



Date	28/08/2021	Srl No.	29	Patient Id	2108280029
Name	Mr. RAJEEV RANJAN	Age	45 Yrs.	Sex	M
Ref. By	Dr.BOB				

Test Name	Value	Unit	Normal Value
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### HAEMATOLOGY

HB A1C	5.4	%	
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#### EXPECTED VALUES :-

Metabolically healthy patients	=	4.8 - 5.5 % HbA1C
Good Control	=	5.5 - 6.8 % HbA1C
Fair Control	=	6.8-8.2 % HbA1C
Poor Control	=	>8.2 % HbA1C

#### REMARKS:-

In vitro quantitative determination of **HbA1C** in whole blood is utilized in long term monitoring of glycemia

The **HbA1C** level correlates with the mean glucose concentration prevailing in the course of the patient's recent history (approx - 6-8 weeks) and therefore provides much more reliable information for glycemia monitoring than do determinations of blood glucose or urinary glucose.

It is recommended that the determination of **HbA1C** be performed at intervals of 4-6 weeks during Diabetes Mellitus therapy.

Results of **HbA1C** should be assessed in conjunction with the patient's medical history, clinical examinations and other findings.

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

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**AAROGYAM DIAGNOSTICS**  
 (A UNIT OF CULPAM HEALTH CARE PVT. LTD.)

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Test Name	Value	Unit	Normal Value
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN (Hb)	11.8	gm/dl	13.5 - 18.0
TOTAL LEUCOCYTE COUNT (TLC)	5,400	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	61	%	40 - 75
LYMPHOCYTE	35	%	20 - 45
EOSINOPHIL	02	%	01 - 06
MONOCYTE	02	%	02 - 10
BASOPHIL	00	%	0 - 0
ESR (WESTEGREN`s METHOD)	13	mm/1st hr.	0 - 15
R B C COUNT	3.68	Millions/cmm	4.5 - 5.5
P.C.V / HAEMATOCRIT	35.4	%	40 - 54
M C V	96.2	fl.	80 - 100
M C H	32.07	Picogram	27.0 - 31.0
M C H C	33.3	gm/dl	33 - 37
PLATELET COUNT	3.20	Lakh/cmm	1.50 - 4.00
BLOOD GROUP ABO	"O"		
RH TYPING	POSITIVE		

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## BIOCHEMISTRY

BLOOD SUGAR FASTING	115.1	mg/dl	70 - 110
BLOOD SUGAR PP	117.8	mg/dl	80 - 160
SERUM CREATININE	1.16	mg%	0.7 - 1.4
BLOOD UREA	29.7	mg /dl	15.0 - 45.0
SERUM URIC ACID	5.4	mg%	3.4 - 7.0
<b><u>LIVER FUNCTION TEST (LFT)</u></b>			
BILIRUBIN TOTAL	0.67	mg/dl	0 - 1.0
CONJUGATED (D. Bilirubin)	0.18	mg/dl	0.00 - 0.25
UNCONJUGATED (I.D.Bilirubin)	0.49	mg/dl	0.00 - 0.70
TOTAL PROTEIN	6.9	gm/dl	6.6 - 8.3
ALBUMIN	3.6	gm/dl	3.4 - 4.8
GLOBULIN	3.3	gm/dl	2.3 - 3.5
A/G RATIO	1.091		
SGOT	50.4	IU/L	5 - 40
SGPT	66.7	IU/L	5.0 - 55.0
ALKALINE PHOSPHATASE IFCC Method	78.5	U/L	40.0 - 130.0
GAMMA GT	26.4	IU/L	8.0 - 71.0

### **LFT INTERPRET**

### **LIPID PROFILE**

TRIGLYCERIDES	93.5	mg/dL	40.0 - 165.0
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<b>Ref. By</b>	<b>Dr.BOB</b>				

Test Name	Value	Unit	Normal Value
TOTAL CHOLESTEROL	129.9	mg/dL	123.0 - 199.0
H D L CHOLESTEROL DIRECT	41.5	mg/dL	40.0 - 79.4
V L D L	18.7	mg/dL	4.7 - 22.1
L D L CHOLESTEROL DIRECT	69.7	mg/dL	63.0 - 129.0
TOTAL CHOLESTEROL/HDL RATIO	3.13		0.0 - 4.97
LDL / HDL CHOLESTEROL RATIO	1.68		0.00 - 3.55
<b>THYROID PROFILE</b>			
T3	0.88	ng/ml	0.60 - 1.81
T4 Chemiluminescence	9.74	ug/dl	4.5 - 10.9
TSH Chemiluminescence	2.19	uIU/ml	

## REFERENCE RANGE

### PAEDIATRIC AGE GROUP

0-3 DAYS	1-20	ulu/ ml
3-30 DAYS	0.5 - 6.5	ulu/ml
1 MONTH -5 MONTHS	0.5 - 6.0	ulu/ml
6 MONTHS- 18 YEARS	0.5 - 4.5	ulu/ml

**ADULTS** 0.39 - 6.16 ulu/ml

**Note:** TSH levels are subject to circadian variation, rising several hours before the onset of sleep, reaching peak levels between 11 pm to 6 am. Nadir concentrations are observed during the afternoon. Diurnal variation in TSH level approximates  $\pm 50\%$ , hence time of the day has influence on the measured serum TSH concentration.



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Assay performed on enhanced chemi luminescence system ( Centaur-Siemens)

Serum T3,T4 & TSH measurements form the three components of Thyroid screening panel, useful in diagnosing various disorders of Thyroid gland function.

1. Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH level.
2. Primary hyperthyroidism is accompanied by elevated serum T3 and T4 levels along with depressed TSH values.
3. Normal T4 levels are accompanied by increased T3 in patients with T3 thyrotoxicosis.
4. Slightly elevated T3 levels may be found in pregnancy and estrogen therapy, while depressed levels may be encountered in severe illness, renal failure and during therapy with drugs like propranolol and propyl thiouracil.
5. Although elevated TSH levels are nearly always indicative of primary hypothyroidism, and may be seen in secondary thyrotoxicosis.

### **URINE EXAMINATION TEST**

#### **PHYSICAL EXAMINATION**

QUANTITY	20	ml.
COLOUR	PALE YELLOW	
TRANSPARENCY	CLEAR	
SPECIFIC GRAVITY	1.020	
PH	6.0	



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### CHEMICAL EXAMINATION

ALBUMIN	NIL		
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SUGAR	NIL		
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### MICROSCOPIC EXAMINATION

PUS CELLS	0-1	/HPF	
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RBC'S	NIL	/HPF	
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CASTS	NIL		
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CRYSTALS	NIL		
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EPITHELIAL CELLS	0-1	/HPF	
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BACTERIA	NIL		
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OTHERS	NIL		
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