



Holistic Health Care

S. R. MEDICAL INSTITUTE & RESEARCH CENTRE

(A Unit of Katyayani Health Care Pvt. Ltd.)
Lauries Complex, Namner Road, Near Sai Ka Takiya X-ing, AGRA-1
Phone : (0562) 4301222 Mob.9359901993



e-mail : srhospital198@gmail.com katyayanisr_group@hotmail.com
website: www.srhospital.org
CIN: U85199UP1997PTC021892

PATHOLOGY REPORT

Balance 3870

Date	22/08/2021	Srl No.	3	Company	OPD
Name	MR. RAJAN	Age	45 Yrs.	Sex	M
Ref. By	C/O BANK OF BARODA				

Test Name	Value	Unit	Reference Value
HAEMATOLOGY			
HAEMOGLOBIN (Hb)	14.3	gm/dl	13.5 - 18.00
TLC (Total Leucocyte Count)	6400	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	50	%	45 - 75
LYMPHOCYTE	45	%	20 - 45
EOSINOPHIL	03	%	1 - 6
MONOCYTE	02	%	1 - 10
R B C (Red Blood Cell Count)	4.65	Millions/cmm	4.2 - 5.4
PLATELET COUNT	288	x10 ³ /uL	150 - 450
HCt (Hematocrit/PCV)	43.5	%	40 - 54
M C V (Mean Corp Volume)	93.548	fL	80.0 - 99.9
M C H (Mean Corp Hb)	30.753	pg	27.0 - 31.0
M C H C (Mean Corp Hb Conc)	32.874	g/DL	33.0 - 37.0
E.S.R. (Wintrobe)	14	mm/lst hr.	0.00 - 20
BLOOD GROUP ABO	'O'		
RH TYPING	POSITIVE		

The upper agglutination tes for grouping has some limitations.
For further confirmation Resverse typing Card (Dia clon ABO/D) Method is suggested.

GLYCATED HAEMOGLOBIN (HbA1c)

INVESTIGATION	OBSERVED VALUE	UNIT
GLYCOSYLATED HAMOGLOBIN (HbA1c)	: . 5.4	%
AVERAGE BLOOD SUGAR	: . 108.28	MG/ DL

Dr. Tanuja Goyal Contd...2

M.B.B.S., M.D. Path
Consultant Pathologist

Not valid for Medicolegal purpose

All tests have Technical Limitations. Colloborative, Clinicopathological Interpretation is indicated in case of disparity test maybe repeated immediately. Report are to be interpreted by qualified medical specialist. In case of any discrepancy due to machine error or typing error, Please get it rectified immediately.



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REFERANGE RANGE (HBA1C) :

GOOD CONTROL	: 4.5 - 6.4 %
FAIR CONTROL	: 6.5 - 7.4 %
POOR CONTROL	: ABOVE 7.5 %

REFERANCE RANGE (AVERAGE BLOOD SUGAR) :

EXCELLENT CONTROL	: 90-120 MG/DL
GOOD CONTROL	: 121-150 MG/DL
AVERAGE CONTROL	: 151-180 MG /DL
ACTION SUGGESTED	: 181-210 MG/DL
PANIC VALUE	: > 211 MG/DL

NOTE : AVERAGGE BLOOD SUGAR VALUES IS CALCULATED FROM HBA1C VALUE AND IT INDICATED AVERAGE BLOOD

BIOCHEMISTRY

BLOOD GLUCOSE FASTING	78.0	mg/dl	70 - 110
BLOOD GLUCOSE PP	92.0	mg/dl	upto to 140
BLOOD UREA	28.7	mg/dl	13 - 45
SERUM CREATININE	0.98	mg/dl	0.7 - 1.4
SERUM URIC ACID	5.42	mg/dl	3.4 - 7.0
SERUM BILIRUBIN	0.75	mg/dl	0.0 - 2.0
CONJUGATED (D. Bilirubin)	0.30	mg/dl	0.00 - 0.2
UNCONJUGATED (I. D. Bilirubin)	0.45	mg/dl	0.00 - 0.7
SGOT/AST	74.5	U/L	0 - 35
SGPT/ALT	165.0	U/L	0 - 40
ALKALINE PHOSPHATASE	85.5	IU/L	25 - 140
Gamma GT	55.4	U/L	10 - 50
TOTAL PROTEIN	7.68	gm/dl	6.4 - 8.0
ALBUMIN	4.07	gm/ dl	3.5 - 5.5

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Ref. By	C/O BANK OF BARODA				

Test Name	Value	Unit	Reference Value
GLOBULIN	3.61	gm/dl	2.3 - 3.6
A/G RATIO	1.127		1.0 - 2.3

LIPID PROFILE

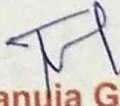
SERUM CHOLESTEROL	170.8	mg/dl	0 - 200
			Normal Risk <200 mg/dl
			Borderline Risk 200-239 mg/dl
			High Risk > 239 mg/dl

SERUM TRIGLYCERIDES	96.0	mg/dl	60 - 165
			Normal Risk <150 mg/dl
			Border Line: 150-199
			High Risk: 200-499
			Very High Risk: >499

HDL CHOLESTEROL	45.4	mg/dl	35 - 79.5
LDL CHOLESTEROL	125.4	mg/dl	100 - 160
VLDL	19.2	mg/dl	0.00 - 35
TOTAL / HDL CHOLESTEROL RATIO	3.762		0.00 - 4.9
LDL / HDL CHOLESTEROL RATIO	2.762		0.00 - 3.5

ENDOCRINOLOGY

THYROID FUNCTION TEST			
TOTAL T3	142	ng/dL	60.00 - 181.00
TOTAL T4	10.3	ug/dL	4.5 - 10.9
THYROID STIMULATING HORMONE (TSH) CLIA	4.05	uIU/mL	0.35 - 5.50


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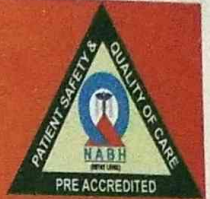
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CANCER MARKER

CANCER MARKERS (VIDAS)

PROSTATIC SPECIFIC ANTIGEN

<u>INVESTIGATION</u>	<u>REPORT BY CLIA</u>	<u>UNIT</u>
	<u>OBSERVED VALUE</u>	
PROSTATIC SPECIFIC ANTIGEN (P.S.A.)	: 0.30	ng/ mL

NORMAL RANGE :		Reference range
AGE	- < 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

Comment : the fact of PSA is unique to prostate tissue makes it a suitable marker for monitoring men with cancer of the prostate. PSA is also useful for determining possible recurrence after therapy. Measurement of serum PSA levels is not recommended as a screening procedure for the diagnosis of cancer because elevated PSA levels also are observed in patients with benign prostatic hypertrophy.

** End of Report **


Dr. Tanuja Goyal

M.B.B.S., M.D. Path
Consultant Pathologist

Reported by : RAM

Checked by :

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ULTRASOUND SCAN REPORT

Name – Rajan Y/ M 26-8-21

REF. BY – B.O.B

LIVER

Is enlarged in size Parenchyma is echogenic finally granular
There are No hypo- or hyperechoic areas seen . Intrahepatic
and extrahepatic vasculature and biliary system is normal
..

G. B. –

are normal .No calculi seen.
C.B.D. is not dilated .no calculas or mass seen.

KIDNEYS –

Both Kidney are normal in size , shape and location .
It is of normal echogenicity. Corticomedullary junction
and pelvicalyceal system are normal . No calculi seen.
No hydronephrotic changes seen...

PANCREAS .

Normal in size , shape and echotexture , Pancreatic
duct is not dilated .

SPLEEN –

Is normal in size ,shape and echotexture.is normal. .

U.B.

Is normal No calculus seen .

No retro-peritoneal mass or Lymphadenopathy seen.
No free fluid seen in peritoneal cavity.

IMPRESSION

Hepatomegaly with Fatty changes in liver.

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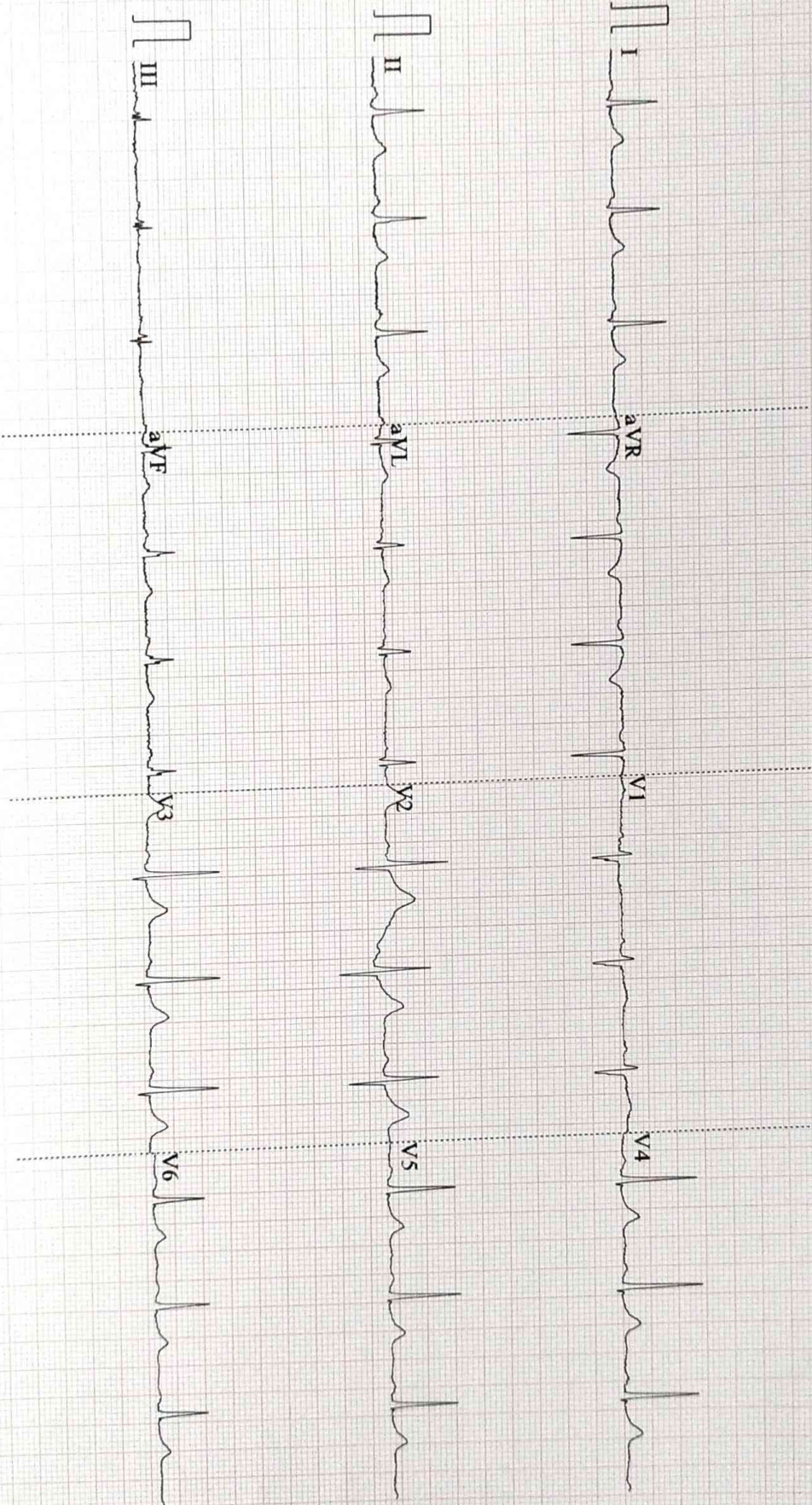
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Female
Age 29Yr
Years

HR	: 80	bpm
P	: 106	ms
PR	: 138	ms
QRS	: 84	ms
QT/QTc	: 372/430	ms
P/QRST	: 51/36/27	°
RV5/SV1	: 1.2/12.0/9.99	mV

Diagnosis Information:
Sinus Rhythm
Marked ST Depression (V1)

Report Confirmed by:



0.67~100Hz AC50 25mm/s 10mm/mV 4*2.5s 80

V2.02 SEMIP V1.7 S R HOSPITAL, NAMNER ROAD, AGRA