

Patient Name : **MR. AJAY KUMAR SONKHIA**
Patient ID : 35372
Age / Sex : 48 years / Male
Referred by : MEDIWHEEL
Bill ID : 60690

Collected : Mar 26, 2022, 10:10 a.m.
Reported : Mar 26, 2022, 06:41 p.m.
Sample ID :



170865

Test Description	Results	Units	Biological Reference Range
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TOTAL PSA

Sample Type : Serum

Prostate Specific Antigen (PSA) [CLIA]	2.1	ng/ml	0 - 4
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Clinical Significance

Serum P.S.A. should not be interpreted as absolute evidence of malignant disease.

Serum P.S.A. should not be used as a screening test for malignant disease.

Prostate biopsy, Prostatectomy and prostatic message may lead to elevated P.S.A. levels persisting upto 3 weeks.

****END OF REPORT****



Dr. Sudhamani S. MD
Consultant Pathologist
Reg. No. : 90461

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TOTAL TRIIODOTHYRONINE (T3)

Sample Type : Serum

TotalTriiodothyronine (T3) [CLIA]	1.24	ng/dL	0.69 - 2.15
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****END OF REPORT****

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TOTAL THYROXINE (T4)

Sample Type : Serum

Total Thyroxine (T4) [CLIA]	95.21	ng/ml	52 - 127
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Test Description	Results	Units	Biological Reference Range
	<u>ESR</u>		
Sample Type : EDTA / Whole Blood			
ESR	20	Mm/hr	0 - 15
Method	Westergren		

END OF REPORT



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COMPLETE BLOOD COUNT

Sample Type : EDTA / Whole Blood

Hemoglobin	15.4	g/dl	13.0 - 17.0
RBC COUNT	5.42	Millions/c	4.5 - 5.5
PCV(Hematocrit)	46.4	%	40.0 - 50.0
Mean Cell Volume(MCV)	85.61	fl	80.0 - 100.0
Mean Cell Hemoglobin(MCH)	28.41	pg	27.0 - 33.0
Mean Cell Hb Conc(MCHC)	33.19	g/dl	32 - 36
RDW	13.3	%	11.50 - 14.50
Total Leucocytes (WBC) Count	8970	/cumm	4000-11000

DIFFERENTIAL COUNT

Neutrophils	36.6	%	40 - 70
Lymphocytes	41.8	%	20 - 50
Eosionphils	14.8	%	01 - 06
Monocytes	6.5	%	00 - 08
Basophils	0.30	%	00-01

SMEAR STUDY

RBC Morphology	Normocytic Normocromic.		
WBC Morphology	Eosinophilia.		
Platelets On Smear	Adequate on Smear		
Platelet Count	338000	/cumm	150000 - 450000
MPV	9.8	fL	6.5 - 10.0

Comments :-**Method:-**

HB:-Colorimetric, Total WBC:-Impedance/Flow Cytometry, HCT, MCV, MCH, MCHC, RDW-CV:-Calculate, Diff. Count: Flow Cytometry / Manual Stained Smear Microscopy, RBC: Impedance, Platelets : Impedance Method.

Technique :-

Fully Automated 5 part Diff. Cell Counter .

All Test Results are subjected to stringent international External and Internal Quality Control Protocols

****END OF REPORT****

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BLOOD UREA LEVEL (BUL)

Sample Type : Serum

Urea	15.80	mg/dl	10 - 40
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[Urease - GLDH]

Bun	7.38	mg/dl	6 - 21
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[Calculated]

Technique :- Done On Fully Automated Biochemistry Analyser ERBA EM-200

END OF REPORT



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CREATININE

Sample Type : Serum

Creatinine	1.07	mg/dl	0.40 - 1.40
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[Enzymatic]

Formula

Technique :- Done On Fully Automated Biochemistry Analyser ERBA EM-200

****END OF REPORT****

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SR. URIC ACID

Sample Type : Serum


Uric Acid [Uricase - POD]	5.70	mg/dl	3.6 - 7.7
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LIVER FUNCTION TEST

Sample Type : Serum


TOTAL BILIRUBIN [DIAZO]	0.86	mg/dl	0.3-1.3 mg/dl
BILIRUBIN-DIRECT [DIAZO]	0.42	mg/dl	0.1-0.4 mg/dl
BILLIRUBIN-INDIRECT [CALCULATED]	0.44	mg/dl	0.1-0.9 mg/dl
S.G.O.T. (AST) [IFCC without Pyridoxal Phosphate]	22.30	IU/L	5-40 IU/L
S.G.P.T.(ALT) [IFCC without Pyridoxal Phosphate]	20.50	IU/L	5-40 IU/L
ALKALINE PHOSPHATASE [Amino Methyl Propanol (AMP)]	45.00	IU/L	44-147 IU/L
TOTAL PROTEINS [BIURET]	6.77	IU/L	6.0 - 8.5g/dL
ALBUMIN [BROMO CRESOL GREEN (BCG)]	4.15	g/dl	3.5-5.0 g/dl
GLOBULIN [CALCULATED]	2.62	gm%	2.3-3.5 gm%
ALBUMIN/GLOBULIN RATIO [CALCULATED]	1.58		
GAMMA GT	15.30	U/L	0 - 45

Technique : Fully Automated Biochemistry Analyser ERBA EM-200

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URINE ANALYSE REPORT

Sample Type : Urine

PHYSICAL EXAMINATION

COLOUR	Pale Yellow	
APPEARANCE	Clear	
REACTION (PH)	5.0	4.8 - 7.6
SPECIFIC GRAVITY	1.030	1.010 - 1.030
ALBUMIN	Absent	
GLUCOSE	Absent	
BLOOD (U)	Absent	
BILE PIGMENTS	Negative	
BILE SALTS	Absent	
KETONE	Negative	
LEUKOCYTES	Absent	
NITRITE	Absent	
UROBILINOGEN	Negative	

MICROSCOPY

PUS CELLS/hpf	1-2
RBCs/hpf	Absent
EPI.CELLS/hpf	1-2
CASTS	Absent
CRYSTALS	Absent
BACTERIA	Absent
Other	Absent

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<u>GLYCOCYLATED HAEMOGLOBIN</u>			
Sample Type : EDTA / Whole Blood			
Glycocyalted Haemoglobin (HbA1c) [Tosoh HPLC]	6.9	%	<5.7%NON DIABETIC 5.7-6.4% PRE-DIABETIC >6.5% DIABETIC <7.0% GOAL FOR DIABETIC ON TREATMENT
MEAN BLOOD GLUCOSE	151.33	mg/dL	116.89 - 154.2

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LIPID PROFILE

Sample Type : Serum

TOTAL CHOLESTEROL [CHOD-PAP]	156.40	mg/dL	Desirable : <200 mg/dl Borderline : 200 - 239mg/dl High : >240 mg/dl
TRIGLYCERIDES [Glycerol Phosphate Oxidase]	60.70	mg/dL	Desirable : <150 mg/dl Borderline : 150 - 199mg/dl High : >200mg/dl
HDL CHOLESTEROL [Direct]	59.30	mg/dL	Desirable : >40 mg/dl Borderline Risk : 35 mg/dl High Risk : <30 mg/dl
LDL CHOLESTEROL [Calculated]	84.96	mg/dL	Desirable : <100 mg/dl Borderline : 130 - 160mg/dl High : >160mg/dl
VLDL Cholesterol [Calculated]	12.14	mg/dL	Desirable : <26 mg/dl Borderline : >30 mg/dl
Total Chol / HDL Chol Ratio [Calculated]	2.64	mg/dL	Desirable : <5 %
LDL / HDL Ratio [Calculated]	1.43		1.00 - 3.55
NON-HDL CHOLESTEROL [Calculated]	97.10	mg/dL	Desirable : <130 mg/dl Borderline : 160 - 189 mg/dl High : >220 mg/dl

Technique: Fully Automated Biochemistry Analyser ERBA EM-200.

END OF REPORT



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BLOOD GROUP

Sample Type : EDTA / Whole Blood

ABO Grouping

"A"

Rh Grouping

POSITIVE

Note:

These report is for information purpose only. Blood group needs to be reconfirmed at the time of cross matching for blood transfusion.

END OF REPORT



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POST PRANDIAL BLOOD SUGAR

Sample Type : Flouride PP

Post Prandial Blood Sugar [GOD - POD]	172.00	mg/dl	110-180
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Technique :- Done On Fully Automated Biochemistry Analyser ERBA EM-200

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Test Description	Results	Units	Biological Reference Range
<u>FASTING BLOOD SUGAR</u>			
Sample Type : Flouride R			
Fasting Blood Sugar [GOD - POD]	149.10	mg/dl	Normal : 70 - 99 mg/dl impaired Tolerance : 100 - 125mg/dl Diabetes Mellitus : >126 mg/dl
Technique :-	Fully Automated Biochemistry Analyser ERBA EM-200		

END OF REPORT



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ULTRASENSITIVE THYROID STIMULATING HORMONE (TSH)

Sample Type : Serum

Ultrasensitive Thyroid Stimulative Hormone (TSH) [CLIA]	2.47	μIU/mL	0.3 - 4.5 1st trimester - 0.1 - 2.5μIU/mL 2nd trimester - 0.2 - 3μIU/mL 3rd trimester - 0.3 - 3μIU/mL
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Clinical Significance :-

1. Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night.
2. Useful for: Screening for thyroid dysfunction and detecting mild (subclinical), as well as overt, primary hypo- or hyperthyroidism in ambulatory patients.
3. Monitoring patients on thyroid replacement therapy.
4. Confirmation of thyroid-stimulating hormone (TSH) suppression in thyroid cancer patients on thyroxine suppression therapy.
5. Prediction of thyrotropin-releasing hormone-stimulated TSH response.

END OF REPORT

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