



Patient Name: Mr. RAVI KUMAR
 UHID/MR No.: FSIN.0000006630
 Visit Date: 18.06.2021
 Sample collected on: 18.06.2021
 Ref Doctor: SELF

Age/Gender: 32 Years / Male
 OP Visit No.: FSINOPV9608
 Reported on: 19.06.2021
 Specimen: BLOOD

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DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE	UNIT
COMPLETE BLOOD COUNT			
HAEMOGLOBIN Method: Non cyanide,Sis Based	16.0	Female 12-16 Male 13-17	gm/dl
RBC COUNT Method :Electrical Impedence	4.9	Female 3.8-4.8 Male 4.5-5.5	Mll/Cumm
HEMATOCRIT (PCV)	44.5	Female 36-46 Male 40-50	%
MCV Method: Calculated	92.8	83-101 fl	fl
MCH Method:Calculated	31.7	27-32 pg	pg
MCHC Method:Calculated	32.4	31.5-34.5	%
PLATELET COUNT Method:Electrical Impedence	2.3	1.5-4 lakhs/cu mm	Lac/cumm
TOTAL WBC COUNT Method:Electrical Impedence	6.2	4.0-10.0	/cumm
NEUTROPHIL Method:Microscopy	60	40-80	%
LYMPHOCYTE Method:Microscopy	35	20-45	%
MONOCYTE Method:Microscopy	03	2-10	%
EOSINOPHIL Method:Microscopy	02	1-6	%
BASOPHIL Method:Microscopy	00	<1-2	%
ESR Method:westergren's	09	Male:12 Female:19	mm/hr mm/hr

Note: RBC are Normocytic with normochromic.

End of the report

BA

Results are to be correlated clinically

Lab Technician/Technologist
 Madhumita_Biswas

Dr.BIPARNAK HALDAR
 MBBS, MD(PATHOLOGY)
 CONSULTANT PATHOLOGIST

APOLLO CLINIC @ OM TOWER
 Opp. of Rabindra Bharati University
 Licensee : Satyam Credit Pvt. Ltd.
 36C, B. T. Road, Kolkata - 700 002
 E-mail : sinthimor@theapolloclinic.com
satyamcreditpvtltd@gmail.com

033 2556 3333

033 2556 5555

+91 98521 66666

+91 74392 97827

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Specimen: URINE

URINE ROUTINE EXAMINATION

URINE FOR ROUTINE EXAMINATION

Test Name	Result	Unit	Method
Specimen: Urine			
PHYSICAL EXAMINATION			
QUANTITY	45	ml	Container Measurement
COLOUR	Pale Yellow		Naked Eye Observation
APPEARANCE	Clear		Naked Eye Observation
REACTION	Acidic		Multiple Reagent Strip
SPECIFIC GRAVITY	1020		Multiple Reagent Strip
CHEMICAL EXAMINATION			
BLOOD	Nil		Multiple Reagent Strip
ALBUMIN	Present(+)		Multiple Reagent Strip / Heat & Acetic Acid
BILE PIGMENT	Nil		Fuchet's Test
BILE SALT	Nil		Hey's Sulphur Test
KETONE BODIES	Nil		Multiple Reagent Strip / Rothera Test
SUGER	Nil		Multiple Reagent Strip / Benedict
MICROSCOPIC EXAMINATION			
PUS CELL	1-2	/HPF	Light Microscopy
RBC	Not found	/HPF	Light Microscopy
EPITHELIAL CELL	0-1	/HPF	Light Microscopy
MICRO ORGANISM	Present (+)		
Others	Not found		

Note : Any Abnormal Chemical Analysis Rechecked By Rechecked By Respective Manual Method
End of Report

BK

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DEPARTMENT OF LABORATORY MEDICINE

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
LIPID PROFILE TEST (PACKAGE)			
Triglyceride Method: GPO-POD	155	<200	mg/dl
Cholesterol Method: CHOD - PAP	189	Desirable blood cholesterol : <200 Borderline High : 170.0-199.0 High : > 199.0 mg/dl	mg/dl
HDL Method: PVS and PEGME coupled	57	50 - 80 mg/dl	mg/dl
LDL Method: Selective Detergent	101	<130.0 mg/dl	mg/dl
VLDL	30	<35 mg/dl	mg/dl
CHOL : HDL RATIO	4.0		
LDL : HDL RATIO	2.3		

End of the report

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<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
LIVER FUNCTION TEST(PACKAGE) BILIRUBIN-TOTAL Method: Daizo	0.7	1.1 Adult	mg/dl
BILIRUBIN-DIRECT Method: Daizo with DPD	0.4	Adult & Children: <0.25	mg/dl
BILIRUBIN-INDIRECT Method: calculated	0.3	0.1-1.0	mg/dl
TOTAL-PROTIEN Method: Photometric UV test	7.2	Adult: 6.6-8.8	gms/dl
ALBUMIN Method: BCG	4.5	3.5-5.2	gms/dl
SGOT/AST Method: IFCC WITHOUT P5P	22	up to 38	U/L
SGPT/ALT Method: IFCC WITHOUT P5P	26	up to 38	U/L
ALKA-PHOS Method: PNPP-AMP BUFFER	82	Child :104-380 Adult: 20-116	U/L
GLOBULIN Method: Calculated	2.8	1.8 - 3	gms/dl
A:G Ratio	1:44:1		

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DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
GGTP : GAMMA GLUTAMYL TRANSPEPTIDASE GGTP : GAMMA GLUTAMYL TRANSPEPTIDASE – SERUM Method : Carboxy Substrate	27.0	10 – 50 U/L	U/L

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DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
BLOOD UREA NITROGEN (BUN) BLOOD UREA NITROGEN (BUN) Method : Calculated	11.1	8 - 20	mg/ dl
CREATININE Methodology: Jaffe Reaction Instrument Used: FULLY AUTOMATED ANALYZER EM-200	0.8	Male : 0.7-1.4 Female : 0.6-1.2 Newborn : 0.3-1.0 Infant : 0.2-0.4 Child : 0.3-0.7 Adolescent : 0.5-1.0	mg/dl
URIC ACID URIC ACID Method: Uricase	4.15	Female : 2.6 - 6.0 Male : 3.4 - 7.0	mg/dl

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DEPARTMENT OF SPECIAL BIOCHEMISTRY
REPORT PREPARED ON PATHOLOGY

Test Name	Value	Unit	Normal Range
Glycosylated Haemoglobin (HbA1c), HPLC Glycosylated Haemoglobin (HbA1c), HPLC	5.3	%	Excellent Control: <4 Good Control : 4-6 Fair Control : >6-7 Action Suggested: >7-8 Poor Control : >8
Methodology: HPLC Instrument Used: Bio-Rad D-10			
Estimated Average Glucose (EAG)	129	mg/dL	Excellent Control: 90-120 Good Control : 120-150 Fair Control : > 150-180 Action Suggested: 181-210 Panic Value: >211

Comment

- For patients with Hb variant diseases there may be lowering of HbA1c due to low HBA synthesis.
- EAG is value calculated from HbA1c & indicates average glucose level over past three months.

Factors that interfere with HbA1c Measurement : Genetic variants (e.g. Hbs trait, HbC trait), elevated fetal hemoglobin (HbF) and chemically modified derivatives of hemoglobin (e.g. carbamylated Hb in patients with renal failure) can affect the accuracy of HbA1c measurements. The effects vary depending on the specific Hb variant or derivative and the specific HbA1c method.

Factors that affect interpretation of HbA1c Results: Any condition that shortens erythrocyte survival or decreases mean erythrocyte age (e.g. recovery from acute blood loss, hemolytic anemia) will falsely lower HbA1c test results regardless of the assay method used.

***** End Of Report *****

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DEPARTMENT OF LABORATORY MEDICINE

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNIT</u>
TSH:THYROID STIMULATING HORMONE-SERUM TSH:THYROID STIMULATING HORMONE-SERUM Method : CLIA	4.80	0.35-5.50	uIU/ml
TOTAL T3: TRI IODOTHYRONINE – SERUM TOTAL T3: TRI IODOTHYRONINE – SERUM Method : CLIA	0.98	0.87 – 1.78	ug/dl
TOTAL T4: THYROXINE – SERUM TOTAL T4: THYROXINE – SERUM Method : CLIA	6.17	8.09 – 14.03	ug/dl

End of the report

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Report Number : IR/266522	Web Slip No : SAS/INV/99/179107-06/2021
Lab Slip No. : SASGO/INV/179687-06/2021	Report Date : 18/06/2021 5:29:00PM
Patient Name : RAVI KUMAR	Collection Date : 18/06/2021 2:10:00PM
Age / Sex : 32 Year /Male	Phlebotomist :
Referred By : SELF	Collected From : SINTHI-APOLLO

REPORT PREPARED ON PATHOLGY
DEPARTMENT OF BIOCHEMISTRY

Test Name	Value	Unit	Normal Range
GLUCOSE FASTING <i>Methodology: GOD POD</i> <i>Instrument Used: AGAPPE (Mispa Clinia Plus)</i>	106	mg/dl	70 - 110

*Please Correlate with Clinical Conditons.

NOTE: Regarding blood sugar levels, if a patient is diabetic and if He/she is on oral medication for diabetes, the sugar levels can be fasting blood sugar level more than the post prandial blood sugar. This happens because most of the anti-diabetic medications are taken either with or before breakfast. If the patient is not a diabetic, as soon as He/she takes the breakfast, it will act as a stimulant to produce insulin in the body and that will bring down the post prandial blood sugar level (PP). Normal diet can be 2 or 3 doses, chapatis or rotis, in which the blood glucose level will be lower than 75 grams of direct glucose. This direct glucose might also increase the sugar level to 260. Another scenario for increase in sugar after empty stomach will be because of the hormone called glucagon, which will induce glycogenolysis and neoglucogenesis in the body when the sugar levels are very low. In this mechanism, the stored glycogen or lipids will be converted into glucose, thus increasing the blood sugar level.

***** End Of Report *****

Report Number : IR/266585	Web Slip No : SAS/INV/99/179107-06/2021
Lab Slip No. : SASGO/INV/179687-06/2021	Report Date : 18/06/2021 6:35:00PM
Patient Name : RAVI KUMAR	Collection Date : 18/06/2021 2:10:00PM
Age / Sex : 32 Year /Male	Phlebotomist :
Referred By : SELF	Collected From : SINTHI-APOLLO

REPORT PREPARED ON PATHOLOGY

DEPARTMENT OF SEROLOGY

Test Name	Value	Unit	Normal Range
BLOOD GROUPING	"O"		
Rh Factor	Positive		

***** End Of Report *****



033 2556 3333



033 2556 3535

DR. GOUTAM SAHA
MD (Path)
Consultant Pathologist



+91 98521 66666



+91 74392 97827