



# Dept. of Pathology

(For Report Purpose Only)



PRN : 110384  
Patient Name : Mr. SHINDE RAJU ANNARAO  
Age/Sex : 31Yr(s)/Male  
Company Name : BANK OF BARODA  
Referred By : Dr.HOSPITAL PATIENT

Lab No : 6581  
Req.No : 6581

Collection Date & Time : 27/08/2022 09:39 AM  
Reporting Date & Time : 27/08/2022 02:25 PM  
Print Date & Time : 27/08/2022 02:33 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
<b>HAEMATOLOGY</b>			
<b>HAEMOGRAM</b>			
HAEMOGLOBIN (Hb)	: 15.5	GM/DL	Male : 13.5 - 18.0 Female : 11.5 - 16.5
PCV	: 47.8	%	Male : 40 - 54 Female : 37 - 47
RBC COUNT	: 5.60	Million/cu mm	Male : 4.5 - 6.5 Female : 3.9 - 5.6
M.C.V	: 85.4	cu micron	76 - 96
M.C.H.	: 27.7	pg	27 - 32
M.C.H.C	: 32.4	picograms	32 - 36
RDW-CV	: 12.9	%	11 - 16
WBC TOTAL COUNT	: 7190	/cumm	ADULT : 4000 - 11000 CHILD 1-7 DAYS : 8000 - 18000 CHILD 8-14 DAYS : 7800 - 16000 CHILD 1MONTH-<1YR : 4000 - 10000
PLATELET COUNT	: 332000	cumm	150000 - 450000
<b>WBC DIFFERENTIAL COUNT</b>			
NEUTROPHILS	: 50	%	ADULT : 40 - 70 CHILD : 20 - 40
ABSOLUTE NEUTROPHILS	: 3595	µL	2000 - 7000
LYMPHOCYTES	: 37	%	ADULT : 20 - 40 CHILD : 40 - 70
ABSOLUTE LYMPHOCYTES	: 2660.30	µL	1000 - 3000
EOSINOPHILS	: 04	%	01 - 04
ABSOLUTE EOSINOPHILS	: 287.60	µL	20 - 500
MONOCYTES	: 09	%	02 - 08
ABSOLUTE MONOCYTES	: 647.10	µL	200 - 1000
BASOPHILS	: 00	%	00 - 01
ABSOLUTE BASOPHILS	: 0	µL	0 - 100

Technician

Report Type By :- PRITAM WAGHMARE

Dr. POONAM KADAM  
MD (Microbiology), Dip.Pathology &  
Bacteriology (MMC-2012/03/0668)  
Pathologist

For Free Home Collection Call : 9545200011



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RBC MORPHOLOGY	: Normocytic Normochromic		
WBC MORPHOLOGY	: Within Normal Limits		
PLATELETS	: Adequate		
PARASITES	: Not Detected		
Method : Processed on 5 Part Fully Automated Blood Cell Counter - sysmex XS-800i.			

**ESR**  
 ESR MM ( AT The End of 1 Hr.) By : 08 mm/hr  
 Westergren Method  
 Male : 0 - 15  
 Female : 0 - 20

\*\*\*END OF REPORT\*\*\*

*[Signature]*  
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### HAEMATOLOGY

#### BLOOD GROUP

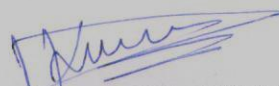
BLOOD GROUP : "B"  
RH FACTOR : POSITIVE

NOTE : This is for your information.No transfusion / therapeutic intervention is done without confirmation of blood group by concerned authorities.In case of infants less than 6 months,suggested to repeat Blood Group after 6 months of age for confirmation. Kindly confirm the Negative Blood Group by reverse blood grouping (Tube method).

\*\*\*END OF REPORT\*\*\*

  
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### BIOCHEMISTRY

#### BSL-F & PP

Blood Sugar Level Fasting	: 87	MG/DL	60 - 110
Blood Sugar Level PP	: 88	MG/DL	70 - 140

#### RFT (RENAL FUNCTION TEST)

##### BIOCHEMICAL EXAMINATION

UREA (serum)	: 20	MG/DL	0 - 45
UREA NITROGEN (serum)	: 9.34	MG/DL	7 - 21
CREATININE (serum)	: 0.7	MG/DL	0.5 - 1.5
URIC ACID (serum)	: 7.5	MG/DL	Male : 3.4 - 7.0 Female : 2.4 - 5.7


#### SERUM ELECTROLYTES

SERUM SODIUM	: 141	mEq/L	136 - 149
SERUM POTASSIUM	: 4.3	mEq/L	3.8 - 5.2
SERUM CHLORIDE	: 104	mEq/L	98 - 107

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### BIOCHEMISTRY

#### LIPID PROFILE

CHOLESTEROL (serum)	: 226	MG/DL	Male : 120 - 240 Female : 110 - 230
TRIGLYCERIDE (serum)	: 145	MG/DL	0 - 150
HDL (serum)	: 26	MG/DL	Male: : 42 - 79.5 Female: : 42 - 79.5
LDL (serum)	: 175	MG/DL	0 - 130
VLDL (serum)	: 29	MG/DL	5 - 51
CHOLESTROL/HDL RATIO	: 8.69		Male : 1.0 - 5.0 Female: : 1.0 - 4.5
LDL/HDL RATIO	: 6.73		Male : <= 3.6 Female : <=3.2

#### NCEP Guidelines

	Desirable	Borderline	Undesirable
Total Cholesterol (mg/dl)	Below 200	200-240	Above 240
HDL Cholesterol (mg/dl)	Above 60	40-59	Below 40
Triglycerides (mg/dl)	Below 150	150-499	Above 500
LDL Cholesterol (mg/dl)	Below 130	130-160	Above 160

Suggested to repeat lipid profile with low fat diet for 2-3 days prior to day of test and abstinence from alcoholic beverages if applicable. Cholesterol & Triglycerides reprocessed , & confirmed.

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<b>BIOCHEMISTRY</b>			
<b>CALCIUM</b>			
CALCIUM (serum)	: 9.86	MG/DL	8.4 - 10.4
<b>LFT ( Liver function Test )</b>			
BILIRUBIN TOTAL (serum)	: 0.7	MG/DL	INFANTS : 1.2 - 12.0 ADULT : 0.1 - 1.2
BILIRUBIN DIRECT (serum)	: 0.3	MG/DL	ADULT & INFANTS : 0.0 - 0.4
BILIRUBIN INDIRECT (serum)	: 0.40	MG/DL	0.0 - 1.0
S.G.O.T (serum)	: 29	IU/L	5 - 40
S.G.P.T (serum)	: 36	IU/L	5 - 40
ALKALINE PHOSPHATASE (serum)	: 84	IU/L	CHILD BELOW 6 YRS : 60 - 321 CHILD : 67 - 382 ADULT : 36 - 113
PROTEINS TOTAL (serum)	: 7.4	GM/DL	6.4 - 8.3
ALBUMIN (serum)	: 4.0	GM/DL	3.5 - 5.7
GLOBULIN (serum)	: 3.40	GM/DL	1.8 - 3.6
A/G RATIO	: 1.18		1:2 - 2:1

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### ENDOCRINOLOGY

#### TFT (THYROID FUNCTION TEST)

T3-Total (Tri iodothyronine)	: 1.33	ng/mL	0.970 - 1.69
T4 - Total (Thyroxin)	: 9.21	µg/dL	5.53 - 11.0
Thyroid Stimulating Hormones (Ultra TSH)	: 3.65	µIU/mL	0.465 - 4.68

#### NOTE:-

Three common ways in which there may be inadequate amounts of the thyroid hormone for normal metabolism. Primary hypothyroidism, in which there is a raised TSH & a low T3. This is due to failure of the thyroid gland, possibly due to autoantibody disease, possibly due to toxic stress or possibly due to iodine deficiency. The second, the most common cause of thyroid failure, occurs at the pituitary level. In this condition there is inadequate thyroid stimulating hormone (TSH) produced from the pituitary and so one tends to see low or normal TSH, low T4s and variable T3s. This condition is most common in many patients with chronic fatigue syndrome, where there is a general suppression of the hypothalamic-pituitary-adrenal axis. The third type of under-functioning is due to poor conversion of there are normal or possibly slightly raised levels of TSH, normal levels of T4 but low levels of thyroid problem routinely TSH, a Free T4 and a Free T3 are also advisable. Any patients who are taking T3 as part of their thyroid supplement need to have their T3 levels monitored as well as T4. T3 is much more quickly metabolized than T4 and blood tests should be done between 4-6 hours after their morning dose.

The Guideline for pregnancy reference ranges for total T3, T4, Ultra TSH Level in pregnancy

	Total T3	Total T4	Ultra TSH
First Trimester	0.86 - 1.87	6.60 - 12.4	0.30 - 4.50
2 nd Trimester	1.0 - 2.60	6.60 - 15.5	0.50 - 4.60
3 rd Trimester	1.0 - 2.60	6.60 - 15.5	0.80 - 5.20


The guidelines for age related reference ranges for T3, T4, & Ultra TSH

	Total T3	Total T4	Ultra TSH
Cord Blood	0.30 - 0.70	1-3 day 8.2-19.9	Birth- 4 day: 1.0-38.9
New Born	0.75 - 2.60	1 Week 6.0-15.9	2-20 Week : 1.7-9.1
1-5 Years	1.0-2.60	1-12 Months 6.8 - 14.9	20 Week- 20 years 0.7 - 6.4
5-10 Years	0.90 - 2.40	1-3 Years 6.8-13.5	
10-15 Years	0.80 - 2.10	3-10 Years 5.5-12.8	

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### BIOCHEMISTRY

#### HbA1C- GLYCOSYLATED -HB

HbA1C : 5.73

%

Good Control : : 5.5 - 6.7  
Fair Control : : 6.8 - 7.6  
Poor Control : : >7.6

#### Instrument: COBAS C 111

The HbA1C determination is based on turbidimetric inhibition immunoassay (TNIA) for hemolysed whole blood on Cobas c111 system.

#### NOTE :

1. The HbA1C test shows your average blood sugar for last 3 months.
2. The HbA1C test does not replace your day-to-day monitoring of blood glucose.  
Use this test result along with your daily test results to measure your overall diabetes control.

#### How does HbA1C works ?

The HbA1C test measures the amount of **sugar that attaches to protein** in your red blood cells. RBCs live for about 3 months, so this test shows your average blood sugar levels during that time. Greater the level of sugar & longer it is high, the more sugar that will attach to RBCs.

#### Why is this test so important ?

Research studies demonstrated that **the closer to normal your HbA1C level was, the less likely your risk of developing the long- term complications of diabetes.** Such problems include eye disease and kidney problems.

#### Who should have the HbA1c test done ?

Everyone with diabetes can benefit from taking this test. Knowing your HbA1C level helps you and your doctor decide if you need to change your diabetes management plan.

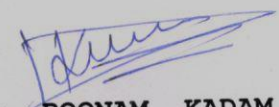
#### How often should you have a HbA1C test ?

You should have this test done when you are first diagnosed with diabetes. Then at least twice a year if your treatment goals are being met & blood glucose control is stable. More frequent HbA1C testing (4 times / year) is recommended if your blood glucose management goals.

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## CLINICAL PATHOLOGY

### URINE ROUTINE

#### PHYSICAL EXAMINATION

QUANTITY : 20 ML  
COLOUR : PALE YELLOW  
APPEARANCE : SLIGHTLY HAZY  
REACTION : ACIDIC  
SPECIFIC GRAVITY : 1.030

#### CHEMICAL EXAMINATION

PROTEIN : ABSENT  
SUGAR : ABSENT  
KETONES : ABSENT  
BILE SALTS : ABSENT  
BILE PIGMENTS : ABSENT  
UROBILINOGEN : NORMAL

#### MICROSCOPIC EXAMINATION

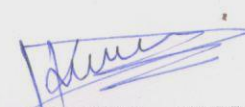
PUS CELLS : 1-2 /hpf  
RBC CELLS : ABSENT / hpf  
EPITHELIAL CELLS : 3-4 /hpf  
CASTS : ABSENT /hpf  
CRYSTALS : ABSENT  
OTHER FINDINGS : ABSENT  
BACTERIA : ABSENT

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**Dept. of Radiology**  
(For Report Purpose Only)



REQ. DATE : 27-AUG-2022                      REP. DATE : 27-AUG-2022  
NAME : MR. SHINDE RAJU ANNARAO  
PATIENT CODE : 110384                      AGE/SEX : 31 YR(S) / MALE  
REFERRAL BY : HOSPITAL PATIENT

**USG ABDOMEN AND PELVIS**

**OBSERVATION :**

**Liver** : Is normal in size (12.9 cm), shape & bright in echotexture. No focal lesion / IHBR dilatation.

**CBD & PV** : Normal in caliber.

**G.B.** : Moderately distended, Normal.

**Spleen** : Is normal in size (10.4 cm) , shape & echotexture. No focal lesion.

**Pancreas** : Normal in size, shape & echotexture.

**Both kidneys** are normal in size, shape & echotexture, CMD maintained. No calculus/ hydronephrosis / hydroureter on either side.

Right kidney measures : 10.0 x 4.0 cm.

Left kidney measures : 9.2 x 4.6 cm.

**Urinary bladder** : Moderately distended, normal.

**Prostate** : is normal in size, shape and echotexture. No focal lesion seen.

No demonstrable small bowel / RIF pathology.

No ascites / lymphadenopathy.

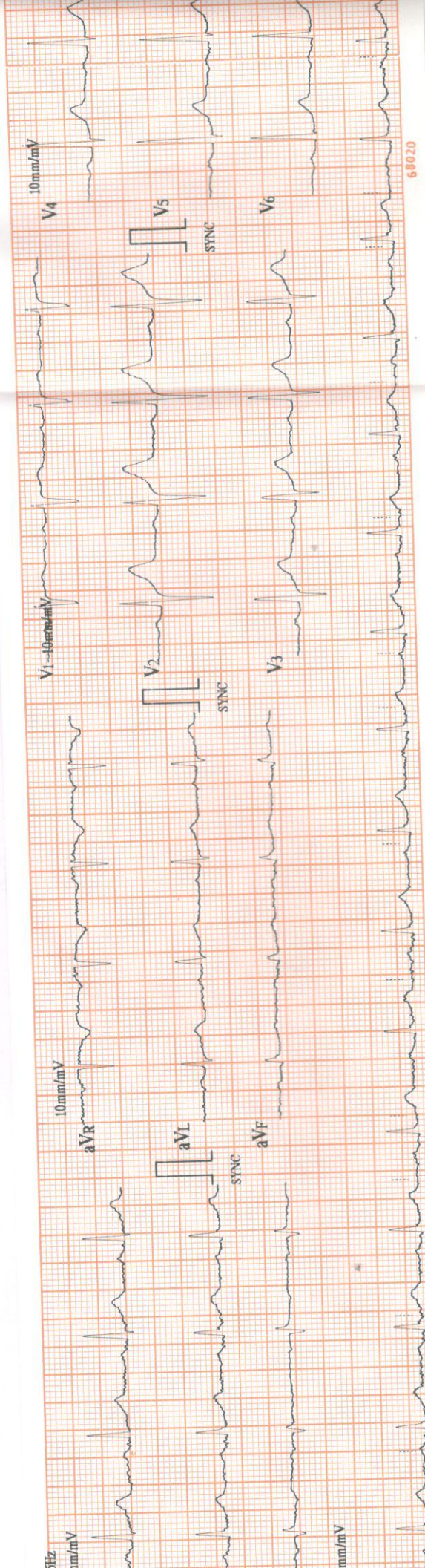
**IMPRESSION :**

**Grade I fatty liver.**

- Kindly correlate clinically.

**Dr. PIYUSH YEOLE**  
**(MBBS, DMRE)**  
**CONSULTANT RADIOLOGIST**





05: V1-010 2011-05-08 00:22 GE BU1493/1164

66020