PREM-DHARAM
HOSPITAL & DIAGNOSTICS
(Govt. Recognised Advanced 3D-4D Ultrasound and State-of-the-art Digital X-Ray Centre)
Regn. No.: GZB02641
10D-180 (Near Nagar Nigam Office), Vasundhara, Ghaziabad, Phone: 0120-4127779, 9999004884

Name	: **Mr. Sandeep Kumar**	**Patient ID**	: **24/090300005**
Visit No.	: SR240903005	Received On	: 09/03/2024 11:00
Age/Gender	: 44 Y/Male	Collected On	: 09/03/2024 11:00
Referred by	: PREM-DHARAM HOSPITAL	Reported On	: 10/03/2024 11:09
		Barcode	: PDH226AB

IMMUNOLOGY

THYROID PROFILE

Test Name	Obtained Value	Units	Bio. Ref. Intervals(Age/Gender specific)
TOTAL TRIIODOTHYRONINE (T3)	104.63	ng/dL	60 - 200
Methodology : Chemiluminescence Immunoassay(CLIA)			
TOTAL THYROXINE (T4)	4.67	ug/dl	4.5 - 12
Methodology : Chemiluminescence Immunoassay(CLIA)			
THYROID STIMULATING HORMONE (TSH)	3.20	ulU/mL	0.35 –5.50 Newborns: 0.70 - 15.2 Peadiatric: 2weeks-4 months :1.7-9.1 <12 months : 1.36 - 8.8 1- 6 years : 0.85 - 6.5 7-12 years : 0.28 – 4.3 Pregnancy: 1st Trimester: 0.1-2.5 2nd&3rd Trimester:0.2-3.0

Methodology : Chemiluminescence Immunoassay(CLIA)

Sample Type : serum

Interpretation Notes:

Note:
1. TSH levels are subject to circadian variation, reaching peak levels between 2-4 a.m. and at a minimum between 6-10 pm. The variation is of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations.
2. Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically
3. Physiological rise in Total T3/T4 levels is seen in pregnancy and in patients on steroid therapy.

*** End Of Report ***

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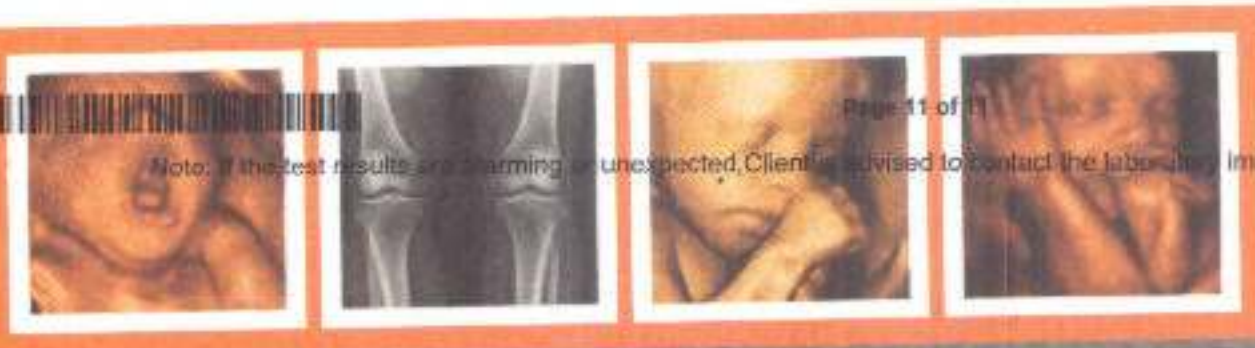
Dr. Vivek Kapoor
Consultant Pathologist

Note: If the test results are alarming or unexpected, Client is advised to contact the labs-Drs immediately for possible remedial action.



- 3D/4D Ultrasound
- Whole Body Color Doppler
- Digital X-Ray (24 Hours)
- 2D Echocardiography
- ECG-3 Channel

Emergency Helpline Number. 9654714884

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HOSPITAL & DIAGNOSTICS
(Govt. Recognised Advanced 3D-4D Ultrasound and State-of-the-art Digital X-Ray Centre)
Regn. No.: GZB02641
10D-100 (Near Nagar Nigam Office), Vasundhara, Ghaziabad, Phone: 0120-4127778, 9899004884

Name	: **Mr. Sandeep Kumar**	**Patient ID**	: **24/090300005**
Visit No.	: SR240903005	Received On	: 09/03/2024 11:00
Age/Gender	: 44 Y/Male	Collected On	: 09/03/2024 11:00
Referred by	: PREM-DHARAM HOSPITAL	Reported On	: 10/03/2024 11:09
		Barcode	: PDH226AB

IMMUNOLOGY

Test Name	Obtained Value	Units	Bio. Ref. Intervals(Age/Gender specific)
PROSTATE SPECIFIC ANTIGEN -TOTAL	0.87	ng/mL	0.0-4.0

Methodology : Chemiluminiscence

Interpretation Notes:

The PSA test and digital rectal exam (DRE) may be used to screen both asymptomatic and symptomatic men for prostate cancer. PSA is a protein produced primarily by cells in the prostate and most of the PSA is released into semen, but small amounts of it are also released into the blood. PSA exists in two forms in the blood: free (not bound) and complexed (cPSA, bound to other proteins). Lab tests can measure free PSA or total PSA (bound plus unbound).Some organizations, such as the U.S. Preventive Services Task Force, feel that the harms associated with over-diagnosis and over-treatment outweigh the potential benefits and advise against using PSA to screen for prostate cancer in healthy men of any age. The American Cancer Society and the American Urological Association recommend that men discuss the advantages and disadvantages of PSA-based screening for prostate cancer with their healthcare provider before making an informed decision about whether to be screened or not.While elevated PSA levels are associated with cancer, they may be caused by other conditions, such as benign prostatic hyperplasia (BPH) and inflammation of the prostate. An elevated PSA may be followed by a biopsy, which has risk of complications such as pain, fever, blood in the urine, or urinary tract infection. (Read the article on Anatomic Pathology for more information about biopsies.)

Sample Type : serum

*** End Of Report ***

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Consultant Pathologist

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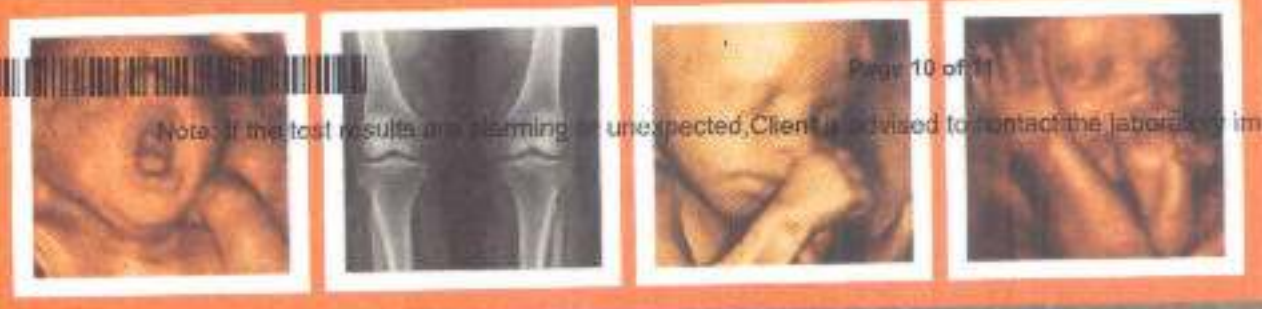

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Regn. No.: GZB02641
10D-180 (Near Nagar Nigam Office), Vasundhara, Ghaziabad, Phone: 0120 4127778, 9899004884

Name	: **Mr. Sandeep Kumar**	**Patient ID**	: **24/090300005**
Visit No.	: SR240903005	Received On	: 09/03/2024 11:00
Age/Gender	: 44 Y/Male	Collected On	: 09/03/2024 11:00
Referred by	: PREM-DHARAM HOSPITAL	Reported On	: 09/03/2024 15:34
		Barcode	: PDH226AB

HAEMATOLOGY

COMPLETE BLOOD COUNT

Test Name	Obtained Value	Units	Bio. Ref. Intervals(Age/Gender specific)
HAEMOGLOBIN	17.0	g/dl	13.0- 17.5
Methodology : Colorimetric			
RED BLOOD CELL COUNT (RBC)	5.40	millions/mm^3	4.5 - 6
Methodology : Electrical Impedence			
PACKED CELL VOLUME/HEMATOCRIT (PCV)	48.1	% Vol	40 - 50
Methodology : Calculated			
MEAN CORPUSCULAR VOLUME (MCV)	89.1	fL	80 - 96
Methodology : Calculated			
MEAN CORPUSCULAR HAEMOGLOBIN (MCH)	**33.6**	pg	27 - 33
Methodology : Calculated			
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION (MCHC)	**37.7**	g/dl	31 - 36
Methodology : Calculated			
RED CELL DISTRIBUTION WIDTH (RDW-CV)	14.5	%	11 - 16
Methodology : Automated-Cell Counter			
RED CELL DISTRIBUTION WIDTH (RDW-SD)	42.7	fL	35 - 56
Methodology : Automated-Cell Counter			
TOTAL LEUCOCYTE COUNT	4.62	10^3/µL	4 - 11
Methodology : Flow Cytometry			
DIFFERENTIAL COUNT (DC)			
NEUTROPHILS	58	%	40 - 75
LYMPHOCYTES	34	%	20 - 45
EOSINOPHILS	05	%	0 - 6
MONOCYTES	03	%	0 - 10
BASOPHILS	00	%	0 - 1
ABSOLUTE NEUTROPHIL COUNT (ANC)	2.7	10^3/µL	2 - 8
Methodology : Calculated			
ABSOLUTE LYMPHOCYTE COUNT (ALC)	1.5	10^3/µL	0.8 - 7
Methodology : Calculated			
ABSOLUTE EOSINOPHIL COUNT (AEC)	0.3	10^3/µL	0.02 - 0.8
Methodology : Calculated			

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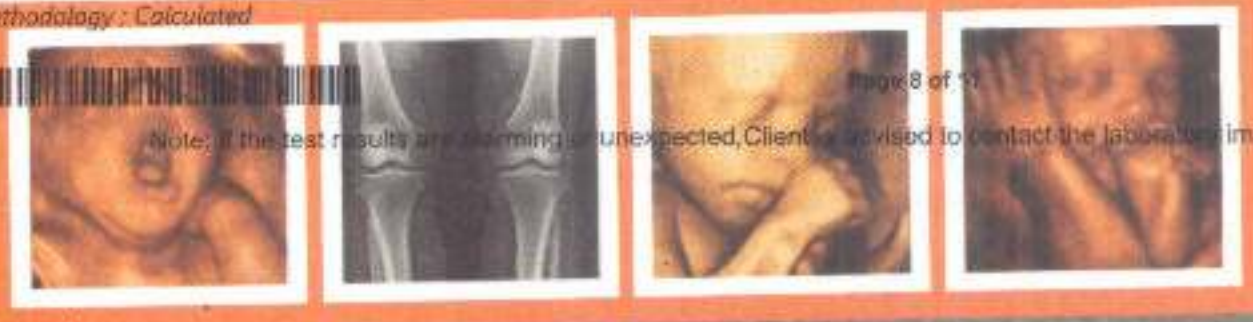

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Emergency Helpline Number. 9654714884

PREM-DHARAM
HOSPITAL & DIAGNOSTICS
(Govt. Recognised Advanced 3D-4D Ultrasound and State-of-the-art Digital X-Ray Centre)
Regn. No.: GZB02641

10D-100 (Near Nagar Nigam Office), Vasundhara, Ghaziabad, Phone: 0120-4127778, 9899004884

Name	: **Mr. Sandeep Kumar**	**Patient ID**	: **24/090300005**
Visit No.	: SR240903005	Received On	: 09/03/2024 11:00
Age/Gender	: 44 Y/Male	Collected On	: 09/03/2024 11:00
Referred by	: PREM-DHARAM HOSPITAL	Reported On	: 09/03/2024 15:34
		Barcode	: PDH226AB

ABSOLUTE MONOCYTE COUNT (AMC)	0.19	10^3/µL	0.12 - 1.2
Methodology : Calculated			
ABSOLUTE BASOPHIL COUNT (ABC)	00	10^3/µL	0 - 0.1
Methodology : Calculated			
PLATELET COUNT	382	10^3/µL	150 - 450
Methodology : Electrical Impedence			
MEAN PLATELET VOLUME (MPV)	7.1	fL	7 - 12
Methodology : Electrical Impedence			
PLATELET DISTRIBUTION WIDTH (PDW)	**18.6**	fL	9 - 17
Methodology : Calculated			
PCT(PLATELET CRIT)	0.20	%	0.108 - 0.282
Methodology : Calculated			
P-LCR	11.0	%	11 - 45
Methodology : Calculated			
P-LCC	38.0	10?9/L	30 - 90
Methodology : Calculated			

Sample Type : Whole Blood-EDTA

*** End Of Report ***

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Dr. Vivek Kapoor
Consultant Pathologist

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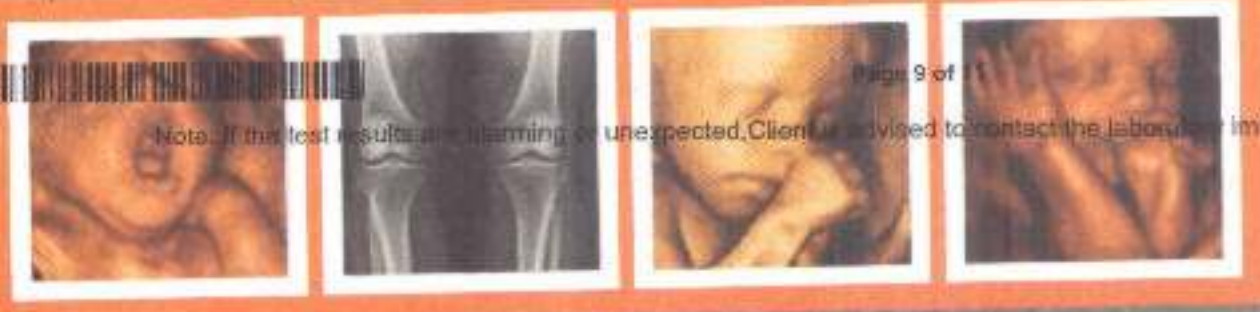

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HOSPITAL & DIAGNOSTICS
(Govt. Recognised Advanced 3D-4D Ultrasound and State-of-the-art Digital X-Ray Centre)
Regn. No.: GZB02641
10D-160 (Near Nagar Nigam Office), Vasundhara, Ghaziabad, Phone: 0120-4127778, 9899004884

Name	**: Mr. Sandeep Kumar**	**Patient ID**	**: 24/090300005**
Visit No.	: SR240903005	Received On	: 09/03/2024 11:00
Age/Gender	: 44 Y/Male	Collected On	: 09/03/2024 11:00
Referred by	: PREM-DHARAM HOSPITAL	Reported On	: 10/03/2024 11:09
		Barcode	: PDH226AB

HAEMATOLOGY

HbA1c

Test Name	Obtained Value	Units	Bio. Ref. Intervals(Age/Gender specific)
GLYCOSYLATED HAEMOGLOBIN(HbA1c)	5.5	%	4.5 - 6.0 Good Control : 6.1-7.0 Fare Control : 7.1-9.0 Poor Control : >9.0
Methodology : HPLC			
ESTIMATED AVERAGE GLUCOSE(eAG)	111.15	mg/dL	90 – 120 Excellent Control 121 – 150 Good Control 151 – 180 Average Control 181 – 210 Action Suggested > 211 Panic Value

Methodology : Calculated

Sample Type : Whole Blood-EDTA

Interpretation Notes:

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.

Note: If variant hemoglobin is observed in HbA1c HPLC screen, HbA1c levels may not truly represent in vivo condition. In such condition HbA1c analysis by HPLC may not be the method of choice. You are advised to consult your referring physician and discuss the alternative tests as suggested below.

Advised:

1.To follow patient for glycemic control test like fructosamine or glycated albumin may be performed instead. 2.Hemoglobin HPLC screen to analyze abnormal hemoglobin variant.

estimated Average Glucose (eAG) :

estimated Average Glucose (eAG) based on value calculated according to National Glycohemoglobin Standardization Program (NGSP) criteria.

*** End Of Report ***

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Consultant Pathologist

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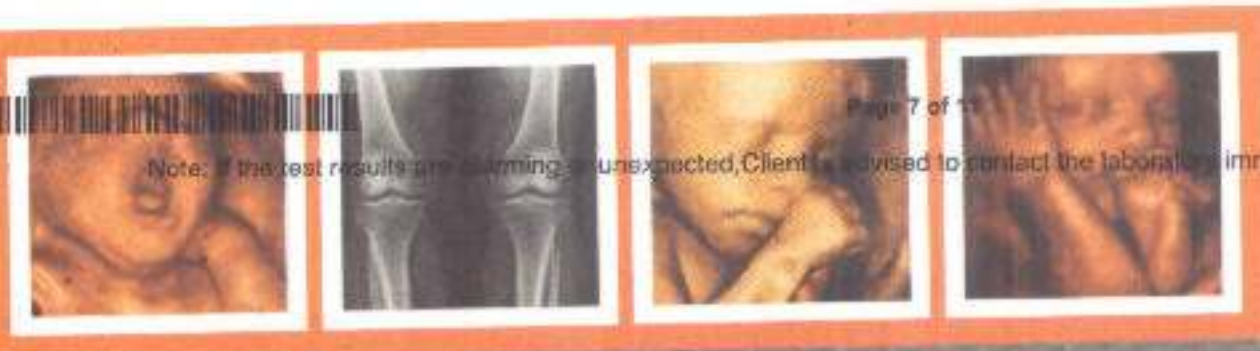

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- ECG-3 Channel

Emergency Helpline Number. 9654714884

PREM-DHARAM
HOSPITAL & DIAGNOSTICS

(Govt. Recognised Advanced 3D-4D Ultrasound and State-of-the-art Digital X-Ray Centre)

Regn. No.: GZB02641

10D-160 (Near Nagar Nigam Office), Vasundhara, Ghaziabad, Phone: 0120 4127778, 9899004884

Name	: **Mr. Sandeep Kumar**	**Patient ID**	: **24/090300005**
Visit No.	: SR240903005	Received On	: 09/03/2024 11:00
Age/Gender	: 44 Y/Male	Collected On	: 09/03/2024 11:00
Referred by	: PREM-DHARAM HOSPITAL	Reported On	: 09/03/2024 16:34
		Barcode	: PDH226AB

HAEMATOLOGY

Test Name	Obtained Value	Units	Bio. Ref. Intervals(Age/Gender specific)
BLOOD GROUP, RH FACTOR			
Methodology : Forward & Reverse			
Blood Grouping	"B"		
RH Typing	POSITIVE		
ERYTHROCYTE SEDIMENTATION RATE (ESR)	**12**	mm in 1st hr	0 - 10
Methodology : Westergreen			

Interpretation Notes: The erythrocyte sedimentation rate (ESR or sed rate) is a relatively simple, inexpensive, non-specific test that has been used for many years to help detect inflammation associated with conditions such as infections, cancers, and autoimmune diseases.ESR is said to be a non-specific test because an elevated result often indicates the presence of inflammation but does not tell the health practitioner exactly where the inflammation is in the body or what is causing it. An ESR can be affected by other conditions besides inflammation. For this reason, the ESR is typically used in conjunction with other tests, such as C-reactive protein.ESR is used to help diagnose certain specific inflammatory diseases, including temporal arteritis, systemic vasculitis and polymyalgia rheumatica. (For more on these, read the article on Vasculitis.) A significantly elevated ESR is one of the main test results used to support the diagnosis.This test may also be used to monitor disease activity and response to therapy in both of the above diseases as well as some others, such as lupus.

Sample Type : Whole Blood-EDTA

*** End Of Report ***

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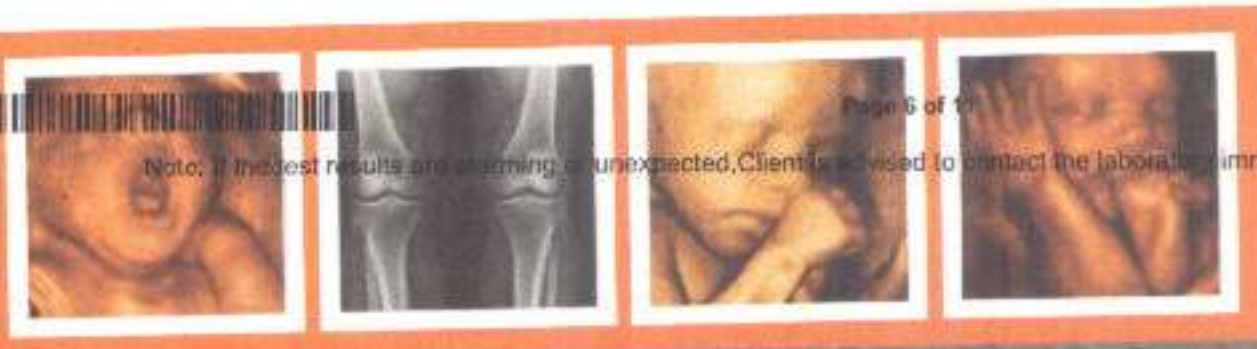
Dr. Vivek Kapoor
Consultant Pathologist

Note: If Highest results are alarming or unexpected,Client is advised to contact the laboratory immediately for possible non-odial action.



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HOSPITAL & DIAGNOSTICS
(Govt. Recognised Advanced 3D-4D Ultrasound and State-of-the-art Digital X-Ray Centre)
Regn. No.: GZB02641
10D-180 (Near Nagar Nigam Office), Vasundhara, Ghaziabad, Phone: 0120-4127773, 8800004884

Name	: **Mr. Sandeep Kumar**	**Patient ID**	: **24/090300005**
Visit No.	: SR240903005	Received On	: 09/03/2024 11:00
Age/Gender	: 44 Y/Male	Collected On	: 09/03/2024 11:00
Referred by	: PREM-DHARAM HOSPITAL	Reported On	: 09/03/2024 19:54
		Barcode	: PDH226AB

CLINICAL PATHOLOGY

Test Name	Obtained Value	Units	Bio. Ref. Intervals(Age/Gender specific)
URINE ROUTINE			
PHYSICAL EXAMINATION			
Quantity	20	ml	-
colour	PALE YELLOW		-
Appearance	CLEAR		-
pH	6.0		4.5 - 8
Specific Gravity	1.015		1.005 - 1.025
MICROSCOPIC EXAMINATION			
Pus Cells	3-4	/HPF	1 - 3
RBC CELLS	NIL	/HPF	-
Epithelial Cells	1-2	/HPF	1 - 2
Casts	ABSENT	/Hpf	-
Crystals	ABSENT	/Hpf	-
CHEMICAL EXAMINATION			
Albumin/Protein	ABSENT		-
Glucose	ABSENT		-
Urobilinogen	ABSENT		-
Blood	ABSENT		-
Nitrite	ABSENT		-
Leucocyte	ABSENT		-

Interpretation Notes:

Sample Type : URINE

*** End Of Report ***

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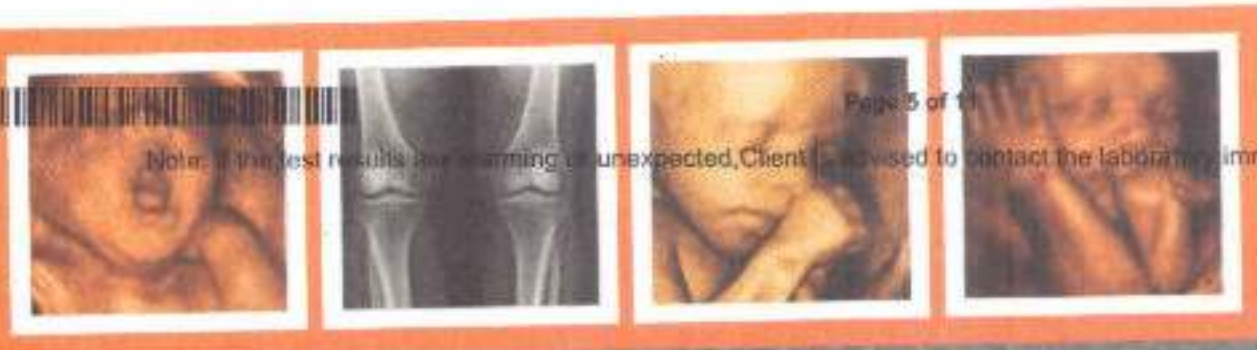

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Regn. No.: GZB02641
10D-180 (Near Nagar Niyam Office), Vasundhara, Ghaziabad, Phone: 0120-4127779, 9899004884

Name	: **Mr. Sandeep Kumar**	**Patient ID**	: **24/090300005**
Visit No.	: SR240903005	Received On	: 09/03/2024 11:00
Age/Gender	: 44 Y/Male	Collected On	: 09/03/2024 11:00
Referred by	: PREM-DHARAM HOSPITAL	Reported On	: 09/03/2024 15:34
		Barcode	: PDH226AB

CLINICAL BIOCHEMISTRY

RENAL FUNCTION TEST

Test Name	Obtained Value	Units	Bio. Ref. Intervals(Age/Gender specific)
BLOOD UREA	22.9	mg/dL	10 - 45
Methodology : Urease			
BLOOD UREA NITROGEN (BUN)	11	mg/dL	5 - 21
Methodology : Calculated			
SERUM CREATININE	0.88	mg/dL	0.7 - 1.4
Methodology : Jaffe Kinetic			
SODIUM - SERUM	143.6	meq/L	135 - 155
Methodology : ISE			
POTASSIUM - SERUM	3.96	meq/L	3.5 - 5.5
Methodology : ISE			
CHLORIDE - SERUM	100.3	mmol/L	98 - 106
Methodology : ISE			
CALCIUM - SERUM	8.89	mg/dL	8.6 - 11
Methodology : Arsenazo			
EGFR	135	mL/min/1.73 m2	90 - 180 > = 90 : Normal 60 - 89 : Mild Decreas 45 - 59 : Mild to Moderate Decrease 30 - 44 : Moderate to Severe Decrease 15 - 29 : Severe Decrease
URIC ACID - SERUM	4.31	mg/dL	3.5 - 7.2
Methodology : URICASE			

Sample Type : serum

*** End Of Report ***

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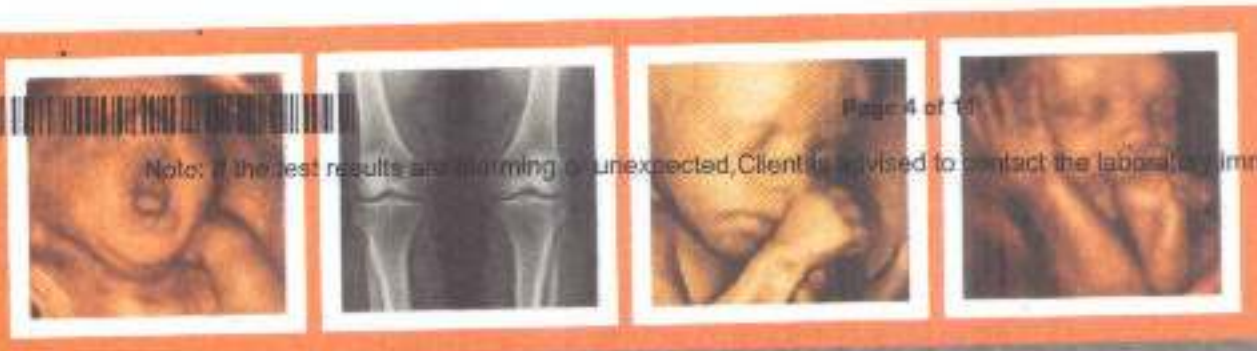

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Name	: **Mr. Sandeep Kumar**	**Patient ID**	: **24/090300005**
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Age/Gender	: 44 Y/Male	Collected On	: 09/03/2024 11:00
Referred by	: PREM-DHARAM HOSPITAL	Reported On	: 09/03/2024 15:34
		Barcode	: PDH226AB

CLINICAL BIOCHEMISTRY

LIVER FUNCTION TEST

Test Name	Obtained Value	Units	Bio. Ref. Intervals(Age/Gender specific)
TOTAL BILIRUBIN	1.85	mg/dL	0.2 - 1.2
Methodology : Diazo Method			
DIRECT BILIRUBIN	0.29	mg/dL	0 - 0.3
Methodology : Diazo Method			
INDIRECT BILIRUBIN	1.56	mg/dL	
Methodology : Calculated			
SGOT/AST	**55.5**	U/L	0 - 40
Methodology : IFCC			
Comments : KINDLY CORRELATE CLINICALLY			
SGPT/ALT	**71.9**	U/L	0 - 35
Methodology : IFCC			
Comments : KINDLY CORRELATE CLINICALLY			
ALKALINE PHOSPHATASE	73	U/L	40 - 130
Methodology : IFCC			
TOTAL PROTEIN	7.23	g/dl	6 - 8.3
Methodology : Biuret-			
SERUM ALBUMIN	4.24	g/dl	3.2 - 5.2
Methodology : BCG			
GLOBULIN SERUM	2.99	g/dl	2.3 - 4.5
Methodology : Calculated			
A/G RATIO	1.42	Ratio	1 - 2.5
Methodology : Calculated			

Sample Type : serum

*** End Of Report ***

Processed by : Tabassum
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Dr. Vivek Kapoor
Consultant Pathologist

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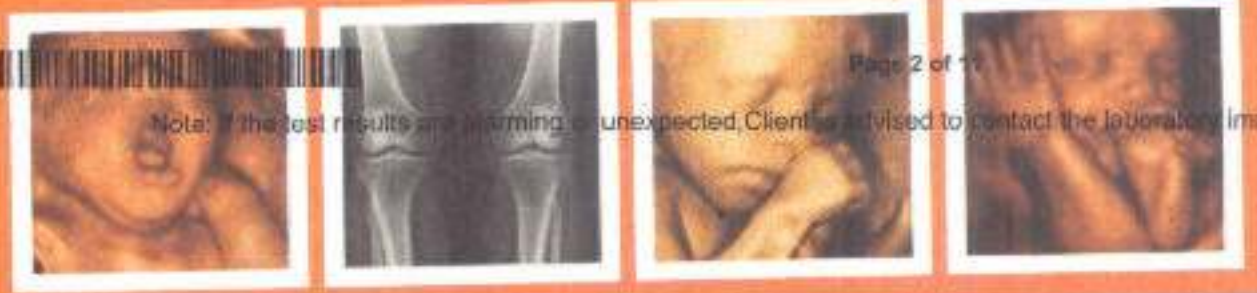

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Regn. No.: GZB02641

10D-180 (Near Nagar Nigam Office), Vasundhara, Ghaziabad, Phone: 0120-4127778, 9899004884

Name	: **Mr. Sandeep Kumar**	**Patient ID**	: **24/090300005**
Visit No.	: SR240903005	Received On	: 09/03/2024 11:00
Age/Gender	: 44 Y/Male	Collected On	: 09/03/2024 11:00
Referred by	: PREM-DHARAM HOSPITAL	Reported On	: 10/03/2024 12:51
		Barcode	: PDH226AB

CLINICAL BIOCHEMISTRY

Test Name	Obtained Value	Units	Bio. Ref. Intervals(Age/Gender specific)
PLASMA GLUCOSE FASTING (FBS)	93.57	mg/dL	70 - 110

Methodology : Hexokinase

Comments : KINDLY CORRELATE CLINICALLY

Interpretation Notes:

Interpretation (In accordance with the American diabetes association guidelines):

- A fasting plasma glucose level below 100 mg/dL is considered normal.
  · A fasting plasma glucose level between 100-126 mg/dL is considered as glucose intolerant or pre diabetic. A fasting and post-prandial blood sugar test (after consumption of 75 gm of glucose) is recommended for all such patient.
  · A fasting plasma glucose level of above 126 mg/dL is highly suggestive of a diabetic state. A repeat fasting test is strongly recommended for all such patients. A fasting plasma glucose level in excess of 126 mg/dL on both the occasions is confirmatory of a diabetic state.

PLASMA GLUCOSE POST PRANDIAL (PPBS)	122.34	mg/dL	80 - 140

Methodology : GPO-POD

Interpretation Notes:

Fasting Glucose Plasma	02 hr Plasma Glucose	Diagnosis
</=99	</=139	Normal
100 to 125	140 to 199	Pre Diabetes
>126	>200	Diabetes

* Confirm by repeating the test on a different day

Impaired glucose tolerance (IGT) fasting, means a person has an increased risk of developing type 2 diabetes but does not have it yet. A level of 126 mg/dL or above, confirmed by repeating the test on another day, means a person has diabetes. IGT (2 hrs Post meal), means a person has an increased risk of developing type 2 diabetes but does not have it yet. A 2-hour glucose level of 200 mg/dL or above, confirmed by repeating the test on another day, means a person has diabetes

Ref : American Diabetes association standards of medical care.

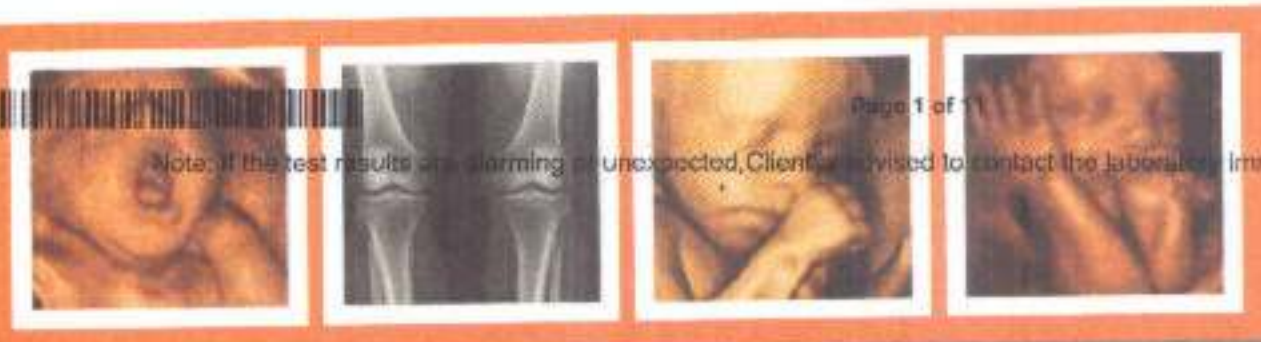
Sample Type : Plasma.

*** End Of Report ***

Processed by : Tabassum
Verified by : Tabassum

Dr. Vivek Kapoor
Consultant Pathologist

Note: If the test results are alarming or unexpected, Client is advised to contact the laboratory immediately for possible remedial action.



- 3D/4D Ultrasound
- Whole Body Color Doppler
- Digital X-Ray (24 Hours)
- 2D Echocardiography
- ECG-3 Channel

Emergency Helpline Number. 9654714884

PREM-DHARAM
HOSPITAL & DIAGNOSTICS
(Govt. Recognised Advanced 3D-4D Ultrasound and State-of-the-art Digital X-Ray Centre)
Regn. No.: GZB02641
10D-180 (Near Nagar Nigam Office), Vasundhara, Ghaziabad, Phone: 0120 4127778, 9899004884

Name	: **Mr. Sandeep Kumar**	**Patient ID**	: **24/090300005**
Visit No.	: SR240903005	Received On	: 09/03/2024 11:00
Age/Gender	: 44 Y/Male	Collected On	: 09/03/2024 11:00
Referred by	: PREM-DHARAM HOSPITAL	Reported On	: 11/03/2024 18:15
		Barcode	: PDH226AB

CLINICAL BIOCHEMISTRY

LIPID PROFILE

Test Name	Obtained Value	Units	Bio. Ref. Intervals(Age/Gender specific)
TOTAL CHOLESTEROL	**239.0**	mg/dL	1-200 Desirable < 200 Borderline high risk 200 - 240 High risk > 240
Methodology : CHO-POD			
Comments : KINDLY CORRELATE CLINICALLY			
HDL CHOLESTEROL	36.2	mg/dL	NO RISK : - > 60.0 MODERATE RISK :- 35 - 55 HIGH RISK : - < 35.0
Methodology : Direct			
LDL CHOLESTEROL	**163.16**	mg/dL	0 - 130 Desirable < 130 Borderline high risk 130 -160 High risk > 160
Methodology : Calculated			
VLDL	39.64	mg/dL	0 - 45
Methodology : Calculated			
TRIGLYCERIDES (TG) - SERUM	198.2	mg/dL	0 - 200 Desirable: < 200 (fasting) Borderline high: 200 - 400 Elevated > 400
Methodology : GPO-POD			
Comments : KINDLY CORRELATE CLINICALLY			
CHOL/HDL Ratio	**6.60**	Ratio	3.5 - 5.5
Methodology : Calculated			
LDL/HDL Ratio	**4.51**	mg/dL	2.5 - 3.5
Methodology : Calculated			

Sample Type : serum

*** End Of Report ***

Processed by : Tabassum
Verified by : Tabassum

Dr. Vivek Kapoor
Consultant Pathologist

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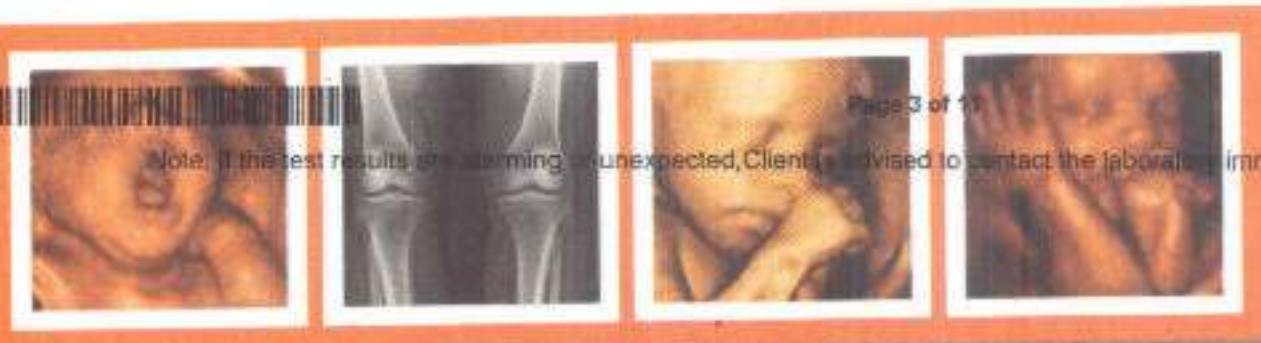

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