



भारत सरकार

GOVERNMENT OF INDIA



राणा प्रशांतकुमार अनिलकुमार

Rana Prashantkumar Anilkumar

जन्म तारीख/ DOB: 24/07/1987


पुरुष / MALE



4133 3617 7099

MERA AADHAAR, MERI PEHACHAN



 GPS Map Camera



Gandhinagar, Gujarat, India
RAJA's, 520/1, Abhinav Society, Sector 23,
Gandhinagar, Gujarat 382024, India
Lat 23.24428°
Long 72.651408°
25/06/22 07:45 AM

Patient Name : Prashant Rana
Sample No.. : 6884
Referred : Bank Of Baroda

Age/Sex : 34 Years/Male
Registration On:25/06/2022/12:47
Approved On :25/06/2022 16:14

THYROID FUNCTIONS

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>NORMAL VALUE</u>
Serum T3 :	1.22	ng/dl	0.60 - 1.80 ng/dl
Serum T4 :	8.0	microgm/dl	4.50 - 10.9 microgm/dl
Serum T.S.H :	1.68	microU/ml	0.35 - 5.55 microU/ml

COMMENTS :

TSH levels may be affected by acute illness and drugs like doapamine and gluco corticoids.

Low or undetectable TSH is suggestive of Grave-s disease

TSH between 5.5 to 15.0 with normal T3 T4 indicates impaired thyroid hormone or subclinical hypothyroidism or normal T3 T4 with slightly low TSH suggests subclinical Hyperthyroidism.

TSH suppression does not reflect severity of hyperthyroidism therefore , measurement of FT3 ,FT4 is important.

FreeT3 is first hormone to increase in early Hyperthyroidism.

Only TSH level can prove to be misleading in patients on treatment. Therefore FreeT3 , FreeT4 along with TSH should be checked.

During pregnancy clinically T3 T4 can be high and TSH can be slightly low



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(M.D. Path)
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COMPLETE BLOOD COUNT

<u>Test</u>		<u>Sample :</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Ref. Interval</u>
<u>BLOOD COUNT</u>					
Hemoglobin	colorimetric		13.6	g/dL	13 - 17
R.B.C Count	Electrical impedance		5.61	mill/cmm	4.5 - 5.5
W.B.C Count	Electrical impedance		5.7	10 ³ /uL	4.0 - 10.0
Platelet Count	Electrical impedance		200	10 ³ /uL	150 - 450
<u>DIFFERENTIAL COUNT</u>					
Polymorphs	Microscopic		64	%	60 - 70
Lymphocytes	Microscopic		31	%	20 - 40
Eosinophils	Microscopic		02	%	1 - 6
Monocytes	Microscopic		03	%	2 - 10
Basophils	Microscopic		00	%	0 - 2
<u>BLOOD INDISES</u>					
HCT	Rbc Histogram		43.2	%	40 - 50
MCV	Calculated		77	fl	80 - 100
MCH	Calculated		24.2	pg	27 - 32
MCHC	Calculated		31.5	g/dl	32 - 36
RDW-CV	Calculated		13.8	%	10 - 16.5

PERIPHERAL SMEAR EXAMINATION

SMEAR RBC Line 1: Normochromic normocytic red cells.

SMEAR Platelets: Adequate

Erythrocyte sedimentation rate

ESR AT 1 hour westergren 04 mm/Hour 00 - 15

Page 2 of 9

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BLOOD GROUP

<u>Test</u>	<u>Result</u>
BLOOD GROUP	: "O"
RH GROUP	: NEGATIVE.

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COMPLETE BLOOD CHEMISTRY

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Normal Range</u>
S. Cholesterol	: 162.57	mg/dl	Desirable : < 200 Borderline High : 200 - 239 High : > 240
Serum Triglycerides	: 200.68	mg/dl	Normal : Normal < 150 Borderline : 150 - 199 High : > 200
HDL Cholesterol	: 42.91	mg/dl	40 - 60 mg/dl
Serum LDL Cholesterol (Calculated)	: 79.52	mg/dl	Up to 150
Cholesterol/HDLC Ratio (Calculated)	: 3.79	mg/dl	Up to 5.0
Serum VLDL Cholesterol (Calculated)	: 40.13	mg/dl	Up to 35
LDLC/HDLC Ratio (Calculated)	: 1.85	mg/dl	Up to 3.4
Total Lipid (Calculated)	: 635.68	mg/dl	400 - 1000 mg/dl
S. Bilirubin (Total)	: 0.77	mg/dl	up to 1.2
S. Bilirubin (Direct)	: 0.19	mg/dl	up to 0.2
S. Bilirubin (Indirect)	: 0.58	mg/dl	up to 1.0
SGOT	: 24.00	U/L	up to 40
SGPT	: 38.02	U/L	up to 42
GGT	: 34.84	U/L	12 - 64
S. Alkaline Phosphatase	: 93.25	U/L	40 - 129
Total Proteins	: 6.41	g/dl	6.0 - 8.3
Albumin	: 4.01	g/dl	3.5 - 5.2
Globulins	: 2.4	g/dl	2.4 - 3.7
AGRATIO	: 1.671		

Signature



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Glycosylated HB - (HBA1C)

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Ref Interval</u>
HBA1C: (Immunoturbidimetric)	5.68	%	Normal : ≤ 5.6 Prediabetes : 5.7 - 6.4 Diabetes : ≥ 6.5 <u>DIABETES CONTROL CRITERIA</u> 6 - 7 : Near Normal Glycemia < 7 : Goal 7 - 8 : Good Control > 8 : Action Suggested
Mean Blood Glucose:	116.3	mg/dl	

Criteria for the diagnosis of diabetes

- HbA1c ≥ 6.5 *
Or
- Fasting plasma glucose >126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.
Or
- Two hour plasma glucose ≥ 200 mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water.
Or.
- In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose ≥ 200 mg/dL. *In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing. American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34;S11.

Limitation of HbA1c

- In patients with Hb variants even analytically correct results do not reflect the same level of glycemic control that would be expected in patients with normal population. 2) Any cause of shortened erythrocyte survival or decreased mean erythrocyte survival or decreased mean erythrocyte age eg. hemolytic diseases, pregnancy, significant recent/chronic blood loss etc. will reduce exposure of RBC to glucose with consequent decrease in HbA1c values. 3) Glycated HbF is not detected by this assay and hence specimens containing high HbF ($>10\%$) may result in lower HbA1c values than expected.

Page 6 of 9



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BLOOD SUGAR LEVEL

Specimen :

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Ref. Interval</u>
Fasting Blood Sugar: (GOD-POD)	90.9	mg/dl	70-110
Post Prandial Blood Glucose: 107.5 (GOD-POD)		mg/dl	100 - 150

American Diabetes Association Reference Range :

Normal : < 100 mg/dl

Impaired fasting glucose(Prediabetes) : 100 - 126 mg/dl

Diabetes : >= 126 mg/dl

Conditions that can result in an elevated blood glucose level include: Acromegaly, Acute stress (response to trauma, heart attack, and stroke for instance), Chronic kidney disease, Cushing syndrome, Excessive consumption of food, Hyperthyroidism, Pancreatitis. A low level of glucose may indicate hypoglycemia, a condition characterized by a drop in blood glucose to a level where first it causes nervous system symptoms (sweating, palpitations, hunger, trembling, and anxiety), then begins to affect the brain (causing confusion, hallucinations, blurred vision, and sometimes even coma and death). A low blood glucose level (hypoglycemia) may be seen with: Adrenal insufficiency, Drinking excessive alcohol, Severe liver disease, Hypopituitarism, Hypothyroidism, Severe infections, Severe heart failure, Chronic kidney (renal) failure, Insulin overdose, Tumors that produce insulin (insulinomas), Starvation.

Page 7 of 9

[Signature]
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URINE EXAMINATION

PHYSICAL :

Colour - **Pale Yellow**
Deposits - **Absent**
Transparency - **Clear**
Reaction - **Acidic**
Sp. Gravity - **1.010**

CHEMICAL :

Albumin - **Absent**
Sugar - **Absent**
Bile Salts - **Absent**
Bile Pigments - **Absent**

MICROSCOPIC: (After centrifugation at 2000 r.p.m. for 5 minutes)

Pus Cells - **Ocassional** /h.p.f.
Red Cells - **Not seen** /h.p.f.
Epithelial Cells - **2 - 3** /h.p.f.
Casts - **Not seen**/l.p.f.
Crystals - **Not seen**
Amorphous - **Not seen**

Page 8 of 9

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Kidney Function Test

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Ref. Interval</u>
S. Uric Acid:	3.51	mg/dl	3.2 - 7.2 mg/dl
Sr. Creatinine:	0.83	mg/dl	0.6 - 1.2 mg/dl
Urea:	31.99	mg/dl	10 - 50 mg/dl
BUN:	14.95	mg%	08 - 23 mg%
Bun/Creat Ratio:	18.01		

Intrinsic renal damage (< 40: 1)

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