

Patient Name : Mr. RAMAN SHARMA UHID : 33163
Age / Gender : 30 / Male IPNO :
Referred By : Dr. VISHWAS BHARDWAJ Requisitions : 11/02/2023 / 8.53 AM
Req.No : 2308948 Sample collection : 11/02/2023
Patient Type : OPD Sample Receiving : 11/02/2023
Reported on : 11/02/2023 / 11.33 AM

BIOCHEMISTRY

BLOOD GROUP And RH TYPE

Specimen Type :

BIOLOGICAL

TEST NAME	RESULT	UNITS	REF. INTERVAL	METHOD
Blood Group	" A " RH POSITIVE			MATRIX GEL ABO/Rho (D) FORWARD & REVERSE GROUPING

-** End of Report ****-**

Please Correlate With Clinical Findings

Lab Technician

Dr. GAURVI PIPLANI
MD (Pathology)

Dr. KANIKA GUPTA
MD (Pathology)

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Reported on : 11/02/2023 / 3.47 PM

BIOCHEMISTRY

BLOOD SUGAR FASTING

Specimen Type	BIOLOGICAL			
TEST NAME	RESULT	UNITS	REFERENCE	METHOD
Plasma glucose(fasting.)	85.2	mg/dl	70 - 110	GOD-POD Hexokinase

****** End of Report ******

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Reported on : 11/02/2023 / 2.30 PM

BIOCHEMISTRY

BSPP (BLOOD SUGAR PP)

Specimen Type

BIOLOGICAL

TEST NAME

RESULT

UNITS

REFERENCE

METHOD

FASTING PP

Plasma Glucose(POST Prandial) 100.6 mg/dl 90 - 140 GOD-POD Hexokinase

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*Performed on fully Automated Dimension X-Pand plus BioChemistry Analyser.

*External Quality Control by Biorad Laboratory.

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HAEMATOLOGY

COMPLETE HAEMOGRAM (CBC ESR)

Specimen Type : Whole Blood

TEST NAME	RESULT	UNITS	BIOLOGICAL	
			REF. INTERVAL	METHOD
Haemoglobin	14.1	gm/dl	13.0 - 17.5	Cyanide-Free Colorimetry
Total Leucocyte Count	4800		4000 - 11000	Impedance Variation
<u>DIFFERENTIAL COUNT</u>				
Neutrophils.	57	%	40.0 - 75.0	Flow Cytometry
Lymphocytes.	33	%	20.0 - 45.0	Flow Cytometry
Monocytes	08	%	2.0 - 10.0	Flow Cytometry
Eosinophils.	02	%	0.0 - 4.0	Flow Cytometry
Basophils	00	%	0.0 - 1.0	Flow Cytometry
Platelet Count	1.84	1000/cumm	1.50 - 4.50	Electrical Impedance
RED BLOOD CELL COUNT	4.35	millions/cum m	3.5 - 5.5	Electrical Impedance
PACKED CELL VOLUME	38.8	%	36 - 46	Calculated
MEAN CORPUSCULAR VOLUME	89.3	fL	76 - 96	Measured
MEAN CORPUSCULAR HAEMOGLOBIN	32.4	pg	27 - 32	Calculated
MEAN CORPUSCULAR Hb CONC	36.3	gm/dl	33 - 37	Calculated

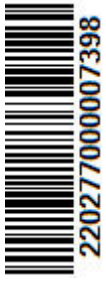
-**** End of Report ****-

Please Correlate With Clinical Findings

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Dr. KANIKA GUPTA
MD (Pathology)



Mr. RAMAN SHARMA 33163

PID NO: P2772200008178
Age: 30.0 Year(s) Sex: Male



Reference: Dr.PARK HOSPITAL

Sample Collected At:
HEALING TOUCH SUPER SPECIALITY
HOSPITAL A UNIT OF BLUE HEAVENS
HEALTHCARE PVT LTD
CHANDIGARH AMBALA HIGHWAY VILL
SADOPUR AMBALA CITY HARYANA
134002

Sample Processed At: DOGRA PATH
LAB LLP, #16, SECTOR -7, URBAN
ESTATE, AMBALA, HARYANA, INDIA, 131002

VID: 220277000007398

Registered On:
11/02/2023 07:28 PM
Collected On:
11/02/2023 7:28PM
Reported On:
11/02/2023 08:48 PM

HbA1c Glycated Haemoglobin

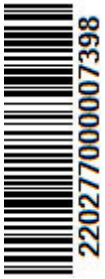
(EDTA Whole Blood)

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
HbA1C- Glycated Haemoglobin (HPLC)	5.5	%	Non-diabetic: ≤ 5.6 Pre-diabetic: 5.7-6.4 Diabetic: ≥ 6.5
Estimated Average Glucose (eAG) (Calculated)	111.15	mg/dL	

Interpretation & Remark:

- 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 2022, for diagnosis of diabetes using a cut-off point of 6.5%.
- Trends in HbA1c are a better indicator of diabetic control than a solitary test.
- Low glycated haemoglobin(below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia(especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
- To estimate the eAG from the HbA1C value, the following equation is used: $eAG(mg/dl) = 28.7 \times A1c - 46.7$
- Interference of Haemoglobinopathies in HbA1c estimation.
 - For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
 - Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
 - Heterozygous state detected (D10/ turbo is corrected for HbS and HbC trait).
- In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control. Excellent Control - 6 to 7 %, Fair to Good Control - 7 to 8 %, Unsatisfactory Control - 8 to 10 % and Poor Control - More than 10 % .

Note : Hemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy.



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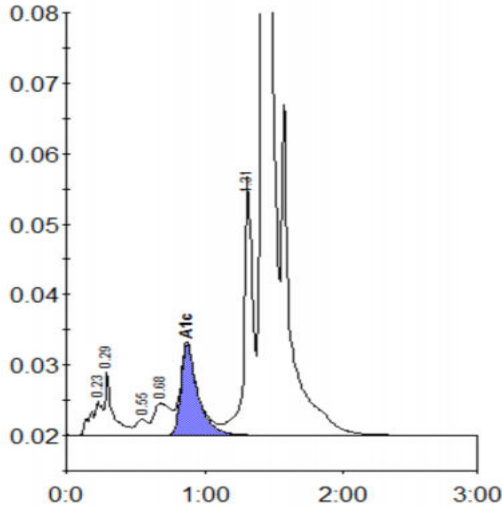
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LAB LLP, #16, SECTOR -7, URBAN
ESTATE, AMBALA, HARYANA, INDIA, 134002

Patient report

Bio-Rad DATE: 02/11/2023
D-10 TIME: 08:26 PM
S/N: #DJ0B473021 Software version: 4.30-2
Sample ID: 0249905523
Injection date: 02/11/2023 08:19 PM
Injection #: 15 Method: HbA1c
Rack #: --- Rack position: 8



Peak table - ID: 0249905523

Peak	R.time	Height	Area	Area %
A1a	0.23	4873	28231	1.0
A1b	0.29	9024	35475	1.3
F	0.55	2292	13858	0.5
LA1c/CHb-1	0.68	4534	38967	1.4
A1c	0.87	12825	109198	5.5
P3	1.31	36664	159529	5.9
A0	1.43	852013	2325468	85.8
Total Area:		2710725		

Concentration:	%
A1c	5.5

-- End of Report --

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BIOCHEMISTRY

KFT(KIDNEY FUNCTION TEST)/RFT/Renal Profile

Specimen Type	Serum	BIOLOGICAL			
TEST NAME	RESULT	UNITS	REFERENCE	METHOD	
Urea Creatinine					
Serum Urea	16.7	mg/dl	13 - 45	UreaseGLDH	
Serum Creatinine	1.18	mg/dL	Male: 0.6 - 1.3	Modified JAFFEs	
Serum Uric Acid	3.84	mg/dl	Adult Male: 3.5 - 7.2	Uricase Trinder, End Point (Toos)	
Serum Sodium	142.8	meq/l	135 - 155	ISE Indirect	
Serum Potassium	4.78	meq/l	3.5 - 5.6	ISE Indirect	

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BIOCHEMISTRY

LFT(LIVER FUNCTION TEST)

Specimen Type	Serum	BIOLOGICAL			
TEST NAME	RESULT	UNITS	REFERENCE	METHOD	
TOTAL BILIRUBIN	0.71	mg/dL	0.1 - 1.2	Diazotized Sulphanilic Acid	
DIRECT BILIRUBIN	0.33	mg/dL	0.00 - 0.20	Diazotized Sulphanilic Acid	
INDIRECT BILIRUBIN	0.38	mg/dL	0.0 - 0.9	Diazotized Sulphanilic Acid	
SGOT (AST)	45.4	IU/L	0 - 35	IFCC WPP AMP	
SGPT (ALT)	82.5	IU/L	5 - 40	IFCC WPP AMP	
Alkaline Phosphatase	62.8	IU/L	Adult: 50 - 136	Modified IFCC	
Total Protein	4.29	g/dl	6.4-8.2	Biuret Endpoint	
Albumin - Serum	4.60	g/DL	3.2 - 5.0	Photometric Column test BCG Dye	
Globulin	0.31	gms%	2.3 - 4.5		

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OTHER INVESTIGATIONS

T3, TRIIODOTHYRONINE

Specimen Type	BIOLOGICAL			
TEST NAME	RESULT	UNITS	REFERENCE	METHOD
Tri-iodothyronine (T3)	1.35	ng/mL	0.69 - 2.15	CLIA

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IMMUNOLOGY

T4,TOTAL

Specimen Type	BIOLOGICAL			
TEST NAME	RESULT	UNITS	REFERENCE	METHOD
Thyroxine (T4)	117	ng/mL	52 - 127	CLIA

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IMMUNOLOGY

TSH TOTAL

Specimen Type			BIOLOGICAL	
TEST NAME	RESULT	UNITS	REFERENCE INTERVAL	METHOD
Thyroid Stimulating Hormone (TSH)	2.74	µIU/mL	0.3 - 4.5	CLIA

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CLINICAL PATHOLOGY

URINE ROUTINE MICROSCOPY

Specimen Type	BIOLOGICAL			
TEST NAME	RESULT	UNITS	REFERENCE	METHOD
PHYSICAL EXAMINATION				
volume	20	ml		
colour	Pale Yellow		Pale Yellow	
Appearance	Clear		Clear	
Specific Gravity	1.025			Polyelectrolytes Ionic
reaction	Acidic		Acidic	
pH -Urine	5.0			PH paper
Blood	Negative		Negative	
Albumin	NIL		NIL	Protein-error-of-Indicator/Sulphosalicylic Acid
Glucose	NIL		NIL	GODPOD/Benedicts
Bile Salt	NIL		NIL	
Bile Pigment	NIL		NIL	Diazo/Fouchets Test
Urobilinogen	NIL		NIL	Elrich Aldehyde

**** End of Report ****

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CLINICAL PATHOLOGY

MICROSCOPIC EXAMINATION

PUS CELLS - URINE	1-2		
Red blood cells	Nil	NIL	
Epithelial Cells - Urine	1-2	4---5/HPF	
Casts	NIL	NIL	Microscopic
Crystals.	NIL	NIL	Microscopic

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

-**** **End of Report** ****-

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