

# MEDI WHEEL

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आधार - आम आदमी का अधिकार



 बैंक ऑफ बरोडा  
Bank of Baroda



नाम  
Name: Aadarsh Daga

ए.सी. नंबर  
E.C. No. AB175227



अधिकारी  
Officer



# TENDER PALM HOSPITAL

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## Department of Pathology & Microbiology Test Report

### LABORATORY INVESTIGATION REPORT

<b>Patient Name</b> :	Mr. RICHAB BAJARAI	<b>Age/Sex</b> :	24 Year(s)/Female
<b>UNITD</b> :	TPSH.5566	<b>Order Date</b> :	14/09/2022 10:59
<b>Episode</b> :	OP		
<b>Ref. Doctor</b> :	Self		
<b>Address</b> :	MEDE WHEEL , Lucknow,Uttar Pradesh ,0	<b>Facility</b> :	Tender Palm Superspecialty Hospital

### Biochemistry

Test Name	Result	Unit	Biological Ref Range
Sample No. : 0710005568			Report Date : 14/09/22 13:21

#### FASTING BLOOD SUGAR

Sample - Fasting Plasma

Glucose,Fasting	99.4	mg/dl	74 - 100
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(Plasma F, 600-900)

#### Notes:

- The diagnosis of Diabetes requires a fasting plasma glucose of  $\geq 126$  mg/dl and/or a random / 2 hr post glucose value of  $\geq 200$  mg/dl on at least 2 occasions.
- Very low glucose levels cause severe CNS dysfunction.
- Very high glucose levels ( $> 600$  mg/dl, in adults) may result in Diabetic Ketoacidosis & is considered critical.

#### HbA1c

Sample - EDTA

HbA1c	5.6	%	Non-diabetic: $\leq 5.8$ Pre-diabetic: 5.9-6.4 Diabetic: $\geq 6.5$
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Estimated average glucose	114.0	mg/dl	70 - 130
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Sample - Performance Liquid Chromatography (HPLC)

#### DEFINITION:

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
- HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2012, for diagnosis of diabetes using cut point of 6.5%. ADA defined biological reference range for HbA1c is 4% - 6%. Patient with HbA1c value between 4.0% to 5.7% are considered at risk for developing diabetes in the future.
- Levels of HbA1c are a better indicator of diabetic control than a solitary test.
- In known diabetic patients, following values can be considered as a tool for monitoring the glycaemic control. Excellent Control - 4 to 7%, Good Control - 7 to 8%, Unsatisfactory Control - 8 to 10% and Poor Control - More than 10%.

#### POST PRANDIAL BLOOD SUGAR

Sample - Fasting Plasma

Glucose,Post Prandial	112.0	mg/dl	70 - 140
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(Plasma F, 600-900)



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## Department of Pathology & Microbiology Test Report

### LABORATORY INVESTIGATION REPORT

<b>Patient Name</b> : Mr. RICHAB BAJARAI	<b>Age/Sex</b> : 124 Year(s)/Female
<b>UHID</b> : TP5H5566	<b>Order Date</b> : 14/09/2022 10:59
<b>Episode</b> : OP	
<b>Ref. Doctor</b> : Self	
<b>Address</b> : MEDH WHEEL , Lucknow,Uttar Pradesh ,D	<b>Facility</b> : Tender Palm Superspecialty Hospital

### Biochemistry

Test Name	Result	Unit	Biological Ref Range
Report Date : 14/09/22, 12:21			
<b>FASTING BLOOD SUGAR</b>			
Specimen : Fasted Plasma			
Glucose, Fasting	99.4	mg/dl	74 - 100
Method : Hexokinase (GOD) (PO)			
<p><b>CLINICAL SIGNIFICANCE</b></p> <p>1. A single diagnosis of Diabetes requires a fasting plasma glucose of <math>\geq</math> or = 126 mg/dl, and/or a random / 2 hr post glucose load of <math>\geq</math> or = 200 mg/dl, on at least 2 occasions.</p> <p>2. Very low glucose levels cause severe CNS dysfunction.</p> <p>3. Very high glucose levels (<math>&gt;400</math> mg/dl in adults) may result in Diabetic Ketoacidosis &amp; is considered critical.</p>			
<b>HbA1c</b>			
Specimen : EDTA			
HbA1c	5.6	%	Non-diabetic: $\leq$ 5.6 Pre-diabetic: 5.9-6.4 Diabetic: $\geq$ 6.5
Method : HPLC			
<b>Estimated average glucose</b>			
Estimated average glucose	119.0	mg/dl	70 - 130
Method : HPLC (Hemoglobin Liquid Chromatography) (HPLC)			
<b>CLINICAL SIGNIFICANCE</b>			
<p>HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (EAG).</p> <p>HbA1c has been endorsed for clinical practice by ADA (American Diabetes Association) guidelines 2012, for diagnosis of diabetes using a cut point of 6.5%. ADA defined biological reference range for HbA1c is 4% - 6%. Patient with HbA1c value between 6.0% to 6.4% are considered at risk for developing diabetes in the future.</p> <p>HbA1c in adults are a better indicator of diabetes control than a solitary fast.</p> <p>In insulin therapy patients, following values can be considered as a tool for monitoring the glycemic control. Excellent Control - 6 to 7% - or Great Control - 7 to 8%, Good/ Satisfactory Control - 8 to 10% and Poor Control - More than 10%.</p>			
<b>POST PRANDIAL BLOOD SUGAR</b>			
Specimen : Fasted Plasma			
Glucose, Post Prandial	112.0	mg/dl	70 - 140
Method : Hexokinase (GOD) (PO)			

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# TENDER PALM HOSPITAL

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## Department of Pathology & Microbiology Test Report

### LABORATORY INVESTIGATION REPORT

Patient Name : Mr. RICHAB BAJAJA

Age/Sex : 24 Year(s)/Female

OPD : TPSH.5566

Order Date : 14/09/2022 10:59

Enclosure : OP

Ref. Doctor : Self

Address : MED WHEEL, Lucknow, Uttar Pradesh, 0

Facility : Tender Palm Superspecialty Hospital

- 1. The diagnosis of Diabetes requires a fasting plasma glucose of  $\geq$  or = 126 mg/dl, and/or
- 2. random / 2 hr post glucose value of  $\geq$  or = 200 mg/dl, on at least 2 occasions
- 3. with low glucose levels cause severe CNS dysfunction
- 4. High glucose levels ( $>$ 400 mg/dl, in adults) may result in Diabetic Ketoacidosis & is considered critical

#### KIDNEY FUNCTION TEST (KFT)

Specimen : Serum

Urea Nitrogen	19.7	mg/dl	19 - 45
Urea Nitrogen Kinetic			
Plasma Urea Nitrogen	9.2	mg/dl	8.4 - 25.7
Urea Clearance			
Creatinine	1.1	mg/dl	0.5 - 1.1
Creatinine			
BUN/Creatinine Ratio	8.4 ▼	Ratio	10 - 20
BUN/Creatinine Ratio			
Urea Nitrogen	5.16	mg/dl	2.5 - 6.2
Urea Nitrogen Peroxide			
Urea Nitrogen	141.3	mmol/L	135 - 145
Urea Nitrogen			
Urea Nitrogen	3.8	mEq/L	3.5 - 5.1
Urea Nitrogen			
Total Protein	6.32 ▼	g/dl	6.4 - 8.3
Total Protein			
Albumin	5.0	g/dl	3.5 - 5.2
Albumin			
Albumin	1.32 ▼	g/dl	1.8 - 3.6
Albumin			
Albumin	3.79 ▲	Ratio	1.1 - 2.2
Albumin			



## Department of Pathology & Microbiology Test Report

### LABORATORY INVESTIGATION REPORT

<b>Patient Name</b> : Mr. RICHAB BAJAPAI	<b>Age/Sex</b> : 24 Year(s)/Female
<b>PHNO</b> : TPSH.5566	<b>Order Date</b> : 14/09/2022 10:59
<b>Encode</b> : OP	
<b>Ref. Doctor</b> : Self	
<b>Address</b> : HEDI WHEEL , Lucknow,Uttar Pradesh ,0	<b>Facility</b> : Tender Palm Superspecialty Hospital

**INDICATION:**  
 An electrolyte test can help determine whether there's an electrolyte imbalance in the body. Electrolytes are salts and minerals, such as sodium, potassium, chloride and bicarbonate, which are found in the blood. An electrolyte test can also be used to monitor the effectiveness of treatment for an imbalance that affects the functioning of an organ. The test is sometimes carried out during a routine physical examination, or it may be used as part of a more comprehensive set of tests. As part of routine blood testing, or when your doctor suspects that you have an imbalance of one of the electrolytes (usually sodium or potassium), or if your doctor suspects an imbalance.  
 Electrolytes may also be checked if you are prescribed certain drugs, particularly diuretics or ACE inhibitors. In specific cases, one or more electrolytes may be abnormal. Your healthcare professional will look at the overall balance but is likely to be particularly concerned with your sodium and potassium concentration. People whose kidneys are not functioning properly, for example, can retain excess fluid in the body, diluting the sodium and chloride so that they fall below normal concentrations. Those who experience severe fluid loss may show an increase in potassium, sodium, and chloride concentration (chloride tends to mirror the sodium sodium). Some forms of heart disease, muscle and nerve problems, and diabetes may also have one or more abnormal electrolytes. Electrolyte abnormalities may also be a consequence of drug treatment.

#### FUNCTION TEST (LFT)

Test Name	Result	Unit	Reference Range
Serum Bilirubin (Increased, Method)	0.50	mg/dl	0 - 1
Direct Bilirubin	0.25 <b>▲</b>	mg/dl	0 - 0.2
Indirect Bilirubin	0.25	mg/dl	0.1 - 1
Aspartate Aminotransferase (AST) (Serum)	28.5	U/L	0 - 31
Alanine Aminotransferase (ALT) (Serum)	34.8 <b>▲</b>	U/L	0 - 34
Gamma-Glutamyl Transaminase (GGT)	57.0	U/L	35 - 104
Albumin	6.32 <b>▼</b>	g/dl	6.4 - 8.3
Bilirubin	5.0	g/dl	3.5 - 5.2
Gamma-Globulin	1.32 <b>▼</b>	g/dl	1.8 - 3.6
Albumin/Globulin Ratio	3.79 <b>▲</b>	Ratio	1.1 - 2.2



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## Department of Pathology & Microbiology Test Report

### LABORATORY INVESTIGATION REPORT

<b>Patient Name :</b> Mr. RICHAN BAJAJA	<b>Age/ Sex :</b> 124 Year(s)/Female
<b>OPD No. :</b> TPSH.5566	<b>Order Date :</b> 14/09/2022 10:59
<b>Ref. Doctor :</b> OP	
<b>Ref. Doctor :</b> Self	
<b>Address :</b> MEDI WHEEL , Lucknow,Uttar Pradesh ,0	<b>Facility :</b> Tender Palm Superspecialty Hospital

#### LFTs (10)

Liver function tests, or LFTs, include tests that are routinely measured in all clinical laboratories. LFTs include bilirubin, a compound formed by the breakdown of hemoglobin; ammonia, a breakdown product of protein that is normally converted into urea by the liver; and being excreted by the kidneys; proteins that are made by the liver including total protein, albumin, prothrombin, and fibrinogen; and liver enzymes, which are made and secreted via the liver; and the enzymes alanine aminotransferase (ALT), aspartate aminotransferase (AST), alkaline phosphatase (ALP), gamma-glutamyl transferase (GGT), and lactate dehydrogenase (LDH). Other liver tests include serological tests (to demonstrate antibodies) and DNA tests for hepatitis and other viruses, and tests for cholelithiasis and smooth muscle antibodies, transaminase (aspartate), protein electrophoresis, bile acids, alpha-fetoprotein, and a panel of other enzymes that help differentiate necrosis (characterized by death of tissues) versus obstructive liver disease.

#### Hematology

Test Name	Result	Unit	Biological Ref Range
SR0000008			Report Date : 14/09/22 13:38
<b>GROUP RH &amp; ABO</b>			
Group (ABO Typing)	' A '		
Group (Rh typing)	Positive		
<b>COMPLETE BLOOD COUNT (CBC)</b>			
Hemoglobin	12.3 ▼	gm/dl	13.5 - 16
Hematocrit	4.38	x10 <sup>6</sup> /ul	4.2 - 5.4
WBC	35.0 ▼	%	37 - 47
Platelets	79.9	fl	78 - 100
Neutrophils	28.1	pg	27 - 31
Monocytes	35.1	g/dl	32 - 36



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## Department of Pathology & Microbiology Test Report

### LABORATORY INVESTIGATION REPORT

Patient Name : Mr. RUCHA BAJAJA

Age/Sex : 24 Year(s)/Female

IPD ID : TP5H5566

Order Date : 14/09/2022 10:59

Consultant : OP

Referral : Self

Address : MED WHEEL , Lucknow, Uttar Pradesh , IN

Facility : Tender Palm Superspecialty Hospital

Requester

WBC Count 15.3 ↓ % 11.5 - 14

Platelet Count 300 ×10<sup>3</sup>/ul 150 - 450

Hemoglobin 16.7 % 9 - 17

Hematocrit 0.25 % 0.2 - 0.5

MCV 0.5 fl 0.2 - 0.5

WBC Differential Count 7.7 ×10<sup>3</sup>/ul 4 - 10.5

Neutrophils 63 % 44 - 76

Lymphocytes 31 % 20 - 40

Monocytes 04 % 2 - 10

Eosinophils 02 % 1 - 6

Basophils 00 % 0 - 2

End of Report

Dr. P. Kashyap

M.D. (PATH.)



# TENDER PALM HOSPITAL

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## Department of Pathology & Microbiology Test Report

Patient ID	: NDB01049 /OPD	Regn/Sample Date	: 14-Sep-2022 01:48 PM
Patient Name	: MR. RICHAB BAJAPAI	Report Date	: 15-Sep-2022 05:11 AM
Age / Sex	: 24 Years / Male	Sample Type	: SERUM
Referred Dr	: TENDER PALM HOSPITAL	Contact No.	
		Barcode	

### HORMONES

Investigation	Value	Unit	Bio. Ref. Range
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#### Thyroid Function Test

(Method : Serum Chemiluminescence)

Triiodothyronine (Total T-3)	1.58	ng/ml	0.60-1.81
Thyroxine (Total T-4)	9.90	ug/dl	5.01-12.45
Thyroid-stimulating hormone (TSH)	<b>8.92</b>	uIU/mL	0.35-5.50

#### INTERPRETATION : (T3 & T4)

Total T3 and T4 values may also be altered in other conditions due to changes in serum proteins or binding sites. Pregnancy, Drugs (Androgens, Estrogens, O.C pills, Phenytoin) Nephrosis etc. In such cases Free T3 and Free T4 give corrected values.

#### INTERPRETATION : (TSH)

- 1) TSH results between 4.5 to 15 show considerable physiologic & seasonal variation, suggest clinical correlation or repeat testing with fresh sample.
- 2) TSH results between 0.1 to 0.45 require correlation with patient age & clinical symptoms. As with increasing age, there are marked changes in thyroid hormone production, metabolism & its actions resulting in an increased prevalence of subclinical thyroid disease.
- 3) TSH values may be transiently altered because of non-thyroidal illness like severe infections, liver disease, renal and heart failure, severe burns, trauma and surgery etc.
- 4) Drugs that decrease TSH values e.g. L-thyroxine, Glucocorticoid Drugs that increase TSH values e.g. iodine, Lithium, Amiodarone.

REFERENCE : Tietz Fundamentals of Clinical Chemistry

Checked By  
Page 1 of 1

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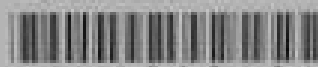




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## Department of Pathology & Microbiology Test Report

Patient ID	NDB01047 /OPD	Regn/Sample Date	14-Sep-2022 01:36 PM
Patient Name	MRS. RICHAB BAJAPAYI	Report Date	14-Sep-2022 01:39 PM
Age / Sex	24 Years / Female	Sample Type	SERUM
Referred Dr	TENDER PALM HOSPITAL	Contact No	
		Barcode	

### LIPID PROFILE

Investigation	Value	Unit	Bio. Ref. Range
<b>Lipid Profile</b>			
Nature Of Sample	Fasting		
Serum Cholesterol -Total	185	mg/dL	Desirable - Upto 200 Borderline High - 200-239 High - Above 240
<i>(Method: Enzymatic CHOD-PAP)</i>			
Serum Triglycerides	116	mg/dL	Normal: Below 161 High : 161-199 Hyper : 200-499 Very High : >499
<i>(Method : Glycerol Phosphate Oxidase )</i>			
HDL Cholesterol	58.7	mg/dL	42.0-88.0
<i>(Method: Direct)</i>			
LDL Cholesterol	103	mg/dL	Optimal: < 100 Near Optimal/Above Optimal: 100-129 Borderline High: 130-159 High : 160-189 Very High : >= 190
<i>(Method: Direct)</i>			
VLDL Cholesterol	23	mg/dL	6-38
CHOL/HDL RATIO	3.15		0-4.5

Note: Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.  
VLDL, CHOL/HDL RATIO, LDL Cholesterol, serum, are calculated parameters

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# TENDER PALM HOSPITAL

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## Department of Pathology & Microbiology Test Report

Patient ID	: NDB01047 /OPD	Regn/Sample Date	: 14-Sep-2022 01:39 PM
Patient Name	: MRS. RICHA BAJAPAYI	Report Date	: 14-Sep-2022 01:39 PM
Age / Sex	: 24 Years / Female	Sample Type	: SERUM
Referred Dr.	: TENDER PALM HOSPITAL	Contact No	
		Barcode	



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Page 2 of 2

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