clinically.

KFT(KIDNEY FUNCTION TEST)/RFT/Renal Profile

SERUM UREA	25	13.0 - 45.0	mg/dL
SERUM CREATININE	1.0	0.5 - 1.2	mg/dL
SERUM URIC ACID	4.7	2.5 - 6.8	mg/dL
SERUM SODIUM	134	130 - 149	mmol/L
SERUM POTASSIUM	5.0	3.5 - 5.5	mmol/L

LFT(LIVER FUNCTION TEST)

LFT			
TOTAL BILIRUBIN	0.5	0.1 - 1.2	mg/dL
DIRECT BILIRUBIN	0.2	0.00 - 0.30	mg/dL
INDIRECT BILIRUBIN	0.3	Adult: 0 - 0.8	mg/dL
SGOT (AST)	36	0.0 - 45	IU/L
SGPT (ALT)	34	00 - 45.00	IU/L
ALP	86	41 - 137	U/L

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TPA/Corporate :	MEDIWHEEL	Ref Doctor :	Dr. Pulkit Sharma
IP No. :			

Test	Result	Bio. Ref. Interval	Units
TOTAL PROTEINS	6.9	6.0 - 8.2	g/dL
ALBUMIN	4.2	3.20 - 5.00	g/dL
GLOBULIN	2.7	2.0 - 3.50	g/dL
A/G RATIO	1.56		

LIPID PROFILE

Test	Result	Remarks	Bio. Ref. Interval	Units
SERUM CHOLESTROL	213	H	0 - 200	mg/dl
SERUM TRIGLYCERIDES	115		Up to 150	mg/dl
HDL CHOLESTEROL	59		30 - 60	mg/dl
VLDL CHOLESTEROL	23		*Less than 30	mg/dL
LDL CHOLESTEROL	131		Optimal <100, Above Opt. 100-129 -high 160-189	mg/dl
LDL CHOLESTEROL/HDL RATIO	2.22		Desirable Level : 0.5 - 3.0 Borderline Risk : 3.0 - 6.0 High Risk : > 6.0	

URINE ROUTINE EXAMINATION

Test	Result	Remarks	Units
PHYSICAL EXAMINATION			
VOLUME	25		ml
COLOUR	Pale Yellow	Pale Yellow	
APPEARANCE	Clear	Clear	
SPECIFIC GRAVITY	1.015		
CHEMICAL EXAMINATION			
REACTION	Acidic		
BLOOD	NIL		
ALBUMIN	NIL	NIL	
GLUCOSE	NIL	NIL	
PH	6.5		

MICROSCOPIC EXAMINATION

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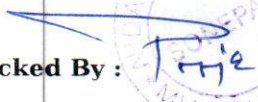
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Test	Result	Bio. Ref. Interval	Units
PUS CELL	1-2	2-4	/HPF
EPITHELIAL CELLS	1-2	2-4	/HPF
RED BLOOD CELLS	Nil	NIL	/HPF
CASTS	NIL	NIL	
CRYSTALS	NIL	NIL	

Note : Albumin test positive by Multistrip Method is confirmed by Sulphosalicylic acid method.

***** END OF THE REPORT *****

Checked By :


Dr. Pradip Kumar
(Consultant Microbiologist)


Dr. Nisha Rana
(Consultant Pathologist)

Lab No.	012403210784	Age/Gender	35 YRS/FEMALE	Coll. On	21/Mar/2024 05:41PM
Name	Ms. POONAM RANI 27177	Reg. On		Reg. On	21/Mar/2024
Ref. Dr.		Approved On		Approved On	21/Mar/2024 06:49PM
Rpt. Centre	Self	Printed On		Printed On	29/Mar/2024 08:46AM

Test Name	Value	Unit	Biological Reference Interval
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Thyroid profile, Total (T3,T4,TSH)

T3 (Triiodothyronine) , serum Method : ECLIA	1.02	ng/mL	0.80 - 2.0
T4 (Thyroxine) , serum Method : ECLIA	6.21	ug/dL	5.1 - 14.1
TSH (Thyroid Stimulating Hormone) , serum Method : ECLIA	1.63	uIU/ml	0.27 - 4.2

Interpretation:

- Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values alongwith depressed TSH levels
- Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
- High T3 levels coupled with normal T4 and suppressed TSH may be seen in T3 toxicosis.

Note: Total T3 and total T4 are highly bound to plasma proteins and are amenable to fluctuations with plasma protein content as well as due to binding defects in the thyroid hormone binding proteins.

The following ranges are recommended for pregnant females:

Gestation period	TSH (uIU/ml)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

*Disclaimer: This is an electronically validated report. If any discrepancy is found, it should be confirmed by the user.
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*** End Of Report ***



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Lab Director

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



Lab No.	012403260100	Age/Gender	63 YRS/FEMALE	Coll. On	26/Mar/2024 08:35AM
Name	Ms. POONAM 29933	Reg. On	26/Mar/2024	Approved On	26/Mar/2024 09:55AM
Ref. Dr.		Printed On	29/Mar/2024 08:46AM		
Rpt. Centre	Self				

Test Name	Value	Unit	Biological Reference Interval
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HbA1c (Glycosylated haemoglobin), EDTA whole blood 5.50 % < 5.7
 Method : HPLC

Estimated average plasma Glucose 111.15 mg/dL 65 - 136
 Method : Calculated

The test is approved by NGSP for patient sample testing.

Interpretation:

Metabolically normal patients	%	< 5.7
Pre-diabetic	%	5.7 - 6.4
Diabetic	%	> 6.4

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 less than 5.7% 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.

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*** Partial Report ***



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