

DEPARTMENT OF PATHOLOGY

Patient Name :	Mr. OMBIR	Bill Date :	23/03/2024
MR No :	38443	Reporting Date :	24/03/2024
Age/Sex :	38 Years / Male	Sample ID :	204258
Type :	OPD	Bill/Req. No. :	24384093
TPA/Corporate :	MEDIWHEEL	Ref Doctor :	Dr. EMO
IP No. :			

Test	Result	Bio. Ref. Interval	Units
BLOOD GLUCOSE FASTING AND PP			
PLASMA GLUCOSE(FASTING)	92.5	70 - 110	mg/dl
PLASMA POST-GLUCOSE	95.8	80 - 150	mg/dL

BLOOD GROUP

BLOOD GROUP	" B " RH POSITIVE
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COMPLETE HAEMOGRAM

CBC			
HAEMOGLOBIN	14.9		g/dL
TOTAL LEUCOCYTE COUNT	7500		/cumm
RED BLOOD CELL COUNT	4.62		millions/cumm
PCV (HAEMATOCRIT)	46.7		%
MEAN CORPUSCULAR VOLUME	99.1	H	fL
MEAN CORPUSCULAR HAEMOGLOBIN	32.3		Picogrames
MEAN CORPUSCULAR HB CONC	32.0		g/dL
PLATELET COUNT	3.77		Lakh/cumm
NEUTROPHILS	45		%
LYMPHOCYTES	43	H	%
EOSINOPHILS	06		%
MONOCYTES	06		%
BASOPHILS	00		%
ABSOLUTE NEUTROPHIL	3375		cells/cumm
ABSOLUTE LYMPHOCYTE	3225	H	cells/cumm
ABSOLUTE EOSINOPHIL	450		cells/cumm
ABSOLUTE MONOCYTES	450		cells/cumm
ABSOLUTE BASOPHILS	0	L	cells/cumm

Checked By :



Dr. Pradip Kumar
(Consultant Microbiologist)

Dr. Nisha Rana
(Consultant Pathologist)

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Test	Result	Bio. Ref. Interval	Units
RDW-CV	12.8	11.5 - 14.5	%
E.S.R.	45 H	0 - 15	mm/hr

HBA1C

HBA1C	5.7		%
ESTIMATED AVERAGE GLUCOSE (EAG)	116.8		mg/dL

Note : HBA1c result is suggestive of Diabetes/ higher than glycemic goal in a known Diabetic patient. Please note, glycemic goal should be individualized based on duration of diabetes, age/life expectancy, comorbid conditions, known CVD or advanced microvascular complications, hypoglycaemia unawareness, and individual patient considerations. Please Correlate Clinically.

KFT(KIDNEY FUNCTION TEST)/RFT/Renal Profile

SERUM UREA	29		13.0 - 45.0	mg/dL
SERUM CREATININE	1.2		0.5 - 1.4	mg/dL
SERUM URIC ACID	7.4 H		3.6 - 7.2	mg/dL
SERUM SODIUM	136		130 - 149	mmol/L
SERUM POTASSIUM	4.9		3.5 - 5.5	mmol/L

LFT(LIVER FUNCTION TEST)

LFT				
TOTAL BILIRUBIN	1.2		0.1 - 1.2	mg/dL
DIRECT BILIRUBIN	0.3		0.00 - 0.30	mg/dL
INDIRECT BILIRUBIN	0.9		Adult: 0 - 0.8	mg/dL
SGOT (AST)	53 H		0.0 - 45	IU/L
SGPT (ALT)	93 H		00 - 45.00	IU/L
ALP	111		41 - 137	U/L

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Test	Result	Bio. Ref. Interval	Units
TOTAL PROTEINS	7.6	6.0 - 8.2	g/dL
ALBUMIN	4.5	3.20 - 5.00	g/dL
GLOBULIN	3.1	2.0 - 3.50	g/dL
A/G RATIO	1.45		

LIPID PROFILE

Test	Result	Remarks	Bio. Ref. Interval	Units
SERUM CHOLESTROL	286	H	0 - 200	mg/dl
SERUM TRIGLYCERIDES	239	H	Up to 150	mg/dl
HDL CHOLESTEROL	39		30 - 60	mg/dl
VLDL CHOLESTEROL	47.8		*Less than 30	mg/dL
LDL CHOLESTEROL	199.2	H	Optimal <100, Above Opt. 100-129 -high 160-189	mg/dl
LDL CHOLESTEROL/HDL RATIO	5.11		Desirable Level : 0.5 - 3.0 Borderline Risk : 3.0 - 6.0 High Risk : > 6.0	

URINE ROUTINE EXAMINATION

Test	Result	Remarks	Units
PHYSICAL EXAMINATION			
VOLUME	25		ml
COLOUR	Pale Yellow	Pale Yellow	
APPEARANCE	Clear	Clear	
SPECIFIC GRAVITY	1.020		
CHEMICAL EXAMINATION			
REACTION	Acidic		
BLOOD	NIL		
ALBUMIN	NIL	NIL	
GLUCOSE	NIL	NIL	
PH	6.5		

MICROSCOPIC EXAMINATION

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Test	Result	Bio. Ref. Interval	Units
PUS CELL	1-2	2-4	/HPF
EPITHELIAL CELLS	1-2	2-4	/HPF
RED BLOOD CELLS	NIL	NIL	/HPF
CASTS	NIL	NIL	
CRYSTALS	NIL	NIL	

Note : Albumin test positive by Multistrip Method is confirmed by Sulphosalicylic acid method.

***** END OF THE REPORT *****

Checked By : 

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Dr. Nisha Rana
(Consultant Pathologist)



Lab No.	012403260097	Age/Gender	38 YRS/MALE	Coll. On	26/Mar/2024 08:33AM
Name	Mr. OMBIR 38443			Reg. On	26/Mar/2024
Ref. Dr.				Approved On	26/Mar/2024 09:30AM
Rpt. Centre	Self			Printed On	29/Mar/2024 08:49AM

Test Name	Value	Unit	Biological Reference Interval
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Thyroid profile, Total (T3,T4,TSH)

T3 (Triiodothyronine) , serum Method : ECLIA	1.09	ng/mL	0.80 - 2.0
T4 (Thyroxine) , serum Method : ECLIA	5.44	ug/dL	5.1 - 14.1
TSH (Thyroid Stimulating Hormone) , serum Method : ECLIA	2.40	uIU/ml	0.27 - 4.2

Interpretation:

- Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values alongwith depressed TSH levels
- Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
- High T3 levels coupled with normal T4 and suppressed TSH may be seen in T3 toxicosis.

Note: Total T3 and total T4 are highly bound to plasma proteins and are amenable to fluctuations with plasma protein content as well as due to binding defects in the thyroid hormone binding proteins.

The following ranges are recommended for pregnant females:

Gestation period	TSH (uIU/ml)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

PSA Total, serum Method : ECLIA	0.86	ng/mL	0 - 1.4
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Interpretation:

Prostate-specific antigen (PSA) is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. Normally, very little PSA is secreted in the blood. Increases in glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels.

In patients with previously diagnosed prostate cancer, PSA testing is advocated as an early indicator of tumor recurrence and as an indicator of response to therapy.

The test is also useful for initial screening for prostate cancer:

Total PSA levels < 2 ng/ml almost rule out the possibility of prostatic malignancy.

Total PSA levels between 2 and 10 ng/ml lie in the grey zone. Such values may be obtained in prostatitis, benign hyperplasia and malignancy. Further testing including a free PSA/PSA ratio and prostate biopsy is recommended for these patients for confirmation of the diagnosis.

Total PSA values >10 ng/ml are highly suspicious for prostate cancer but further testing, such as prostate biopsy, is needed to diagnose the exact pathology.

*Disclaimer: This is an electronically validated report. If any discrepancy is found, it should be confirmed by the user.
Processing Centre : Prognosis Laboratories,515-516, Sector-19, Dwarka, Behind Gupta Properties.

*** Partial Report ***



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