



Dept. of Pathology

(For Report Purpose Only)



PRN : 123386 **Lab No** : 13372
Patient Name : Mr. SHENDE PRITAM RAMESH **Req.No** : 13372
Age/Sex : 33Yr(s)/Male
Company Name : BANK OF BARODA **Collection Date & Time** : 22/03/2024 08:20 AM
Referred By : Dr.HOSPITAL PATIENT **Reporting Date & Time** : 22/03/2024 04:40 PM
Print Date & Time : 22/03/2024 04:43 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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HAEMATOLOGY

HAEMOGRAM

HAEMOGLOBIN (Hb)	: 15.0	GM/DL	Male : 13.5 - 18.0 Female : 11.5 - 16.5
PCV	: 44.7	%	Male : 40 - 54 Female : 37 - 47
RBC COUNT	: 5.06	Million/cu mm	Male : 4.5 - 6.5 Female : 3.9 - 5.6
M.C.V	: 88.3	cu micron	76 - 96
M.C.H.	: 29.6	pg	27 - 32
M.C.H.C	: 33.6	picograms	32 - 36
RDW-CV	: 12.8	%	11 - 16
WBC TOTAL COUNT	: 5060	/cumm	ADULT : 4000 - 11000 CHILD 1-7 DAYS : 8000 - 18000 CHILD 8-14 DAYS : 7800 - 16000 CHILD 1MONTH-<1YR : 4000 - 10000 150000 - 450000
PLATELET COUNT	: 234000	cumm	
WBC DIFFERENTIAL COUNT			
NEUTROPHILS	: 56	%	ADULT : 40 - 70 CHILD : 20 - 40
ABSOLUTE NEUTROPHILS	: 2833.60	µL	2000 - 7000
LYMPHOCYTES	: 40	%	ADULT : 20 - 40 CHILD : 40 - 70
ABSOLUTE LYMPHOCYTES	: 2024	µL	1000 - 3000
EOSINOPHILS	: 01	%	01 - 04
ABSOLUTE EOSINOPHILS	: 50.60	µL	20 - 500
MONOCYTES	: 03	%	02 - 08
ABSOLUTE MONOCYTES	: 151.80	µL	200 - 1000
BASOPHILS	: 00	%	00 - 01
ABSOLUTE BASOPHILS	: 0	µL	0 - 100

Technician

Dr. AJAY A GANGSHETTIWAR
M.D.(Pathology) R.No.080412

Report Type By :- PEERZADE SHOYEB

Pathologist

For Free Home Collection Call : 9545200011



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PERIPHERAL BLOOD SMEAR

RBC MORPHOLOGY : Normocytic Normochromic
 WBC MORPHOLOGY : Within Normal Limits
 PLATELETS : Adequate
 PARASITES : Not Detected

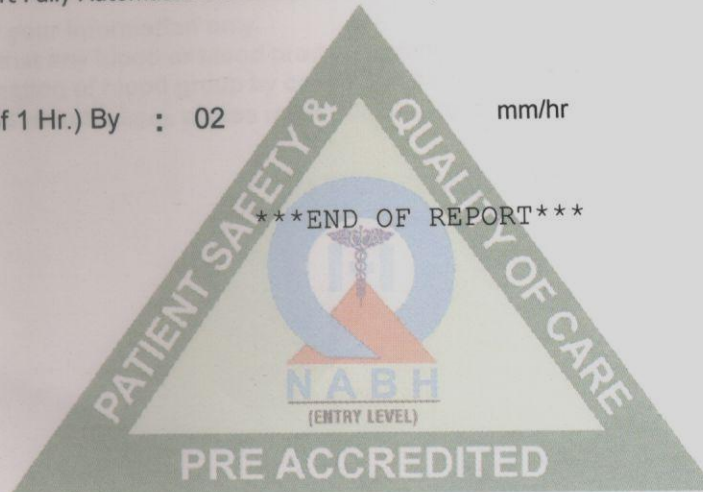
Method : Processed on 5 Part Fully Automated Blood Cell Counter - sysmex XS-800i.

ESR

ESR MM (AT The End of 1 Hr.) By : 02 mm/hr
 Westergren Method

Male : 0 - 15
 Female : 0 - 20

END OF REPORT



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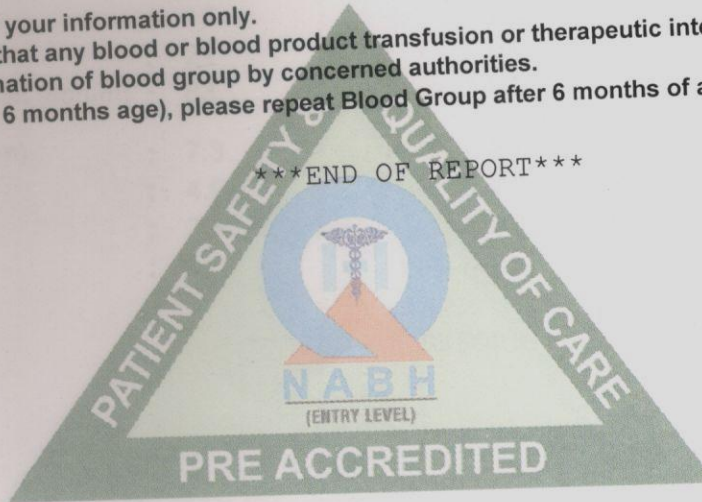
HAEMATOLOGY

BLOOD GROUP

BLOOD GROUP : "O"
 RH FACTOR : POSITIVE

NOTE : This is for your information only.
 Kindly note that any blood or blood product transfusion or therapeutic intervention has to be done after confirmation of blood group by concerned authorities.
 In infants (< 6 months age), please repeat Blood Group after 6 months of age for confirmation.

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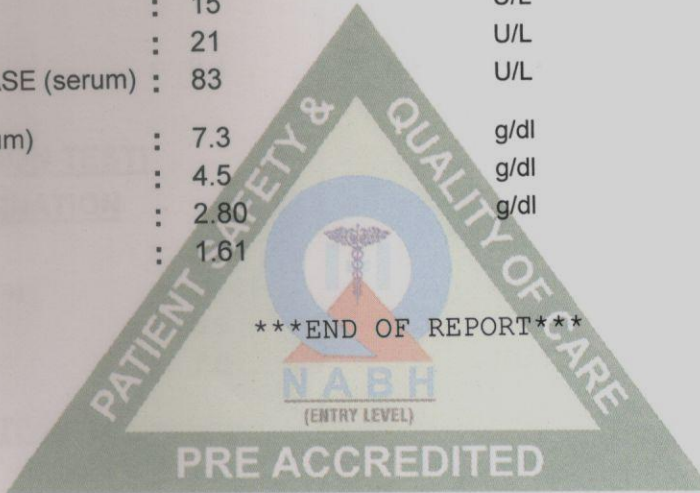
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BIOCHEMISTRY

LFT (Liver function Test)

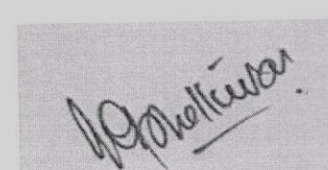
BILIRUBIN TOTAL (serum)	: 1.5	mg/dL	0.2 - 1.2
BILIRUBIN DIRECT (serum)	: 0.4	mg/dL	0.0 - 0.5
BILIRUBIN INDIRECT (serum)	: 1.10	mg/dL	0.1 - 1.0
S.G.O.T (serum)	: 15	U/L	0 - 35
S.G.P.T (serum)	: 21	U/L	0 - 45
ALKALINE PHOSPHATASE (serum)	: 83	U/L	Male : 53 - 128 Female : 42 - 98
PROTEINS TOTAL (serum)	: 7.3	g/dl	6.6 - 8.7
ALBUMIN (serum)	: 4.5	g/dl	3.5 - 5.0
GLOBULIN (serum)	: 2.80	g/dl	1.8 - 3.6
A/G RATIO	: 1.61		1:1 - 2:2

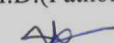
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BIOCHEMISTRY

BSL-F & PP

Blood Sugar Level Fasting	: 106	MG/DL	60 - 110
Blood Sugar Level PP	: 109	MG/DL	70 - 140

CALCIUM

CALCIUM (serum)	: 9.4	MG/DL	8.4 - 10.4
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RFT (RENAL FUNCTION TEST)

BIOCHEMICAL EXAMINATION

UREA (serum)	: 33	MG/DL	0 - 45
UREA NITROGEN (serum)	: 15.41	MG/DL	7 - 21
CREATININE (serum)	: 0.9	MG/DL	0.5 - 1.5
URIC ACID (serum)	: 7.0	MG/DL	Male : 3.5 - 7.2 Female : 2.6 - 6.0


SERUM ELECTROLYTES

SERUM SODIUM	: 143	mEq/L	136 - 149
SERUM POTASSIUM	: 4.4	mEq/L	3.8 - 5.2
SERUM CHLORIDE	: 104	mEq/L	98 - 107

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BIOCHEMISTRY

LIPID PROFILE

CHOLESTEROL (serum)	: 165	MG/DL	Male : 120 - 240 Female : 110 - 230
TRIGLYCERIDE (serum)	: 237	MG/DL	0 - 150
HDL (serum)	: 33	MG/DL	Male: : 42 - 79.5 Female: : 42 - 79.5
LDL (serum)	: 101	MG/DL	0 - 130
VLDL (serum)	: 47.40	MG/DL	5 - 51
CHOLESTROL/HDL RATIO	: 5		Male : 1.0 - 5.0 Female: : 1.0 - 4.5
LDL/HDL RATIO	: 3.06		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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BIOCHEMISTRY

HbA1C (HPLC Method)

Glycated Haemoglobin (HbA1C), by HPLC : 5.8

%

Non - diabetic (Normal) : : < 5.7
Pre - diabetes : : > or = 5.7 - < 6.5
Diabetes : : > or = 6.5

Interpretation :

HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glycemic control.

For diagnosis of Diabetes Mellitus (>= 18 yrs of age) :
5.7 % - 6.5 % : Increased risk for developing diabetes.
>= 6.5 % : Diabetes

Therapeutic goals for glycemic control :

Adults : < 7%

Toddlers and Preschoolers : < 8.5% (but > 7.5 %)

School age (6-12 yrs) : < 8%

Adolescents and young adults (13 - 19 yrs) : < 7.5 %

The A1c target should be individualized based on numerous factors, such as age, life expectancy, comorbid conditions, duration of diabetes, risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.

Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia.

Increased HbA1C values may be found in patients with polycythemia or post splenectomy patients.

In patients with Homozygous forms of rare variant Hb(CC,SS,EE,SC), HbA1c cannot be quantitated as there is no HbA. In such circumstances glycemic control needs to be monitored using alternative methods like plasma glucose levels or serum Fructosamine.

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ENDOCRINOLOGY

TFT (THYROID FUNCTION TEST)

T3-Total (Tri iodothyronine)	: 1.25	ng/mL	0.80 - 2.00
T4 - Total (Thyroxin)	: 10.53	µg/dL	5.1 - 14.1
Thyroid Stimulating Hormones (Ultra TSH)	: 1.27	µIU/mL	0.27 - 4.20

Method :- serum by ECLIA

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 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	(ENTRY) 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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CLINICAL PATHOLOGY

URINE ROUTINE

PHYSICAL EXAMINATION

QUANTITY	: 20	ML
COLOUR	: PALE YELLOW	
APPEARANCE	: CLEAR	
REACTION	: ACIDIC	
SPECIFIC GRAVITY	: 1.025	

CHEMICAL EXAMINATION

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

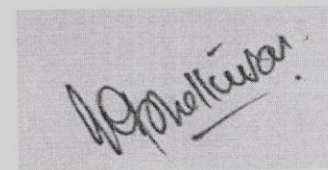
MICROSCOPIC EXAMINATION

PUS CELLS	: 1-2	/hpf
RBC CELLS	: ABSENT	/hpf
EPITHELIAL CELLS	: 3-5	/hpf
CASTS	: ABSENT	/hpf
CRYSTALS	: ABSENT	
OTHER FINDINGS	: ABSENT	
BACTERIA	: ABSENT	

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