





Report Number : IR/283640

Lab Slip No.

: SASGO/INV/188065-08/2021

Patient Name

: SHOMVESH KUMAR

Age / Sex

: 32 Year/Male

Referred By : SELF Web Slip No

: SAS/INV/99/187481-08/2021

Report Date

: 30/08/2021 7:02:00PM

Collection Date

: 30/08/2021 3:00:00PM

Phlebotomist

: SINTHI-APOLLO Collected From

## DEPARTMENT OF CLINICAL PATHOLOGY

### **ROUTINE EXAMINATION OF URINE**

Test Name	Value	Unit	Normal Range	
PHYSICAL EXAMINATION				
Volume	60	ml		
Colour	Straw			
Appearance	Clear			
Specifc Gravity	1015			
Sediment	Absent			
CHEMICAL EXAMINATION				
Reaction	Acidic			
Albumin	Nil		T.	
Sugar	Nil			
Bile Salt	Absent			
Bile Pigment	Negative			
MICROSCOPICAL EXAMINATION				
Pus Cells	1-2	/hpf		
Epithelial Cells	0-2	/hpf		
R.B.C.	Nil	/hpf`		
Micro Organism	Nil			
Others	Nil			

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

SAPOLEO 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







Report Number

: IR/283737

Lab Slip No.

: SASGO/INV/188065-08/2021

Patient Name

: SHOMVESH KUMAR

Age / Sex

: 32 Year/Male

Referred By

: SELF

Web Slip No

: SAS/INV/99/187481-08/2021

Report Date

: 30/08/2021 7:46:00PM

Collection Date

: 30/08/2021 3:00:00PM

Phlebotomist

-

Collected From

: SINTHI-APOLLO

## REPORT PREPARED ON PATHOLOGY

**DEPARTMENT OF SPECIAL BIOCHEMISTRY** 

Test NameValueUnitNormal RangeBUN ( BLOOD UREA NITROGEN )8.41mg/dl8 - 20

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

Report Prepared By

Opp. of Rabindra Bharati University Licensee: Satyam Credit Pvt. Ltd.

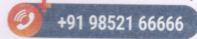
36C, B.T. Road, Kolkata - 700 002

E-mail:sinthimor@theapolloclinic.com satyamcreditpvtltd@gmail.com 033 2556 3333

6

033 2556 5555

MD (Path)











Report Number

: IR/283627

Lab Slip No.

: SASGO/INV/188065-08/2021

Patient Name

: SHOMVESH KUMAR

Age / Sex

: 32 Year/Male

Referred By

: SELF

Web Slip No

: SAS/INV/99/187481-08/2021

Report Date

: 30/08/2021 6:04:00PM

Collection Date

: 30/08/2021 3:00:00PM

Phlebotomist

Collected From

: SINTHI-APOLLO

Normal Range

## REPORT PREPARED ON PATHOLOGY DEPARTMENT OF HAEMATOLOGY

Test Name	Value	Unit	Normal Range	
Haemoglobin	13.9	gm%	Child : 11 0 - 15.5gm% (M) : 13.0-17.0gm% (F) : 11.0-15.0gm% Up to 15 days : 16 -24gm%	
Instrument Used:				
Haematocrit (PCV)	41.5	%	42 - 52	
Mean Corpuscular Volume (MCV)	88.4	fl	76 - 101	
Mean Corpuscular Hemoglobin (MCH)	29.5	pg	27.0 - 32.0	
Mean Corpuscular Hemoglobin Concentration (MCHC)	33.4	0/0	31.5 - 34.5	
Platelet Count	2.56	lacs/cmm	1.5 - 4.5	
Total Count (TC)				
Total Leucocytes	7400	/cmm	4000 - 11000	
Total Erythrocytes	4.70	mill/emm	4.5 - 5.5	
Differential Count (DC)			40. 75	
Neutrophil	60	%	40 - 75	
Lymphocyte	35	%	20 - 45	
Monocyte	03	0/0	02-10	
Eosinophil	02	0/0	01 - 06	
Basophil	00	%	00 - 01	
ESR (Erythrocyte Sedimentation Rate) Methodology: Westergren method	29	mm	0 - 15	
RBC Morphology	NORMOCHR	OMIC NORMOCYTIC		

INSTRUMENT USED: HORIBA (YUMIZEN H500)

\*Please Correlate with Clinical Conditions.

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

PAPOLLO 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











Report Number

: IR/283734

Lab Slip No.

: SASGO/INV/188065-08/2021

Patient Name

: SHOMVESH KUMAR

Age / Sex

: 32 Year/Male

Referred By

: SELF

Web Slip No

: SAS/INV/99/187481-08/2021

Report Date

: 30/08/2021 7:45:00PM

Collection Date

: 30/08/2021 3:00:00PM

Phlebotomist =

Collected From

: SINTHI-APOLLO

## REPORT PREPARED ON PATHOLOGY

## DEPARTMENT OF BIOCHEMISTRY

Test Name	Value	Unit	Normal Range
CREATININE	1.0	mg/dl	Male 0.7-1.4 Female 0.6-1.2
Methodology: Jaffe Reaction Instrument Used: AGAPPE (Mispa Clinia Plus)			
URIC ACID Methodology: Uricase Instrument Used: AGAPPE (Mispa Clinia Plus)	7.5	mg/dl	Male: 3.4 - 7.0

<sup>\*</sup>Please Correlate with Clinical Conditions.

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

Report Prepared By

PRAPOLALO 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

GOUTAM SAHA

MD (Path)



+91 98521 66666







## **APOLLO CLINIC @ OM TOWER**

Opp. of Rabindra Bharati University

Report Number

: IR/283732

Lab Slip No.

: SASGO/INV/188065-08/2021

Patient Name

: SHOMVESH KUMAR

Age / Sex

: 32 Year /Male

Referred By

: SELF

Web Slip No

: SAS/INV/99/187481-08/2021

Report Date

: 30/08/2021 7:44:00PM

Collection Date

: 30/08/2021 3:00:00PM

**Phlebotomist** 

Collected From

: SINTHI-APOLLO

## REPORT PREPARED ON PATHOLGY

### DEPARTMENT OF BIOCHMEMISTRY

Value	Unit	Normal Range	
81	mg/dl	70 - 110	
132	mg/dl	80 - 140	
	81	81 mg/dl	81 mg/dl 70 - 110

<sup>\*</sup>Please Correlate with Clinical Conditions.

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 \*\*\*\*\*\*\*\*\*

PAPOLLO 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

MD (Path)









Report Number

: IR/283806

Lab Slip No.

: SASGO/INV/188065-08/2021

Patient Name

: SHOMVESH KUMAR

Age / Sex

: 32 Year/Male

Referred By

: SELF

Web Slip No

: SAS/INV/99/187481-08/2021

Report Date

: 30/08/2021 8:34:00PM

Collection Date

: 30/08/2021 3:00:00PM

Phlebotomist

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 \*\*\*\*\*\*\*\*

PAPOLLO 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

GOUTAM SAHA

MD (Path)











Report Number : IR/283633

Lab Slip No. : SASGO/INV/188065-08/2021

Patient Name : SHOMVESH KUMAR

Age / Sex : 32 Year/Male

Referred By : SELF Web Slip No

: SAS/INV/99/187481-08/2021

Report Date

: 30/08/2021 6:51:00PM

Collection Date

: 30/08/2021 3:00:00PM

Phlebotomist

Collected From : SINTHI-APOLLO

### REPORT PREPARED ON PATHOLOGY

### DEPARTMENT OF SPECIAL BIOCHEMISTRY

Test Name	Value	Unit	Normal Range
Glycosylated Haemoglobin (HbA1c), HPLC			
Glycosylated Haemoglobin (HbA1c), HPLC  Methodology: HPLC Instrument Used: Bio-Rad D-10	5.1	%	Excellent Control: <4 Good Control: 4-6 Fair Control: >6-7 Action Suggested: >7-8 Poor Control: >8
manument osed. Bio-Nau D-10			T.
Estimated Average Glucose (EAG)	100	mg/dL	Excellent Control: 90-120 Good Control: 120-150 Fair Control: > 150-180 Action Suggested: 181-210 Panic Value: >211

### Comment

- 1. For patients with Hb variant diseases there may be lowering of HbA1c due to low HBA synthesis.
- 2. 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 \*\*\*\*\*\*\*\*\*

PRAPOLLO 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

DR. GOUTAM SAHA











## **APOLLO CLINIC @ OM TOWER**

Opp. of Rabindra Bharati University

Report Number : IR/283726

Lab Slip No. : SASGO/INV/188065-08/2021

Patient Name : SHOMVESH KUMAR

: 32 Year/Male Age / Sex

Referred By : SELF Web Slip No

: SAS/INV/99/187481-08/2021

Report Date

: 30/08/2021 7:43:00PM

Collection Date

: 30/08/2021 3:00:00PM

Phlebotomist Collected From

: SINTHI-APOLLO

### REPORT PREPARED ON PATHOLOGY

### DEPARTMENT OF BIOCHEMISTRY

Test Name	Value	Unit	Normal Range
LIVER FUNCTION TEST			
BILIRUBIN TOTAL	0.6	mg/dl	Below 1 day: <5.8mg/dl. 1 To 2 days: <8.2mg/dl. Infants: 1.0 To 10.0mg/dl Adults Upto: 1.1mg/dl.
Methodology: Jendrassik& Groff Instrument Used: AGAPPE (Mispa Clinia Plus)			*
BILIRUBIN CONJUGATED Instrument Used: AGAPPE (Mispa Clinia Plus)	0.2	mg/dl	0.0 - 0.25
BILIRUBIN UNCONJUGATED	0.4	mg/dl	
ALANINE AMINOTRANSFERASE [SGPT] Methodology: UV without P5P Instrument Used: AGAPPE (Mispa Clinia Plus)	44	U/L	Male : 0 - 38
ASPARTATE AMINOTRANSFERASE[SGOT] Methodology: UV without P5P Instrument Used: AGAPPE (Mispa Clinia Plus)	31	U/L	0 - 38
ALKALINE PHOSPHATASE [ALP]	139	U/L	Adult 20-116
Methodology: PNPP with AMP buffer Instrument Used: AGAPPE (Mispa Clinia Plus)			Children 104-380
PROTEIN TOTAL Methodology: Biuret Instrument Used: AGAPPE (Mispa Clinia Plus)	7.4	gms/dl	6.0 - 8.5
ALBUMIN.  Methodology: BromocresolGreen  Instrument Used: AGAPPE (Mispa Clinia Plus)	4.5	gms/dl	3.2 - 5.5
GLOBULIN	2.9	gms/dl	1.8 - 3
ALBUMIN: GLOBULIN RATIO	1.55 : 1		
GGT [Gamma Glutamyl Transferase]	61	U/L	11 - 50

<sup>\*</sup>Please Correlate with Clinical Conditons.

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

PRAPOLLO 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





033 2556 5555











## **APOLLO CLINIC @ OM TOWER**

Opp. of Rabindra Bharati University

: IR/283730 Report Number

: SASGO/INV/188065-08/2021 Lab Slip No.

: SHOMVESH KUMAR Patient Name

: 32 Year/Male Age / Sex

Referred By : SELF Web Slip No

: SAS/INV/99/187481-08/2021

Report Date

: 30/08/2021 7:43:00PM

Collection Date,

: 30/08/2021 3:00:00PM

**Phlebotomist** 

Collected From

: SINTHI-APOLLO

## REPORT PREPARED ON PATHOLOGY

### DEPARTMENT OF BIOCHEMISTRY

Test Name	Value	Unit	Normal Range
LIPID PROFILE SERUM TRIGLYCERIDE Methodology: Lipase-Glycerol Kinase Instrument Used: AGAPPE (Mispa Clinia Plus)	183	mg/dl	< 200 mg/dl
TOTAL CHOLESTEROL Methodology: CHOD POD Instrument Used: AGAPPE (Mispa Clinia Plus)	162	mg/dl	< 200 mg/dl
HDL CHOLESTEROL [DIRECT]	41	mg/dl	No Risk 50 - 80mg/dl Moderate Risk 35 - 50mg/dl High Risk <35mg/dl
Methodology: Homogeneous Instrument Used: AGAPPE (Mispa Clinia Plus)			
LDL CHOLESTEROL [DIRECT]	84	mg/dl	Optimal < 129 mg/dl. Borderline High: 130 - 159 mg/dl. High: 160 - 189 mg/dl. Very High: > 190 mg/dl.
Methodology: Homogeneous Instrument Used: AGAPPE (Mispa Clinia Plus)			
VLDL CHOLESTEROL	37	mg/dl	20 - 35
CHOLESTEROL : HDL Ratio	3.9		Low Risk < 3.0 Moderate Risk 3.0 - 5.0 High Risk > 5.0
LDL: HDL Ratio	2.0		Low Risk : <2.6 Moderate Risk : 2.6 - 3.6. High Risk : >3.6

<sup>\*</sup>Please Correlate with Clinical Conditions.

Lipids are most commonly measured to ass cardiovascular risk. Maintaining desirable concentrations of lipids lowers the risk of heart attacks or strokes. Establishing appropriate treatment strategies and lipid goals require the results for each component of a lipid profile be consider in context with other risk factors including, age, sex, smoking status, family and personal history of heart disease.

### Cautions

Fasting overnight (12 hours)

Patient must not consume any alcohol for 24 hours before the specimen is drawn.

Cholesterol levels fluctuate over time. The American Heart Association recommends a minimum of 2 measures at least 2 weeks apart before beginning a new treatment plan.

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

PAPOLLO CLINIC @ OM TOWER

**Opp. of Rabindra Bharati University** 

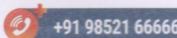
Licensee: Satyam Credit Pvt. Ltd. 36C, B.T. Road, Kolkata - 700 002

E-mail: sinthimor@theapolloclinic.com satvamcreditpvtltd@gmail.com





033 2556 5555











Report Number

: IR/283724

Web Slip No

: SAS/INV/99/187481-08/2021

Lab Slip No.

: SASGO/INV/188065-08/2021

Report Date

: 30/08/2021 7:42:00PM

Patient Name

: SHOMVESH KUMAR

Collection Date

: 30/08/2021 3:00:00PM

Age / Sex

Phlebotomist 3

Referred By

: 32 Year/Male

: SELF

Collected From

: SINTHI-APOLLO

Page 1 of 2

## REPORT PREPARED ON PATHOLOGY

### DEPARTMENT OF SPECIAL BIOCHEMISTRY

Test Name	Value	Unit	Normal Range	
T3 [Tri Iodothyronine] (CLIA) Instrument Used: BECKMAN COULTER (ACCESS-2)	1.24	ng/ml	0.87 to 1.78 ng/mL	
T4 [Total Thyroxine] (CLIA) Instrument Used: BECKMAN COULTER (ACCESS-2)	10.1	μg/dl	4.82 - 15.65	
TSH [Thyroid Stimulating Hormone]  Methodology: CLIA Instrument Used: BECKMAN COULTER (ACCESS-2)	2.29	μIU/mL	0.38 - 5.33	

### Triiodothyronine

Triiodothyronine (T3) values >1.8 ng/mL in adults or > age related cutoffs in children are consistent with hyperthyroidism or increased thyroid hormone-binding proteins.

Abnormal levels (high or low) of thyroid hormone-binding proteins (primârily albumin and thyroid-binding globulin) may cause abnormal T3 concentrations in euthyroid patients.

### Total Thyroxine

"Values of more than 10.8 mcg/dL in adults or more than the age-related cutoffs in children are seen in hyperthyroidism and patients with acute thyroiditis.

\*Values below 4.4 mcg/dL in adults or below the age-related cutoffs in children are seen in hypothyroidism, myxedema. cretinism, chronic thyroiditis, and occasionally, subacute thyroiditis.

\*Increased total thyroxine (T4) is seen in pregnancy and patients who are on estrogen medication. These patients have increased total T4 levels (increased thyroxine-binding globulin TBG levels).

\*Decreased total T4 is seen in patients on treatment with anabolic steroids, or nephrosis (decreased TBG levels).

\*A thyrotropin-releasing hormone stimulation test may be required for certain cases of hyperthyroidism.

\*Clinical findings are necessary to determine if thyroid-stimulating hormone, TBG, or free T4 testing is needed

#### Reference range during pregnancy

TSH Level(µIU/mI) Pregnancy

0.05 to 3.70 Pregnant Females, 1st Trimester 0.31 to 4.35 Pregnant Females, 2nd Trimester 0.41 to 5.18 Pregnant Females, 3rd Trimester

### Note:

\*TSH stimulates the thyroid gland to produce the main thyroid hormones T3 and T4.

\*In case of hyperthyroidism TSH level is severely inhibited and may even be undetectable.

\*In rare forms of high-origin hyperthyroidism, the TSH level is not reduced, since the negative-feedback control of the thyroid hormones has no effect.

\*In case of primary hypothyroidism, TSH level are always much higher than normal and thyroid levels are low.

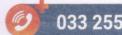
\*The TSH assay aids in diagnosis thyroid or hypophysial disorder.

Continued...

PFA PONDAO 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

GOUTAM SAH

MD (Path)











Report Number : IR/283724

: SASGO/INV/188065-08/2021 Lab Slip No.

: SHOMVESH KUMAR Patient Name

: 32 Year/Male Age / Sex

Referred By : SELF Web Slip No

: SAS/INV/99/187481-08/2021

Report Date

: 30/08/2021 7:42:00PM

Collection Date

: 30/08/2021 3:00:00PM

Phlebotomist

Collected From

: SINTHI-APOLLO

Page 2 of 2

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

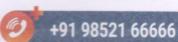
**APOLLO CLINIC @ OM TOWER Opp. of Rabindra Bharati University** 

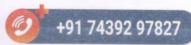
Licensee: Satyam Credit Pvt. Ltd. 36C, B.T. Road, Kolkata - 700 002

E-mail: sinthimor@theapolloclinic.com satvamcreditpvtltd@gmail.com

033 2556 3333

033 2556 5555





<sup>\*</sup>In pateints with hyperthyroidism, the FT4 concentration increases, whereas in patients with hypothyroidism it generally decreases.

<sup>\*</sup>Patients on hormone replacement therapy may have an elevation of FT4, although clinically they are euthyroid.

<sup>\*</sup>FT3 plays an important diagnostic role in hyperthyroidism, Monitoring of patients with hypothyroidism treated with thyroxine and Anti-thyroid agents and low T3 syndrome.

<sup>\*</sup>The FT3 and FT4 assay must be used in conjunction with other tests such as TSH as well as a clinical examination of the patient.