

Patient Name: Mrs. ANISHA KESHRI  
UHID/MR No.: FSIN.0000006631  
Visit Date: 18.06.2021  
Sample collected on: 18.06.2021  
Ref Doctor: SELF

Age/Gender: 26 Years / Female  
OP Visit No.: FSINOPV9609  
Reported on: 19.06.2021  
Specimen: BLOOD

DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNIT
TSH:THYROID STIMULATING HORMONE-SERUM TSH:THYROID STIMULATING HORMONE-SERUM Method : CLIA	2.07	0.35-5.50	uIU/ml
TOTAL T3: TRI IODOTHYRONINE – SERUM TOTAL T3: TRI IODOTHYRONINE – SERUM Method : CLIA	0.91	0.87 – 1.78	ug/dl
TOTAL T4: THYROXINE – SERUM TOTAL T4: THYROXINE – SERUM Method : CLIA	8.15	8.09 – 14.03	ug/dl

End of the report

Results are to be correlated clinically

*BK*

Lab Technician / Technologist  
Madhumita\_Biswas

DR. BIPARNAK HALDAR  
MBBS, MD (PATHOLOGY)  
CONSULTANT PATHOLOGIST



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**DEPARTMENT OF LABORATORY MEDICINE**

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE</u>	<u>UNIT</u>
<b>COMPLETE BLOOD COUNT</b>			
HAEMOGLOBIN Method: Non cyanide,Sis Based	12.9	Female 12-16 Male 13-17	gm/dl
RBC COUNT Method :Electrical Impedence	4.1	Female 3.8-4.8 Male 4.5-5.5	Mll/Cumm
HEMATPOCRIT (PCV)	39.5	Female 36-46 Male 40-50	%
MCV Method: Calculated	91.8	83-101 fl	fl
MCH Method:Calculated	30.8	27-32 pg	pg
MCHC Method:Calculated	32.4	31.5-34.5	%
PLATELET COUNT Method:Electrical Impedence	2.48	1.5-4 lakhs/cu mm	Lac/cumm
TOTAL WBC COUNT Method:Electrical Impedence	7.2	4.0-10.0	/cumm
NEUTROPHIL Method:Microscopy	70	40-80	%
LYMPHOCYTE Method:Microscopy	37	20-45	%
MONOCYTE Method:Microscopy	03	2-10	%
EOSINOPHIL Method:Microscopy	02	1-6	%
BASOPHIL Method:Microscopy	00	<1-2	%
ESR Method:westergrén's	13	Male:12 Female:19	mm/hr mm/hr

**Note:** RBC are Normocytic with normochromic.

**End of the report**



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**APOLLO CLINIC @ OM TOWER**  
**Opp. of Rabindra Bharati University**  
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Specimen: URINE

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**URINE ROUTINE EXAMINATION**

URINE FOR ROUTINE EXAMINATION

Test Name	Result	Unit	Method
<b>Specimen: Urine</b>			
<u>PHYSICAL EXAMINATION</u>			
QUANTITY	40	ml	Container Measurement
COLOUR	Pale Yellow		Naked Eye Observation
APPEARANCE	Clear		Naked Eye Observation
REACTION	Acidic		Multiple Reagent Strip
SPECIFIC GRAVITY	1015		Multiple Reagent Strip
<u>CHEMICAL EXAMINATION</u>			
BLOOD	Nil		Multiple Reagent Strip
ALBUMIN	Present(+)		Multiple Reagent Strip / Heat & Acetic Acid
BILE PIGMENT	Nil		Fuchet's Test
BILE SALT	Nil		Hey's Sulphur Test
KETONE BODIES	Nil		Multiple Reagent Strip / Rothera Test
SUGER	Nil		Multiple Reagent Strip / Benedict
<u>MICROSCOPIC EXAMINATION</u>			
PUS CELL	1-2	/HPF	Light Microscopy
RBC	Not found	/HPF	Light Microscopy
EPITHELIAL CELL	0-1	/HPF	Light Microscopy
MICRO ORGANISM	Present (+)		
Others	Not found		

Note : Any Abnormal Chemical Analysis Rechecked By Rechecked By Respective Manual Method  
**End of Report**

*BK*

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DEPARTMENT OF LABORATORY MEDICINE

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
BLOOD UREA NITROGEN (BUN) BLOOD UREA NITROGEN (BUN) Method : Calculated	09.7	8 - 20	mg/ dl
CREATININE Methodology: Jaffe Reaction Instrument Used: FULLY AUTOMATED ANALYZER EM-200	0.7	Male : 0.7-1.4 Female : 0.6-1.2 Newborn : 0.3-1.0 Infant : 0.2-0.4 Child : 0.3-0.7 Adolescent : 0.5-1.0	mg/dl
URIC ACID URIC ACID Method: Uricase	3.11	Female : 2.6 - 6.0 Male : 3.4 - 7.0	mg/dl

End of the report

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*BA*

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DR. BIPARNAK HALDAR  
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CONSULTANT PATHOLOGIST

Age/Gender: 26 Years Female  
 OP Visit No.: FSINOPV9699  
 Reported on: 19.06.2021  
 Specimen: BLOOD

Patient Name: Mrs. ANISHA KESHRI  
 UHID/MR No.: FSIN.0000006631  
 Visit Date: 18.06.2021  
 Sample collected on: 18.06.2021  
 Ref Doctor: SELF

**DEPARTMENT OF SPECIAL BIOCHEMISTRY  
 REPORT PREPARED ON PATHOLOGY**

Test Name	Value	Unit	Normal Range
Glycosylated Haemoglobin (HbA1c), HPLC Glycosylated Haemoglobin (HbA1c), HPLC	3.9	%	Excellent Control: <4 Good Control : 4-6 Fair Control : >6-7 Action Suggested: >7-8 Poor Control : >8
Estimated Average Glucose (EAG)	102	mg/dL	Excellent Control: 90-120 Good Control : 120-150 Fair Control : > 150-180 Action Suggested: 181-210 Panic Value: >211

Methodology: HPLC  
 Instrument Used: Bio-Rad D-10

**Comment**

- For patients with Hb variant diseases there may be lowering of HbA1c due to low HBA synthesis.
- EAG is value calculated from HbA1c & indicates average glucose level over past three months.

**Factors that interfere with HbA1c Measurement :** Genetic variants (e.g. Hbs trait, HbC trait), elevated fetal hemoglobin (HbF) and chemically modified derivatives of hemoglobin (e.g. carbamylated Hb in patients with renal failure) can affect the accuracy of HbA1c measurements. The effects vary depending on the specific Hb variant or derivative and the specific HbA1c method.

**Factors that affect interpretation of HbA1c Results:** Any condition that shortens erythrocyte survival or decreases mean erythrocyte age (e.g. recovery from acute blood loss, hemolytic anemia) will falsely lower HbA1c test results regardless of the assay method used.

\*\*\*\*\* End Of Report \*\*\*\*\*

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DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
GGTP : GAMMA GLUTAMYL TRANSPEPTIDASE GGTP : GAMMA GLUTAMYL TRANSPEPTIDASE – SERUM Method : Carboxy Substrate	21.0	10 – 50 U/L	U/L

End of the report

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DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
LIVER FUNCTION TEST(PACKAGE) BILIRUBIN-TOTAL Method: Daizo	0.6	1.1 Adult	mg/dl
BILIRUBIN-DIRECT Method: Daizo with DPD	0.2	Adult & Children: <0.25	mg/dl
BILIRUBIN-INDIRECT Method: calculated	0.4	0.1-1.0	mg/dl
TOTAL-PROTIEN Method: Photometric UV test	6.8	Adult: 6.6-8.8	gms/dl
ALBUMIN Method: BCG	4.3	3.5-5.2	gms/dl
SGOT/AST Method: IFCC WITHOUT P5P	31	up to 38	U/L
SGPT/ALT Method: IFCC WITHOUT P5P	25	up to 38	U/L
ALKA-PHOS Method: PNPP-AMP BUFFER	79	Child :104-380 Adult: 20-116	U/L
GLOBULIN Method: Calculated	2.5	1.8 - 3	gms/dl
A:G Ratio	1:72:1		

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DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
<b>LIPID PROFILE TEST (PACKAGE )</b>			
Triglyceride Method: GPO-POD	125	<200	mg/dl
Cholesterol Method: CHOD - PAP	159	Desirable blood cholesterol :<200 Borderline High : 170.0-199.0 High : > 199.0 mg/dl	mg/dl
HDL Method: PVS and PEGME coupled	50	50 - 80 mg/dl	mg/dl
LDL Method: Selective Detergent	91	<130.0 mg/dl	mg/dl
VLDL	26	<35 mg/dl	mg/dl
CHOL : HDL RATIO	3.18		
LDL : HDL RATIO	2.3		

**End of the report**  
 Result are to be correlated clinically

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Report Number : IR/266586

Lab Slip No. : SASGO/INV/179688-06/2021

Patient Name : ANISHA KESHRI

Age / Sex : 26 Year /Female

Referred By : SELF

Web Slip No : SAS/INV/99/179108-06/2021

Report Date : 18/06/2021 6:36:00PM

Collection Date : 18/06/2021 2:12:00PM

Phlebotomist :

Collected From : SINTHI-APOLLO

**REPORT PREPARED ON PATHOLOGY**

**DEPARTMENT OF SEROLOGY**

Test Name	Value	Unit	Normal Range
BLOOD GROUPING	"O"		
Rh Factor	Positive		

\*\*\*\*\* End Of Report \*\*\*\*\*

<b>Report Number</b> : IR/266524	<b>Web Slip No</b> : SAS/INV/99/179108-06/2021
<b>Lab Slip No.</b> : SASGO/INV/179688-06/2021	<b>Report Date</b> : 18/06/2021 5:33:00PM
<b>Patient Name</b> : ANISHA KESHRI	<b>Collection Date</b> : 18/06/2021 2:12:00PM
<b>Age / Sex</b> : 26 Year /Female	<b>Phlebotomist</b> :
<b>Referred By</b> : SELF	<b>Collected From</b> : SINTHI-APOLLO

**REPORT PREPARED ON PATHOLGY**  
**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Value	Unit	Normal Range
GLUCOSE FASTING <i>Methodology: GOD POD Instrument Used: AGAPPE (Mispa Clinia Plus)</i>	87	mg/dl	70 - 110

**\*Please Correlate with Clinical Conditons.**

**NOTE:** Regarding blood sugar levels, if a patient is diabetic and if He/she is on oral medication for diabetes, the sugar levels can be fasting blood sugar level more than the post prandial blood sugar. This happens because most of the anti-diabetic medications are taken either with or before breakfast. If the patient is not a diabetic, as soon as He/she takes the breakfast, it will act as a stimulant to produce insulin in the body and that will bring down the post prandial blood sugar level (PP). Normal diet can be 2 or 3 doses, chapatis or rotis, in which the blood glucose level will be lower than 75 grams of direct glucose. This direct glucose might also increase the sugar level to 260. Another scenario for increase in sugar after empty stomach will be because of the hormone called glucagon, which will induce glycogenolysis and neoglucogenesis in the body when the sugar levels are very low. In this mechanism, the stored glycogen or lipids will be converted into glucose, thus increasing the blood sugar level.

\*\*\*\*\* End Of Report \*\*\*\*\*