**IPDNo** 





Diagnostics S. No. : LSHHI226460 MR No. : MR/21/008155
Patient Name : Mr. ATUL GOEL Doctor : Dr. SOMPAL

 Patient Name
 : Mr. ATUL GOEL
 Doctor
 : Dr. SOMPAL

 Age/Sex
 : 31 YRS
 Sex : Male
 Date & Time
 : 27-Nov-2021 12:34 PM

OPD/IPD : OPD : Sample Collection : 27-Nov-2021 12:54 PM

Reporting Date/Time : 27-Nov-2021 02:16 PM

ReferDoctor:

#### **BIO-CHEMISTRY**

Test Name	Status	Result	Biological Reference Interval	Unit
<b>BLOOD GLUCOSE FASTING</b>				
BLOOD SUGAR FASTING		94	70-110	mg/dl
BLOOD GLUCOSE PP				
BLOOD SUGAR PP	Н	156	80-140	mg/dl
	HAI	EMATOLOGY		
BLOOD GROUP And RH TYPE				
BLOOD GROUP ABO & Rh		"A" POSITIVE	-	
CBE(COMPLETE BLOOD COUNT	<u>r)</u>	5.3		
HAEMOGLOBIN		16.2	13.0-17.0	gm/dl
TLC (Total Leucocyte Count)		8200	4000-11000	/cumm
NEUTROPHILS		47	45-75	%
LYMPHOCYTES		38	20-45	%
EOSINOPHILS		05	0-06	%
MONOCYTES		10	02-10	%
BASOPHILS		00	0-2	%
RBC		5.02	3.8-5.5	Millions/cmm
PCV/HAEMATOCRIT	Н	46.5	35-45	.%
MCV		92.6	76-96	fl
МСН	Н	32.3	27-31	Picogram
MCHC		34.8	30-35	gm/dl
RDW		13.1	11.5-14.5	%
PLATELETS		3.43	1.5-4.0	Lacs
A STATE OF S	BIO-	CHEMISTRY		

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Page 1 of 3

(This is only professional opinion and not the diagnosis, Please correlate clinically)

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PARK GROUP OF HOSPITALS: West Delhi • South Delhi • Gurgaon • Karnal • Panipat • Hodal • Ambala • Behror





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		, Keici	Doctor.	
CREATININE SERUM CREATININE		0.6	0.6-1.4	m a /dl
CREATININE		0.6	0.6-1.4	mg/dl
		HAEMATOLOGY		
ESR				
ESR		08	0-20	mm/1sthr
		<b>BIO-CHEMISTRY</b>		
LFT(LIVER FUNCTION TES	ST)			
BILIRUBIN (TOTAL)		1.0	0.1-1.2	mg/dl
BILIRUBIN DIRECT		0.2	0.0-0.3	mg/dl
BILIRUBIN INDIRECT		0.8	0.1-0.9	mg/dl
SGOT (AST)	21	25	0-40	IU/L
SGPT (ALT)	Н	45	0-40.0	IU/L
ALK.PHOSPHATASE	L	41	42.0-119	IU/L
TOTAL PROTEIN		6.8	6.0-8.0	gm/dl
ALBUMIN		4.0	3.20-5.0	gm/dl
GLOBULIN		2.8	2.30-3.80	gm/dl
A/G Ratio		1.4	1.0-1.60	
LIPID PROFILE				
TOTAL CHOLESTEROL		166	0-200	mg/dL
TRIGLYCERIDE		117	0-161	mg/dL
HDL-CHOLESTEROL		51	35.0-85	mg/dL
LDL CHOLESTEROL		91.6	0-130	mg/dL
VLDL .		23.4	0-40	mg/dL
LDL / HDL RATIO		1.8	0.0-3.55	
UREA				
BLOOD UREA		25	13.0-45.0	mg/dl
URIC ACID, SERUM				

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Page 2 of 3

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URIC ACID 4.1 3.0-7.2 mg/dl

## CLINICAL PATHOLOGY

### URINE ROUTINE EXAMINATION

VOLUME	 40		. ml
COLOUR	P.YELLOW	-	
APPEARANCE	CLEAR		
URINE pH	6,5	5.5-8.5	500
SPECIFIC GRAVITY	1.015	1.005-1.030	
KETONE	NEG	-	
URINE PROTEIN	NEG	_	
URINE SUGAR	NEG	-	
PUS CELLS	0-1	1-2	/HPF
RBC CELLS	NIL	-	/HPF
EPITHELIAL CELLS	0-1	2-3	/HPF
CRYSTALS	NIL	41 - 1,	
CASTS	NIL	2	

LAB TECHNICIAN

Dr. BHARAT JINDAL

Dr. NISHTHA KHERA

Dr. PARDIP KUMAR

MD (PATHOLOGY)

MBBS, MD (PATHOLOGY)

CONSULTANT(MICROBIOLOGY)

Page 3 of 3

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## ognosis Laboratories

National Reference Lab.: 515-516, Sector-19, D.D.A. Plotted Development, Dwarka, New Delhi-110075

8130192290 
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 □ care@prlworld.com



Lab No. Name

012111280046

Age/Gender 31 YRS/MALE Coll. On

28/Nov/2021 07:52AM

Mr. ATUL GOEL

Reg. On

28/Nov/2021

ESIC Ref. Dr. Rpt. Centre undefined

Approved On 28/Nov/2021 10:32AM

**Printed On** 

02/Dec/2021 02:55PM

**Test Name** 

Unit

**Biological Reference** 

Interval

#### **BIOCHEMISTRY**

HbA1c (Glycosylated haemoglobin), whole blood

4.0 - 6.0

Method : Calculated

Estimated average plasma Glucose

102.54

Value

mg/dL

65 - 136

The test is approved by NGSP for patient sample testing.

Interpretation:

Metabolically normal patients	%	4.0 - 6.0
Good control:	% .	< 7.0
Fair control:	%	7.0 - 8.0
Poor control:	%	> 8.0

Glycosylated hemoglobin or HbA1C is a reliable indicator of mean plasma glucose levels for a period of 8-12 weeks preceding the date on which the test is performed and is a more reliable indicator of overall blood sugar control in known diabetic patients than blood sugar levels. A value of 4-6 % is usually seen in metabolically normal patients, however diabetics with very good control can also yield similar values. The HbA1c test, thus can not be used to differentiate between diabetic patients with very good control over the plasma glucose levels from metabolically normal, non-diabetic subjects as both groups may reveal very similar values in the assay.

Dr. Smita Sadwani MD(Biochemistry) **Technical Director** 

Dr. Mukesh Sharma MD(Microbiology) Consultant Microbiologist Lab Director

Dr. Deepak Sadwani Dr. Ashish Gautam

MD(Pathology)

MD, PGDCC

Dr. Moushmi Mukherjee MBBS,MD (Pathology) Consultant Pathologist Consultant Cardiologist



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ESIC

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Rpt. Centre

undefined

**Printed On** 

02/Dec/2021 02:55PM

**Biological Reference** 

**Test Name** 

Value

Unit

Interval

#### IMMUNOLOGY

TSH (Hypersensitive), serum

uIU/ml

0.35 - 5.50

Please note the change in reference ranges

#### Interpretation:

- 1. Primary hyperthyroidism is accompanied by elevated serum FT3 and FT4 values alongwith depressed TSH levels.
- 2. Primary hypothyroidism is accompanied by depressed serum FT3 and FT4 values and elevated serum TSH levels.
- 3. High FT3 levels accompanied by normal FT4 levels and depressed TSH levels may be seen in T3 toxicosis.
- 4. Central hypothyroidsm occurs due to pitutary or thalamic malfunction (secondary and tertiary hypothyroidism respectively). This relatively rare but important condition is indicated by presence of low serum FT3 and FT4 levels, in conjunction with TSH levels that are paradoxically either low/normal or are not elevated to levels that are

The following ranges are recommended for pregnant females:

First trimester	uIU/ml	0.1 - 2.5
Second trimester	ůIU/ml	0.2 - 3.0
Third trimester	uIU/ml	0.3 - 3.0

\*Disclaimer: This is an electronically validated report, if any discrepancy found should be confirmed by user. This test was performed at Prognosis Laboratories, 515-516, Sector 19, Dwarka, New Delhi-110075. **End Of Report** 

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