



Scientific Pathology

A ISO 9001:2015 Certified Lab

S.V. SCIENTIFIC PATHOLOGY

Bharti Hospital

DR. SHIKHA VYAS

D.C.P. (PATH.)

R.NO. 52957/ 17.08.2006

SONKH ROAD, KRISHNA NAGAR, MATHURA

Date 25/03/2023

Sri No. 166

Name MR. HARENDRA

Age 43 Yrs.

Sex M

Ref. By B.O.B

OUT SIDE SAMPLE

Investigation Name	Result Value	Unit	Biomedical Ref Range
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HAEMATOLOGY - TEST REPORT

HAEMOGLOBIN (HB)	14.5	gm/dl	13.5 - 18.0
TOTAL LEUCOCYTIC COUNT (TLC)	6,800	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	47	%	40 - 80
LYMPHOCYTE	41	%	20 - 40
EOSINOPHIL	07	%	1 - 6
MONOCYTE	05	%	2 - 10
BASOPHIL	00	%	1 - 2
R B C	4.42	millions/cmm	4.5 - 5.5
P.C.V / HAEMATOCRIT	44.4	%	40.0 - 50.0
M C V	100.5	fl.	82.0 - 101.0
M C H	32.8	picogram	27.0 - 32.0
M C H C	32.7	gm/dl	31.5 - 34.5
PLATELET COUNT	265	$\times 10^3/\mu\text{L}$	150 - 450
MEAN PLATELET VOLUME	10.4	fl	7.5 - 11.5
RDW-CV	13.5	%	11.5 - 14.5
ERYTHROCYTE SED.RATE(WGN) Automated Mini ESR	17	mm/1st hr.	0.00 - 15.0
BLOOD GROUP ABO	" O "		
RH TYPING	NEGATIVE		
The upper agglutination test for grouping has some limitations. For further confirmation Reverse typing card (Dia clon ABO / D) Method is suggested.			
HbA1C (GLYCOSYLATED Hb)	6.20	%	

Contd...2



All Tests have Technical Limitations. Collaborative clinicopathological interpretation is mandatory. In Case of disparity Test may be repeated immediately. Test marked with an (*) are not accredited by NABL.

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Bal. 3850
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METHOD : HIGH PERFORMANCE LIQUID CHROMATOGRAPHY. (HPLC)
(BIO-RAD DIASTAT)

EXPECTED VALUES :-

Metabolically healthy patients = 4.8 - 6.0 % HbA1C
Good Control = 5.5 - 6.8 % HbA1C
Fair Control = 6.8-8.2 % HbA1C
Poor Control = >8.2 % HbA1C

HBA1C ESTIMATED AVERAGE GLUCOSE (eAG) 130.62 65.00 - 135.00

REMARKS:-

In vitro quantitative determination of **HbA1C** in whole blood is utilized in long term monitoring of glycemia .The **HbA1C** level correlates with the mean glucose concentration prevailing in the course of the patient's recent history (approx - 6-8 weeks) and therefore provides much more reliable information for glycemia monitoring than do determinations of blood glucose or urinary glucose.

It is recommended that the determination of **HbA1C** be performed at intervals of 4-6 weeks during diabetes mellitus therapy. Results of **HbA1C** should be assessed in conjunction with the patient's medical history, clinical examinations and other findings.

Estimated average glucose (eAG) - There is a predictable relationship between HbA1c and eAG. It helps people with diabetes to correlate their A1c to daily glucose monitoring levels. It reflects the average glucose levels in the past 2-3 months. The eAG calculation converts the A1c percentage to the same units used by glucometers-mg/dl. The following table shows the relationship of eAG and A1c.

HbA1c (%)	eAG (mg/dL)
5	97
6	126
7	154
8	183
9	212
10	240
11	269
12	298



Contd...3

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Investigation Name Result Value Unit Biomedical Ref Range

BIOCHEMISTRY - TEST REPORT

BLOOD SUGAR FASTING 98.7 mg/dl

REFERENCE RANGE :

Normal : < 110
Impaired Glucose Tolerance : 110 - 125
Diabetes Mellitus : ≥126

LIPID PROFILE

SERUM CHOLESTEROL 192.8 mg/dl

Optimal < 200 mg/dl
Border Line High Risk 200 - 239 mg/dl
High Risk > 240 mg/dl

TRIGLYCERIDES 210.3

Optimal < 150 mg/dl
Border Line High Risk 150 - 199 mg/dl
High Risk 200 - 499 mg/dl
Very High Risk > 500 mg/dl

H D L CHOLESTEROL(direct) 47.5 mg/dL

	<u>Male</u>		<u>Female</u>
Optimal>	55	mg/dl	> 65 mg/dl
Border Line High Risk	35 - 55	mg/dl	45 - 65 mg/dl
High Risk	< 35	mg/dl	< 45 mg/dl

L D L CHOLESTEROL (DIRECT) 103.24 mg/dl

Optimal <100 mg/dl
Near or Above Optimal 100 - 129 mg/dl
Border Line High Risk 130 - 159 mg/dl
High Risk 160 - 189 mg/dl
Very High Risk > 190 mg/dl

V L D L 42.06 mg/dl 25.0 - 40.0

Contd...4



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Investigation Name	Result Value	Unit	Biomedical Ref Range
SERUM CHOLESTEROL/HDL RATIO	4.059		
LDL / HDL CHOLESTEROL RATIO	2.173		0.00 - 3.55

R.O. risk factor

Risk Factor of Coronary Heart Disease.

Positive Risk Factors

1. Age - Males >45 Yrs.

Females >55 Yrs. or premature menopause
without estrogen replacement therapy.

2. Family history of premature coronary heart disease.

3. Cigarette smoking.

4. Hypertension (>140/90 mm Hg or on antihypertensive medication)

5. Low HDL Cholesterol <30 mg/dl

6. Diabetes mellitus

Negative Risk Factor

1. High HDL Cholesterol >60 mg/dl

BIOCHEMISTRY - TEST REPORT**L.F.T / LIVER FUNCTION TEST**

TOTAL BILIRUBIN 1.10 mg/dl 0.20 - 1.00
Reference range

Reference range according to Thomas

Total bilirubin : up to 1.1 mg/dl

Reference range according to Sherlock and Meites

Adults and children : up to 1.0 mg/dl

New born**Age of new born**

24 hours

48 hours

3 - 5 days

Age of new born

24 hours

48 hours

3-5 days

Premature

1.0 - 6.0 mg/dl

6.0 - 8.0 mg/dl

10.0 - 15.0 mg/dl

Full term

2.0 - 6.0 mg/dl

6.0 - 7.0 mg/dl

4.0 - 12.0 mg/dl

Contd...5



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Name MR. HARENDRA

Srl No. 166

Ref. By B.O.B

Age 43 Yrs.

Sex M

OUT SIDE SAMPLE

Investigation Name	Result Value	Unit	Biomedical Ref Range
CONJUGATED (D. Bilirubin)	0.78	mg/dl	0.1 - 0.4
UNCONJUGATED (I.D. Bilirubin)	0.32	mg/dl	0.2 - 0.7
TOTAL PROTEINS	7.24	gm/dl	6.0 - 8.2
ALBUMIN	4.35	gm/dl	3.5 - 5.2
GLOBULIN	2.89	gm/dl	2.3 - 3.5
A/G RATIO	1.30	gm/dl	0.8 - 2.0
S.G.O.T (AST)	52.1	U/L	0.0 - 35.0
S G.P.T (ALT)	81.4	U/L	0.0 - 45.0
ALKALINE PHOSPHATASE OPTIMIZED	102.3	U/L	0 - 0

Expected Values :

Aged 1 Day	< 250 U/L
Aged 2 to 5 Days	< 231 U/L
Aged 6 Days to 6 Months	< 449 U/L
Aged 7 Months to 1 Year	< 426 U/L
Aged 1 - 3 Yrs	< 281 U/L
Aged 4 - 6 Yrs	< 269 U/L
Aged 7 - 12 Yrs	< 300 U/L
Aged 13 - 17 Yrs (Male)	< 390 U/L
Aged 13 - 17 Yrs (Female)	< 187 U/L
Men (Adult)	40 - 129 U/L
Women (Adult)	35 - 104 U/L

GGTP	33.80	U/L	0.80 - 55.0
K.F.T / KIDNEY FUNCTION TEST			
BLOOD UREA	25.6	mg /dl	15.0 - 45.0
CREATININE	0.77	mg/dl	0.70 - 1.30

Contd...6



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Ref. By	B.O.B				

Investigation Name	Result Value	Unit	Biomedical Ref Range
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Neonates (premature): 0.29 - 1.04
 Neonates (Full term): 0.24 - 0.85
 2 - 12 Months : 0.17 - 0.42
 1 - <3 Yrs : 0.24 - 0.41
 3 - <5 Yrs : 0.31 - 0.47
 5 - <7 Yrs : 0.32 - 0.59
 7 - <9 Yrs : 0.40 - 0.60
 9 - <11 Yrs : 0.39 - 0.73
 11 - <13 Yrs : 0.53 - 0.79
 13 - <15 Yrs : 0.57 - 0.87

URIC ACID	7.80	mg/dl	3.4 - 7.20
INORGANIC PHOSPHORUS	3.20	mg/dl	2.7 - 4.5

BIOCHEMISTRY - TEST REPORT

S.SODIUM	142.1	mmol/L	137.0 - 145.0
S.POTASSIUM	3.80	mmol/L	3.6 - 5.0
CALCIUM	9.20	mg/dl	8.4 - 10.2

HORMONE - TEST REPORT

MARKER'S STUDY

P.S.A	0.89	ng/ml
< 40 years	0.21 to 1.72 ng/ml	
40 - 49	0.27 to 2.19 ng/ml	
50 - 59	0.27 to 3.42 ng/ml	
60 - 69	0.22 to 6.16 ng/ml	
> 69	0.21 to 6.77 ng/ml	

Notes:

Contd...7



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PSA is principally produced by the glandular epithelium of the prostate, and is secreted in the seminal fluid. PSA is also present in urine and blood. PSA acts on seminal fluid to fluidify and increase sperm mobility. PSA levels rise in prostatic pathologies such as benign prostatic hyperplasia (BPH) or prostate cancer. Testing for PSA and its evolution is useful for monitoring and controlling the efficacy of prostatic carcinoma therapy. PSA is present in blood with three main forms. The most important immunoreactive form is PSA bound to Alpha-1-antichymotrypsin (PSA-ACT). Free PSA is the other immunoreactive form present in serum. Equimolar PSA assays detect the bound form (PSA-ACT) and the free form in the same manner. The VIDAS TPSA assay is an equimolar test. The third form of PSA, bound to alpha-2-macroglobulin, cannot be detected by immunoassays. Determination of PSA levels enables the detection of the onset of metastases or the persistence of disease following prostate cancer therapy. An elevated PSA level after therapy or a persistently high level during therapy indicates residual or recurrent disease. The VIDAS TPSA assay is used in the diagnosis of prostate disorders, including cancer of the prostate, and for the prognosis and monitoring of patients with diagnosed malignant tumors. The test has been carried out in Fully Automated Immunoassay System VIDAS using ELFA (Enzyme Linked Fluorescence Assay) technology

**** Report Completed****



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BAL 3850

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Name	MR. HARENDRA	Age	43 Yrs.	Sex	M
Ref. By	C/O. B.O.B			OUT SIDE SAMPLE	

Investigation Name	Result value	Unit	Biomedical Ref Range
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URINE ROUTINE MICROSCOPIC - REPORT

PHYSICAL EXAMINATION

QUANTITY	20	ml
COLOUR	PALE YELLOW	
TRANSPARENCY	SLIGHT TURBID	
SPECIFIC GRAVITY	1.020	
PH	5.5	

CHEMICAL EXAMINATION

ALBUMIN	NIL
REDUCING SUGAR	NIL
BILE SALTS	NIL
BILE PIGMENT	NIL
KETONE	NIL

MICROSCOPIC EXAMINATION

PUS CELLS	5-6	/HPF	2-3
EPITHELIAL CELLS	3-4	/HPF	3-4
RBCs	0-1	/HPF	2-3
CRYSTALS	NIL		
CASTS	NIL		
BACTERIA	NIL		
OTHERS	NIL		

****Report Completed****

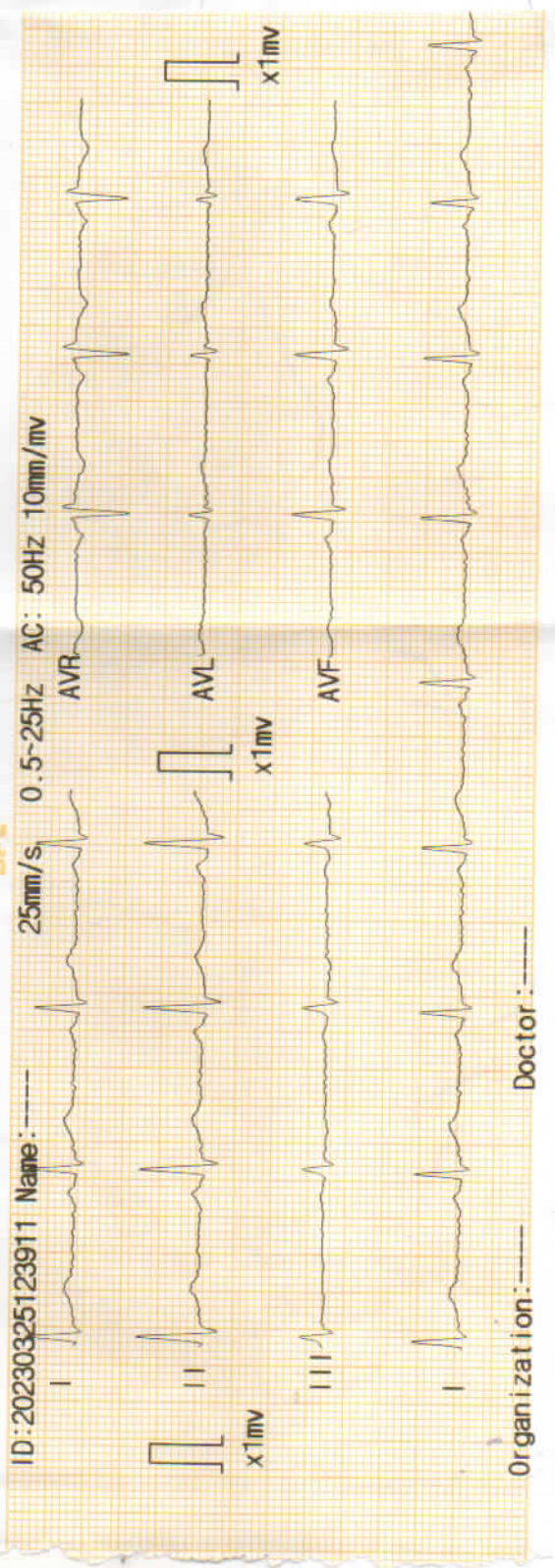


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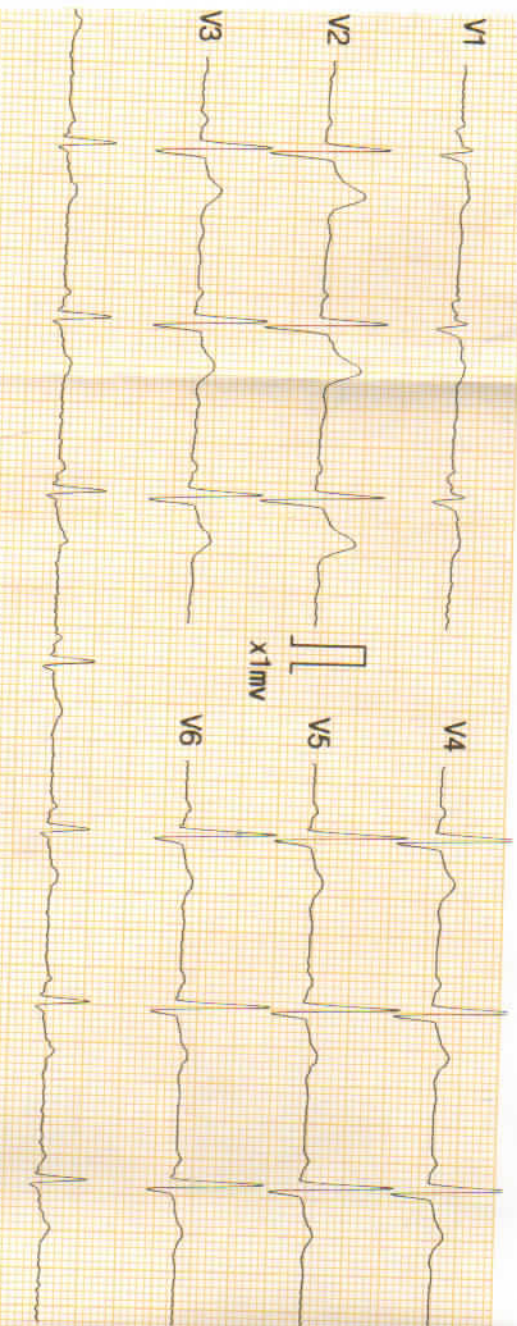
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Doctor:
 Organization: 0

20230325123911 ID: 20230325123911 Name: 116215202202

BP



ID : 20230325123911
 Name :
 Sex : Male
 Age : 1
 HR : 67
 R-R : 860
 P-R : 149
 QRS : 104
 QT/QTc : 395/418
 P/QRS/T : 50/ 49/ 27
 RV5/SV1 : 1.142/-0.229
 RV5+SV1 : 0.914
 QTcf : 0.459

BP

005: Sinus Bradycardia
 054: Non-specific Inraventricular
 175: Maybe Abnormal ECG

Reference Report Confirmed by:

03-25-2023 12:39:32



Bharti Hospital

AN ISO 9001-2008 (QMS) Certified Hospital

Date.....

REG...NO : 2023-302507

DATE : 25/03/2023

NAME : MR. HARENDRA SINGH

REF...BY: B O B

AGE /SEX: Y/M

2D REAL TIME GENERAL SONOLOGICAL STUDY OF WHOLE ABDOMEN

LIVER: Is normal in size with mildly increased parenchymal echogenicity. Margins are regular. Intra hepatic bile ducts (IHD) are not dilated. No focal mass seen. Portal Vein & C.B.D. is normal in caliber.

GALL BLADDER: No calculi/mass lesion is seen in its lumen. No pericholecystic collection is seen.

SPLEEN: is normal in size and shape. Echotexture appears normal.

PANCREAS: Shows normal size and echotexture. No focal mass / peripancreatic collection is seen.

RIGHT KIDNEY: Shows normal position, size, shape and contour. Cortical echotexture is normal. CMD is maintained. No calculus /hydronephrosis is seen.

LEFT KIDNEY: Shows normal position, size, shape and contour. Cortical echotexture is normal. CMD is maintained. No hydronephrosis, No free fluid/ retroperitoneal adenopathy is seen.

U.BLADDER: is normal in distension and in wall thickness. Lumen is clear. No calculus or mass lesion is seen.

PROSTATE: is normal in size (26.4x40.4x31.1mm), shape and echotexture. Weight 17.3 cm³.

NOTE- Excessive Gas is Present in Abdomen.

IMPRESSION: Fatty Liver.

ADVICE: Clinical Correlation.

SONOLOGIST

Best efforts were made during investigation, however in case of any Confusion/ Confirmation review can be done, free of cost. Not valid for medico-legal purpose.

Facilities

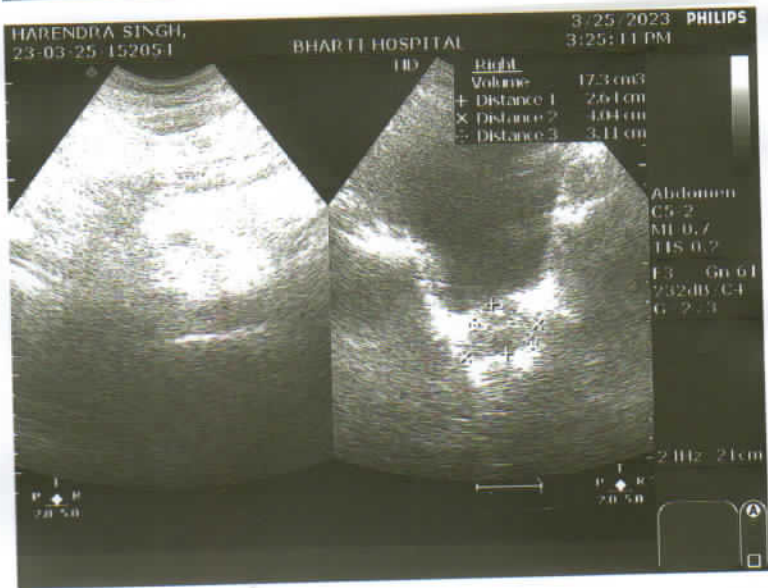
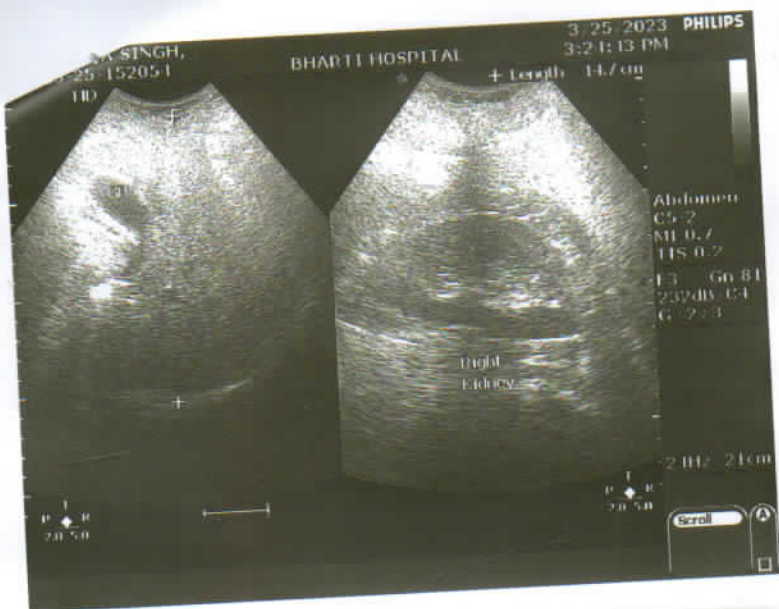
ICU, Facility for Medical & Cardiac Emergency, ECG, Nebulizer, Centralized Oxygen, Monitor BIPAP, Defibrillator, Echo Cardiography, TMT, X-ray, PFT, Computerised Pathology

यहाँ भ्रूण-लिंग परीक्षण नहीं किया जाता है। यह एक दण्डनीय अपराध है।

This Report is Only A Professional Opinion & Should Be Clinically Co-related

NOT VALID FOR MEDICO-LEGAL PURPOSE

सभी प्रकार के हेल्थ चेकअप पैकेज उपलब्ध



R



HARENDRA SINGH 43Y Male

Chest PA

BHARTI HOSPITAL SONKH ROAD, KRISHNA NAGAR MATHURA

25/03/2023 16:23:46

