

M.D. (Path) Gold Medalist Former Pathologist :

National Accreditation Board For Testing & Calibration Laboratories Garden House Colony, Near Nai Sarak, Garh Road, Meerut

St. Stephan's Hospital, Delhi

Ph.: 0121-2600454, 8979608687, 9837772828

PUID : 220313/601 C. NO:

601 **Collection Time** : 13-Mar-2022 9:12AM

Patient Name Referred By

: Mr. SHUBHAM AGARWAL 30Y / Male

Receiving Time ¹ 13-Mar-2022 9:17AM

: Dr. BANK OF BARODA Sample By

Reporting Time

: 13-Mar-2022 1:28PM : Garg Pathology Lab - TPA

Organization

Centre Name

Investigation Units **Biological Ref-Interval** Results

HAEMATOLOGY (EDTA WHOLE BLOOD)

COMPLETE BLOOD COUNT			
HAEMOGLOBIN	15.1	gm/dl	13.0-17.0
(Colorimetry)			
TOTAL LEUCOCYTE COUNT	6490	*10^6/L	4000 - 11000
(Electric Impedence)			
DIFFERENTIAL LEUCOCYTE COUNT			
(Microscopy)			
Neutrophils	66	%.	40-80
Lymphocytes	27	%.	20-40
Eosinophils	05	%.	1-6
Monocytes	02	%.	2-10
Basophils	00	%.	<1-2
Band cells	00	%	0-5
Absolute neutrophil count	4.28	x 10^9/L	2.0-7.0(40-80%
Absolute lymphocyte count	1.75	x 10^9/L	1.0-3.0(20-40%)
Absolute eosinophil count	0.32	x 10^9/L	0.02-0.5(1-6%)
Method:-((EDTA Whole blood,Automated /			
ESR (Autometed Wsetergren`s)	10	mm/1st hr	0.0 - 10.0
RBC Indices			
TOTAL R.B.C. COUNT	5.10	Million/Cumm	4.5 - 6.5
(Electric Impedence)			
Haematocrit Value (P.C.V.)	44.8	%	26-50
MCV	87.8	fL	80-94
(Calculated)			
MCH	29.6	pg	27-32
(Calculated)			



*THIS TEST IS NOT UNDER NABL SCOPE

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Certified by

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MCHC	33.7	g/dl	30-35
(Calculated)			
RDW-SD	46.0	fL	37-54
(Calculated)			
RDW-CV	12.8	%	11.5 - 14.5
(Calculated)			
Platelet Count	2.71	/Cumm	1.50-4.50
(Electric Impedence)			
MPV	10.2	%	7.5-11.5
(Calculated)			
GENERAL BLOOD PICTURE			
NLR	2.44		1-3
6-9 Mild stres			
7-9 Pathological cause			

- -NLR can be a useful tool to sort out patients who are sicker, compared to those who are less sick (its not specific to infection).

-NLR is a reflection of physiologic stress, perhaps tied most directly to cortisol and catecholamine levels.

- -NLR has proven more useful than white blood cell count (WBC) when the two are directly compared. Ultimately, NLR may be a logical replacement for the WBC. In some situations, NLR is competitive with more expensive biomarkers (e.g. procalcitonin, lactate).
- -With specific clinical contexts (e.g. pancreatitis, pulmonary embolism), NLR may have surprisingly good prognostic value.

BLOOD GROUP *

"B" POSITIVE

\$



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Dr. Monika Garg MBBS, MD(Path)





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Centre Name

Biological Ref-Interval

5.0

Results

GLYCATED HAEMOGLOBIN (HbA1c)* ESTIMATED AVERAGE GLUCOSE

96.8

% ma/dl

Units

4.3-6.3

EXPECTED RESULTS:

Non diabetic patients & Stabilized diabetics : 4.3% to 6.30%

> Good Control of diabetes : 6.4% to 7.5% Fair Control of diabetes : 7.5% to 9.0% Poor Control of diabetes 9.0 % and above

- -Next due date for HBA1C test: After 3 months
- -High HbF & Trig.level, iron def.anaemia result in high GHb
- -Haemolyic anemia, presence of HbS, HbC and other Haemoglobinopathies may produce low values. three months.

INTERPRETATION: HbA1c is an indicator of glycemic control. HbA1c represents average glycemia over the past six to eight weeks. Glycation of hemoglobin occurs over the entire 120 day life span of the red blood cell, but with in this 120 days. Recent glycemia has the largest influence on the HbA1c value. Clinical studies suggest that a patient in stable control will have 50% of their HbA1c formed in the month before sampling, 25% in the month before that, and the remaining 25% in months two to four. Mean Plasma Glucose mg/dl = (HbA1c x 35.6) - 77.3) Correlation between HbA1c and Mean Plasma Glucose (MPG) is not "perfect" but rather only this means that to predict or estimate average glucose from Hb-A1c or vice-versa is not "perfect" but gives a good working ballpark estimate. Afternoon and evening results correlate more closely to HbA1c than morning results, perhaps because morning fasting glucose levels vary much more than daytime glucose levels, which are easier to predict and control. As per IFCC recommendations 2007, HbA1c being reported as above maintaining traceability to both IFCC (mmol/mol) & NGSP (%) units.

BIOCHEMISTRY (FLORIDE)

PLASMA SUGAR FASTING	97.8	mg/dl	70 - 110
(GOD/POD method)			
PLASMASUGAR P.P.	120.0	mg/dl	80-140
(GOD/POD method)			
	BIOCHEMISTRY (SERU	JM)	
SERUM CREATININE	0.8	mg/dl	0.6-1.4
(Enzymatic)			
BLOOD UREA NITROGEN	9.90	mg/dL.	8-23



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Reporting Time Referred By : Dr. BANK OF BARODA : 13-Mar-2022 11:50AM : Garg Pathology Lab - TPA Sample By **Centre Name**

Organization

Organization -			
Investigation	Results	Units	Biological Ref-Interval
LIVER FUNCTION TEST			
SERUM BILIRUBIN			
TOTAL	0.9	mg/dl	0.1-1.2
(Diazo)			
DIRECT	0.3	mg/dl	<0.3
(Diazo)			
INDIRECT	0.6	mg/dl	0.1-1.0
(Calculated)			
S.G.P.T.	45.1	U/L	8-40
(IFCC method)			
S.G.O.T.	40.1	U/L	6-37
(IFCC method)			
SERUM ALKALINE PHOSPHATASE	101.0	IU/L.	50-126
(IFCC KINETIC)			
SERUM PROTEINS			
TOTAL PROTEINS	6.8	Gm/dL.	6-8
(Biuret)			
ALBUMIN	3.8	Gm/dL.	3.5-5.0
(Bromocresol green Dye)			
GLOBULIN	3.00	Gm/dL.	2.5-3.5
(Calculated)			
A : G RATIO	1.27		1.5-2.5
(Calculated)			



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Reporting Time Centre Name

: Garg Pathology Lab - TPA

Investigation	Results	Units	Biological Ref-Interval

PSA* 0.625 ng/ml

ECLIA

NORMAL VALUE

Age (years)	Medain (ng/ml)
<49	<2.0
50-59	<3.5
60-69	<4.5
70-79	<6.5



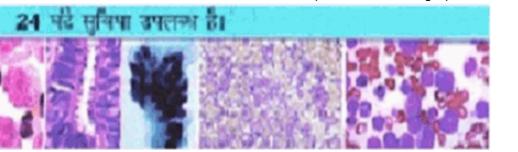
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Investigation	Results	Units	Biological Ref-Interval
LIPID PROFILE			
SERUM CHOLESTEROL	160.0	mg/dl	150-250
(CHOD - PAP)			
SERUM TRIGYCERIDE	111.8	mg/dl	70-150
(GPO-PAP)			
HDL CHOLESTEROL *	42.8	mg/dl	30-60
(PRECIPITATION METHOD)			
VLDL CHOLESTEROL *	22.4	mg/dl	10-30
(Calculated)			
LDL CHOLESTEROL *	94.8	mg/dL.	0-100
(Calculated)			
LDL/HDL RATIO *	02.2	ratio	<3.55
(Calculated)			
CHOL/HDL CHOLESTROL RATIO*	3.7	ratio	3.8-5.9
(Calculated)			

Interpretation:

NOTE:

Lipid Profile Ranges As PER NCEP-ATP III:

SERUM CHOESTEROL : Desirable : < 200 Borderline : 200 - 239 Elevated :> 240 mg/dl HDLCHOLESTEROL Desirable : > 60 Borderline : 40- 60 Decreased :< 40 mg/dl LDL CHOLESTEROL Desirable: 100 mg/dl, Borderline: 100-159 Elevated: >160 mg/dl : Desirable: 150 Borderline: 150-199 High: 200 - 499 Very High: >500 Triglycerides

Friedwald Equation, VLDL & LDL values are not applicable for triglyceride > 400 mg/dl.



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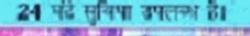
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^{*}Paitient Should be Fast overnight For Minimum 12 hours and normal diet for one week*



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Investigation	Results	Units	Biological Ref-Interval
THYRIOD PROFILE*			
Triiodothyronine (T3) *	1.265	ng/dl	0.79-1.58
(ECLIA)			
Thyroxine (T4) *	5.065	ug/dl	4.9-11.0
(ECLIA)			
THYROID STIMULATING HORMONE (TSH) *	7.890	uIU/ml	0.38-5.30
(ECLIA)			

Hyperthyroid patient have suppressed TSH values, with the exception of those few individuals whos have hyperthyroidism caused by TSH producing pituitary tumor or other rare disordes such as pituitary resistance to thyroid hormones. Subclinical hyperthyroidism is defined as low TSH with levels of T4 and T3 within the reference interval. In most patients with hypothyroidism, serum TSH results are markedly elevated, but results are low in individuals with hypothyroidism caused by pituitary or hypothalamic disorders. An important cause of both incresed and decreased TSH results is NTI. Patients with NTI tend to have low TSH results during their acute illness ,then TSH rises to within or above the reference range with resolution of the underlying illness, and finally returns to within the reference range. The situation is complicated because drugs, including glucagon and dopamine, suppress TSH. Sensitive TSH assays are helpful in evaluation of treatment with thyroid hormone both for replacement therapy and suppressive doses for malignant thyroid disease.

SERUM CALCIUM mg/dl 9.2-11.0 9.8

(Arsenazo)

BIOCHEMICAL EXAMINATION

URIC ACID 4.5 mg/dL. 3.6-7.7



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Clear

1.000-1.030

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ml

: 13-Mar-2022 10:59AM : Garg Pathology Lab - TPA

Centre Name

Units Investigation **Biological Ref-Interval** Results

URINE

PHYSICAL FXAMIN	
	14 1 11 1181

Volume

: Dr. BANK OF BARODA

Pale Yellow

30

Colour **Appearance**

Clear Specific Gravity 1.015

PH (Reaction) Acidic

BIOCHEMICAL EXAMINATION

Nil Protein Nil Nil

Sugar Nil

MICROSCOPIC EXAMINATION

Red Blood Cells /HPF Nil Nil Pus cells /HPF 0-2 2-3 /HPF **Epithilial Cells** 1-3 1-2

Crystals Nil Casts Nil

@ Special Examination

Bile Pigments Absent Blood Nil Bile Salts Absent

-----{END OF REPORT }-----



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