



Patient Name : MR. RABINDRANATH MALLICK
Age / Gender : 47 years / Male
Patient ID : 22164

Referral : MED/ WHEEL
Collection Time : 27/07/2024, 12:07 PM
Reporting Time : 28/07/2024, 02:49 PM
Sample ID :



Test Description	Value(s)	Reference Range	Unit
Thyroid Profile (T3, T4, TSH)			
T3-Total Method : CLIA	1.24	0.87 - 2.73	ng/dL
T4-Total Method : CLIA	8.36	6.09 - 12.23	ug/dL
TSH-Ultrasecutive Method : CLIA	2.11	0.45 - 4.50	uIU/mL

Interpretation

TSH	T3	T4	Suggested Interpretation for the Thyroid Function Tests Pattern
Raised	Within range	Within range	Raised Within Range Within Range, Isolated High TSH (especially in the range of 4.3 to 13 m IU/ml) is commonly associated with Physiological & Biological TSH Variability, Subclinical Autoimmune Hypothyroidism, Intermittent T4 therapy for hypothyroidism, Recovery phase after Non-Thyroidal illness*
Raised	Decreased	Decreased	Classic Autoimmune Thyroiditis Post thyroidectomy, Post radioiodine Hyperthyroid phase of transient thyroiditis*
Raised or within range	Raised	Raised or within range	Interfering antibodies to thyroid hormones (anti-TPO antibodies) intermittent T4 therapy or T4 overdose, *Drug interference- Amiodarone, Hepatic, Beta blockers, steroids, anti-epileptics.
Decreased	Raised or within range	Raised or within range	Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & Range Range associated with Non-Thyroidal illness, Subclinical Hyperthyroidism, Thyroxine ingestion†
Decreased	Decreased	Decreased	Central Hypothyroidism, Non-Thyroidal illness, Recent treatment for Hyperthyroidism (TSH remains suppressed)†
Decreased	Raised	Raised	Primary Hyperthyroidism (Graves' disease), Multinodular goitre, Toxic nodule, *Transient thyrotoxic Periodic paralysis, Silent lymphoproliferative, Postnatal (granulomatous, subacute, DeQuervain's), Gestational Thyrotoxicosis with hyperemesis gravidarum*
Decreased Within Range	Raised	Within range	T3 toxicosis *Non-Thyroidal illness.
Within range	Decreased	Within range	Isolated Low T3 -often seen in elderly & associated Non-Thyroidal illness in elderly the drop in T3 level can be upto 25%.

END OF REPORT

Prabha
Lab Technician

K. Sahoo

Dr. Kundan Kumar Sahoo
CONSULTANT PATHOLOGIST /
MICROBIOLOGIST

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Zena Healthcare Services

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Page 1 of 1



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Sample ID :



Test Description	Value(s)	Reference Range	Unit
Lipid Profile			
Cholesterol-Total <small>Method : Spectrophotometry</small>	166.06	Desirable level < 200 Borderline High 200-239 High ≥ 240	mg/dL
Triglycerides <small>Method : Serum, Enzymatic, endpoint</small>	210.54	Normal: < 150 Borderline High: 150-199 High: 200-499 Very High: ≥ 500	mg/dL
HDL Cholesterol <small>Method : Serum, Direct measure-PEG</small>	41.51	Normal: > 40 Major Risk for Heart: < 40	mg/dL
LDL Cholesterol <small>Method : Enzymatic selective precipitation</small>	82.44	Optimal < 100 Near / Above Optimal 100-129 Borderline High 130-159 High 160-189 Very High ≥ 190	mg/dL
VLDL Cholesterol <small>Method : Serum, Enzymatic</small>	42.11	6 - 38	mg/dL
CHOL/HDL Ratio <small>Method : Serum, Enzymatic</small>	4.00	3.5 - 5.0	
LDL/HDL Ratio <small>Method : Serum, Enzymatic</small>	1.99	2.5 - 3.5	

Note:
8-10 hours fasting sample is required.

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Page 1 of 1



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25296

Test Description	Value(s)	Reference Range	Unit
LFT, Liver Function Test			
Bilirubin - Total Method : Serum, Jendrassik Greif	0.65	0.00 - 1.00	mg/dL
Bilirubin - Direct Method : Serum, Diazonation	0.17	0.00 - 0.20	mg/dL
Bilirubin - Indirect Method : Serum, Calculated	0.48	0.10 - 0.80	mg/dL
SGOT Method : Serum, UV with PSP, DCC 37 degree	18.29	8 - 33	U/L
SGPT Method : Serum, UV with PSP, DCC 37 degree	26.74	3 - 35	U/L
GOT-Gamma Glutamyl Transpeptidase Method : Serum, G-gutamyl-carboxy-orthoamide	8.45	< 55	U/L
Alkaline Phosphatase Method : PNPP-AMP Buffer/Kinetic	82.47	53-128	U/L
Total Protein Method : Serum, Biuret, reagent blank end point	7.36	6.60 - 8.70	g/dL
Albumin Method : Serum, Bromocresol green	4.15	3.50 - 5.30	g/dL
Globulin Method : Serum, EIA	3.21	2.00-3.50	g/dL
A/G Ratio Method : Serum, EIA	1.29	1.2 - 2.2	

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Lab Technician

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Page 1 of 1



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Reporting Time : 28/07/2024, 02:50 PM

Sample ID :



25296

Test Description	Value(s)	Reference Range	Unit
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HbA1c, Glycosylated Hemoglobin

HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD	5.28		%
Method : (HPLC, NGSP certified)			
Estimated Average Glucose :	104.84		mg/dL

Interpretation

As per American Diabetes Association (ADA)	
Reference Group	HbA1c in %
Non diabetic adults >=18 years	<5.7
At risk (Prediabetes)	5.7 - 6.4
Diagnosing Diabetes	>= 6.5
Therapeutic goals for glycemic control	Age > 19 years Goal of therapy: < 7.0 Action suggested: > 8.0 Age < 19 years Goal of therapy: <7.5

Note:

1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled .
2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

Comments

HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

ADA criteria for correlation between HbA1c & Mean plasma glucose levels.

HbA1c(%)	Mean Plasma Glucose (mg/dL)
6	126
7	154
8	183
9	212

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Page 1 of 2



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25296

Test Description	Value(s)	Reference Range	Unit
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10	240
11	269
12	298

Glucose, Fasting (FBS)

Glucose fasting Method : Fluoride Plasma-F, Hexokinase	81.08	75 - 115	mg/dL
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Glucose, Post Prandial (PP)

Blood Glucose-Post Prandial Method : Hexokinase	121.58	70 - 140	mg/dL
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Creatinine

Creatinine Method : Serum, Jaffe	0.86	0.6 - 1.5	mg/dL
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Uric acid, Serum

Uric Acid Method : Uricase, Colorimetric	5.37	3.4 - 7.0	mg/dL
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BUN, Serum

BUN-Blood Urea Nitrogen Method : Serum, Urease	11	06 - 24	mg/dL
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Lab technician



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25296

Test Description	Value(s)	Reference Range	Unit
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Blood Group ABO & Rh Typing, Blood

Blood Group (ABO typing)

Method : Manual Hemagglutination

"B"

RhD Factor (Rh Typing)

Method : Manual Hemagglutination

Positive

ESR, Erythrocyte Sedimentation Rate

ESR - Erythrocyte Sedimentation Rate

15

0 - 15

mm/hr

Method : EDTA Whole Blood, Manual Westergren

Interpretation:

- It indicates presence and intensity of an inflammatory process. It does not diagnose a specific disease. Changes in the ESR are more significant than the abnormal results of a single test.
- It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis and polymyalgia rheumatica.
- It is also increased in pregnancy, multiple myeloma, menstruation, and hypothyroidism.

END OF REPORT

Lab Technician

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Test Description	Value(s)	Reference Range	Unit
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Urine(R/M) Routine Examination of Urine

General Examination

Colour	PALE YELLOW	Pale Yellow	
Transparency (Appearance)	CLEAR	Clear	
Deposit	Absent	Absent	
Reaction (pH)	Acidic 5.5	4.5 - 7.0	
Specific gravity	1.005	1.005 - 1.030	

Chemical Examination

Urine Protein (Albumin)	Absent	Absent	
Urine Glucose (Sugar)	Absent	Absent	

Microscopic Examination

Red blood cells	Absent	0-4	/hpf
Pus cells (WBCs)	0 - 5 /HPF	0-9	/hpf
Epithelial cells	1 - 2 /HPF	0-4	/hpf
Crystals	Absent	Absent	
Cast	Absent	Absent	
Bacteria	Absent	Absent	

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Page 1 of 1

ID 2418 CASE RABINDRA MALICK
AGE 47 Y M D

27/07/2024 08 55 08
ZENA HEAL TH CARE
PLOT -119, SAHIDNAGAR, BHUBANESWAR

Rate 60 bpm SINUS RHYTHM
 KUB
 P-R-T 871 ms
 P-QRS 122 ms
 QRS-T 86 ms
 QT 372 ms
 QTc 386 ms

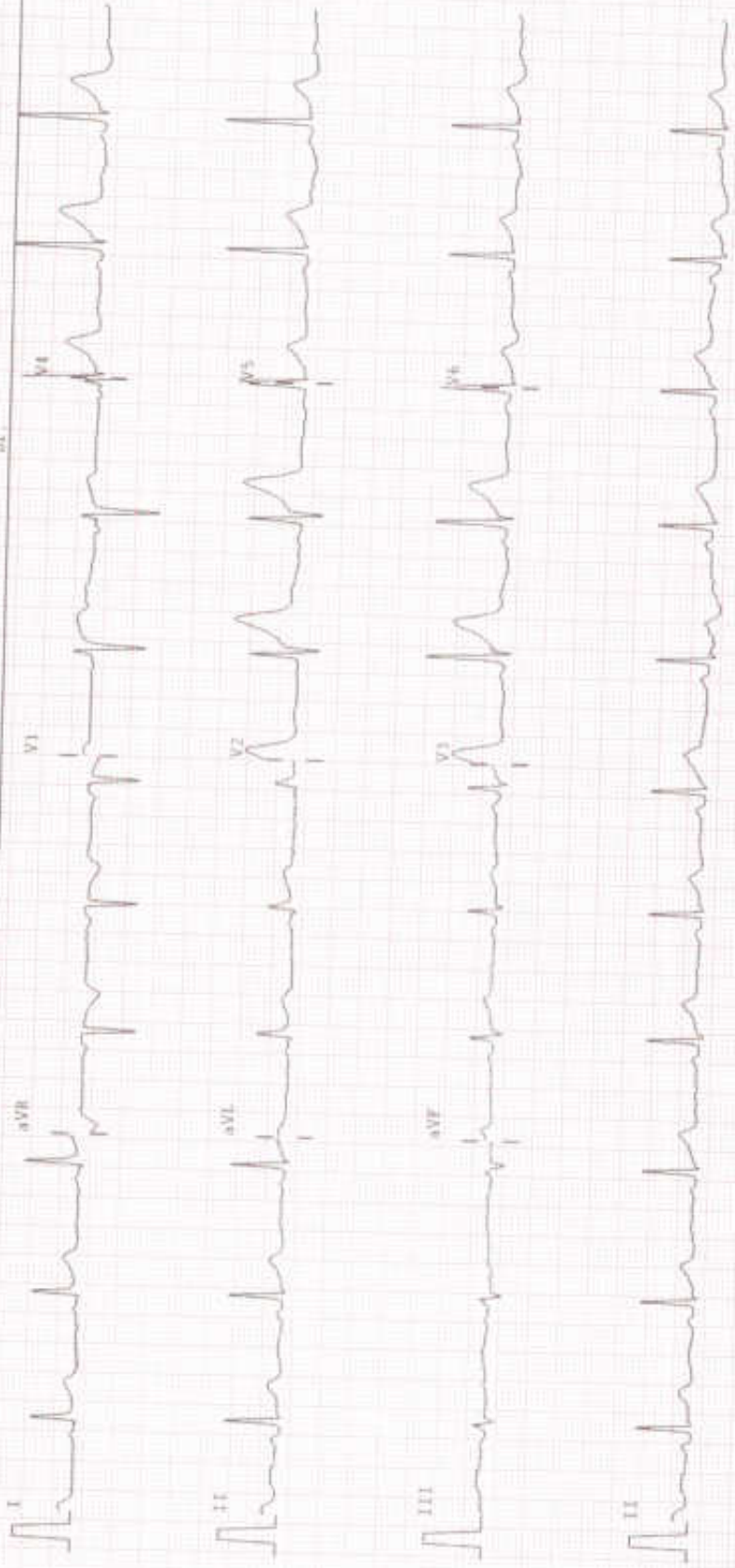
PRAXIS
 P 55
 QRS 26
 T 29

NORMAL ECG

12 LEAD REPORT FORMAT 3x6+11 50

8KF

Dr.





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Reporting Time : 29/07/2024, 08:53 PM

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25296

Test Description	Value(s)	Reference Range	Unit
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PSA (Prostate Specific Antigen)-Total

PSA- Prostate Specific Antigen*

0.34

0 - 4

ng/mL

INTERPRETATION :

Prostate-specific antigen (PSA) is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. PSA exists in serum mainly in two forms, complexed to alpha-1-anti-chymotrypsin (PSA-ACT complex) and unbound (free PSA). Increases in prostatic glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels. Transient increase in PSA can also be seen following per rectal digital or sonological examinations.

Note: Patients on Biotin supplement may have interference in some immunoassays. With individuals taking high dose Biotin (more than 5 mg per day) supplements, at least 8-hour wait time before blood draw is recommended.

Ref: Arch Pathol Lab Med—Vol 141, November 2017.

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Reporting Time : 28/07/2024, 04:31 PM

Sample ID :



25296

Test Description	Value(s)	Reference Range	Unit
Complete Blood Count			
Hemoglobin (Hb)	13.2	13.5 - 18.0	gm/dL
Erythrocyte (RBC) Count	6.12	4.7 - 6.0	mil/cu.mm
Packed Cell Volume (PCV)	43.3	42 - 52	%
Mean Cell Volume (MCV)	70.75	78 - 100	fL
Mean Cell Haemoglobin (MCH)	21.57	27 - 31	pg
Mean Corpuscular Hb Concn. (MCHC)	30.48	32 - 36	g/dL
Red Cell Distribution Width (RDW)	13.1	11.5 - 14.0	%
Total Leucocytes (WBC) Count	6000	4000-10000	cell/cu.mm
Neutrophils	70	40 - 80	%
Lymphocytes	25	20 - 40	%
Monocytes	03	2 - 10	%
Eosinophils	02	1 - 6	%
Basophils	00	1-2	%
Platelet Count	216	150 - 450	10 ³ /ul
Mean Platelet Volume (MPV)	12.4	7.2 - 11.7	fL
PCT	0.27	0.2 - 0.5	%
PDW	19.2	9.0 - 17.0	%

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