

**Patient Name** : MR HEMANT KUMAR THAKUR  
**UHID/ MR No** : 6539  
**Visit Date** : 09/09/2023  
**Sample Collected On** : 09/09/2023 01:17PM  
**Ref. Doctor** : SELF  
**Sponsor Name** :

**Age/Gender** : 34 Y. Male  
**OP Visit No** : OPD-UNIT-II-2  
**Reported On** : 16/09/2023 11:50AM

### HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>HEMOGRAM</b>			
Haemoglobin(HB) Method: CELL COUNTER	13.6	gm/dl	12 - 17
Erythrocyte (RBC) Count Method: CELL COUNTER	4.51	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	40.80	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	90.5	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	30.2	pg	26 - 34
MCHC (Mean Corpuscular Hb Concn.) Method: CELL COUNTER	33.3	g/dl	32 - 35
RDW (Red Cell Distribution Width) Method: CELL COUNTER	12.6	%	11- 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	5.61	cells/cumm	3.50 - 10.00
Neutrophils Method: CELL COUNTER	56	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	34	%	15.0 - 45.0
Eosinophils Method: CELL COUNTER	03	%	1-6%
Monocytes	07	%	4.0 - 12.0
Basophils Method: CELL COUNTER	00	%	0.0 - 2.0

**End of Report**  
Results are to be correlated clinically

Lab Technician / Technologist  
path



**Patient Name** : MR HEMANT KUMAR THAKUR  
**UHID/ MR No** : 6539  
**Visit Date** : 09/09/2023  
**Sample Collected On** : 09/09/2023 01:17PM  
**Ref. Doctor** : SELF  
**Sponsor Name** :

**Age/Gender** : 34 Y. Male  
**OP Visit No** : OPD-UNIT-II-2  
**Reported On** : 16/09/2023 11:50AM

### HAEMATOLOGY


Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count Method: CELL COUNTER	153	lacs/cu.mm	150-400
ESR- Erythrocyte Sedimentation Rate Method: Westergren's Method	10	mm /HR	0 - 10
<b>Blood Group (ABO Typing)</b>			
Blood Group (ABO Typing)	A		
RhD factor (Rh Typing)	POSITIVE		

**End of Report**

*Results are to be correlated clinically*

Lab Technician / Technologist  
path

Page 6 of 6

  
DR DHANANJAY RAMCHANDRA PRASAD  
M.D. PATHOLOGY

**Patient Name** : MR HEMANT KUMAR THAKUR  
**UHID/ MR No** : 6539  
**Visit Date** : 09/09/2023  
**Sample Collected On** : 09/09/2023 01:17PM  
**Ref. Doctor** : SELF  
**Sponsor Name** :

**Age/Gender** : 34 Y. Male  
**OP Visit No** : OPD-UNIT-II-2  
**Reported On** : 16/09/2023 11:50AM

### BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>GLUCOSE - (POST PRANDIAL)</b>			
Glucose -Post prandial Method: REAGENT GRADE WATER	118.0	mg/dl	70-140
<b>GLUCOSE (FASTING)</b>			
Glucose- Fasting SUGAR REAGENT GRADE WATER	83.0	mg/dl	70 - 120
<b>KFT - RENAL PROFILE - SERUM</b>			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	15	mg/dl	7 - 20
<b>Creatinine</b> METHOD: Spectrophotometric	1.30	mg/dl	0.6-1.4
<b>Uric Acid</b> Method: Spectrophotometric	4.52	mg/dL	2.6 - 7.2

**End of Report**  
Results are to be correlated clinically

Lab Technician / Technologist  
path

Page 1 of 6

*Aman*  
DR DHANANJAY RAMCHANDRA PRASAD  
M.D. PATHOLOGY



**Patient Name** : MR HEMANT KUMAR THAKUR  
**UHID/ MR No** : 6539  
**Visit Date** : 09/09/2023  
**Sample Collected On** : 09/09/2023 01:17PM  
**Ref. Doctor** : SELF  
**Sponsor Name** :

**Age/Gender** : 34 Y Male  
**OP Visit No** : OPD-UNIT-II-2  
**Reported On** : 16/09/2023 11:50AM

### BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>LIPID PROFILE TEST (PACKAGE)</b>			
Cholesterol - Total	115.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	95.0	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotometric			
HDL Cholesterol	40.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotometric			
LDL Cholesterol	56.0	mg/dl	Optimal:< 100                      Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189                      Very High : >=190
Method: Spectrophotometric			
VLDL Cholesterol	19	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	2.88		3.5-5
Method: Spectrophotometric			

**End of Report**

*Results are to be correlated clinically*

Lab Technician / Technologist  
path



**Patient Name** : MR HEMANT KUMAR THAKUR  
**UHID/ MR No** : 6539  
**Visit Date** : 09/09/2023  
**Sample Collected On** : 09/09/2023 01:17PM  
**Ref. Doctor** : SELF  
**Sponsor Name** :

**Age/Gender** : 34 Y Male  
**OP Visit No** : OPD-UNIT-II-2  
**Reported On** : 16/09/2023 11:50AM


### BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>LIVER FUNCTION TEST</b>			
<b>Bilirubin - Total</b> Method: Spectrophotometric	0.7	mg/dl	0.1- 1.2
<b>Bilirubin - Direct</b> Method: Spectrophotometric	0.1	mg/dl	0.05-0.3
<b>Bilirubin (Indirect)</b> Method: Calculated	0.60	mg/dl	0 - 1
<b>SGOT (AST)</b> Method: Spectrophotometric	27	U/L	0 - 40
<b>SGPT (ALT)</b> Method: Spectrophotometric	33	U/L	0 - 41
<b>ALKALINE PHOSPHATASE</b>	61	U/L	25-147
<b>Total Proteins</b> Method: Spectrophotometric	6.4	g/dl	6 - 8
<b>Albumin</b> Method: Spectrophotometric	4.3	mg/dl	3.4 - 5.0
<b>Globulin</b> Method: Calculated	2.1	g/dl	1.8 - 3.6
<b>A/G Ratio</b> Method: Calculated	2.0	%	1.1 - 2.2

**End of Report**  
Results are to be correlated clinically

Lab Technician / Technologist  
path

Page 3 of 6

  
DR DHANANJAY RAMCHANDRA PRASAD  
M.D. PATHOLOGY



**Patient Name** : MR HEMANT KUMAR THAKUR  
**UHID/ MR No** : 6539  
**Visit Date** : 09/09/2023  
**Sample Collected On** : 09/09/2023 01:17PM  
**Ref. Doctor** : SELF  
**Sponsor Name** :

**Age/Gender** : 34 Y. Male  
**OP Visit No** : OPD-UNIT-II-2  
**Reported On** : 16/09/2023 11:50AM

### BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>HbA1c (Glycosalated Haemoglobin)</b>	5.6	%	Non-diabetic: <=5.6, Pre-Diabetic 5.7-6.4, Diabetic: >=6.5


- 1.HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
- 2.HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
4. Low glycated haemoglobin(below 4%) in a non-diabetic individual are often associated with systemic inflam

- 1.HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
- 2.HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
4. 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.
5. To estimate the eAG from the HbA1C value, the following equation is used:  $eAG(mg/dl) = 28.7 * A1c - 46.7$
6. Interference of Haemoglobinopathies in HbA1c estimation.
  - A. For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
  - B. Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
  - C. Heterozygous state dete

**End of Report**

*Results are to be corelated clinically*

Lab Technician / Technologist  
path



**Patient Name** : MR HEMANT KUMAR THAKUR  
**UHID/ MR No** : 6539  
**Visit Date** : 09/09/2023  
**Sample Collected On** : 09/09/2023 01:17PM  
**Ref. Doctor** : SELF  
**Sponsor Name** :

**Age/Gender** : 34 Y Male  
**OP Visit No** : OPD-UNIT-II-2  
**Reported On** : 16/09/2023 11:50AM

### CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>URINE ROUTINE EXAMINATION</b>			
<b>Physical Examination</b>			
Volum of urine	30ML		
Appearance	Clear		Clear
Colour	Pale Yellow		Colourless
Specific Gravity	1.000		1.001 - 1.030
Reaction (pH)	6.0		
<b>Chemical Examination</b>			
Protein(Albumin) Urine	Absent		Absent
Glucose(Sugar) Urine	Absent		Absent
Blood	Absent		Absent
Leukocytes	Absent		Absent
Ketone Urine	Absent		Absent
Bilirubin Urine	Absent		Absent
Urobilinogen	Absent		Absent
Nitrite (Urine)	Absent		Absent
<b>Microscopic Examination</b>			
RBC (Urine)	NIL	/hpf	0 - 2
Pus cells	Occasional	/hpf	0 - 5
Epithelial Cell	1 - 2	/hpf	0 - 5
Crystals	Not Seen	/hpf	Not Seen
Bacteria	Not Seen	/hpf	Not Seen
Budding yeast	Not Seen	/hpf	

**End of Report**  
*Results are to be correlated clinically*

Lab Technician / Technologist  
 path

Page 1 of 2

*Amal*  
 DR DHANANJAY RAMCHANDRA PRASAD  
 M.D. PATHOLOGY





**PATIENT DETAILS**

<b>NAME:</b>	<b>HEMANT KUMAR THAKUR</b>	<b>REFERENCE NO:</b>	<b>RWDTFSH010614</b>
<b>D / S / W O:</b>		<b>Age:</b>	<b>34 Yr</b>
<b>Address:</b>	<b>RAIPUR</b>	<b>Contact No:</b>	<b>Gender: MALE</b>
<b>Sample received on:</b>	<b>09/09/2023 @ 18:30</b>	<b>Reported on:</b>	<b>09/09/2023 @ 22:10</b>
<b>Repeat Sample, if any:</b>	<b>NA</b>	<b>Reported on:</b>	<b>NA</b>
<b>Referred by:</b>	<b>APOLLO CLINIC</b>	<b>Hospital / Lab ID:</b>	<b>APOLLO CLINIC</b>
		<b>STATUS:</b>	<b>FINAL</b>
		<b>STATUS:</b>	<b>FINAL</b>

**HORMONAL ASSAY**

Test	Specimen	Result	Units	Reference Range
<b>#Thyroid Panel, TFT, TOTAL:</b>				
• Triiodothyronine, <b>T3</b>	Blood, Serum	1.26	ng / ml	0.87 – 1.78
• Thyroxine, <b>T4</b>	""	8.70	µg / dL	6.0 – 12.2
• Thyroid stimulating hormone, <b>TSH</b>	""	5.17	µIU / ml	0.4 – 5.0

**Indicative Interpretation:**

TSH	Free T4	Free or total T3	Probable Inference
High	Normal	Normal	Mild (subclinical) hypothyroidism
High	Low	Low or Normal	Hypothyroidism
Low	Normal	Normal	Mild (subclinical) hyperthyroidism
Low	High or normal	High or normal	Hyperthyroidism
Low	Low or normal	Low or normal	Non-thyroidal illness; pituitary (secondary) hypothyroidism
Normal	High	High	Thyroid hormone resistance syndrome

Lab Incharge

\*THIS PAPER IS USED FOR CLINICAL REPORTING PURPOSE ONLY

Dr. Mritunjai Saraf  
MD Pathology, Consultant Pathologist

LICENSEE : SAMRIDDI AROGYAM PVT. LTD.

Method: Automated chemiluminescent based assay.  
Apollo Clinic @ Tiara Complex A.1, Classic Near Ashoka Ratan, VIP Estate, Shankar Nagar, Raipur (C.G.)

Email : [raipur@apolloclinic.com](mailto:raipur@apolloclinic.com) Website : [www.apolloclinic.com](http://www.apolloclinic.com)

Online appointments: [www.askapollo.com](http://www.askapollo.com) | Online reports: <https://phr.apolloclinic.com>



**+91 96918 26363**



**0771 4033341/42**