



OnePLUS Ultrasound Lab

— QUALITY FIRST... ALWAYS! —

Dr. Nitin Agarwal
Pathologist & Director
Ex. Sr. Res. MAMC
& Lok Nayak Hospital
Ex. Chief of Lab Dr. Lal Path Labs.

Dr. Pooja (Garg) Agarwal
Radiologist & Director
MAMC & Lok Nayak Hospital



NAME	:Mrs. SAROJNI SHARMA	Barcode No	:10114218
AGE/GENDER	:57 YRS/Female	SPECIMEN DATE	:26/Feb/2022 08:53AM
PATIENT ID	:91722	SPECIMEN RECEIVED	:26/Feb/2022 12:37PM
REFERRED BY	:Dr. MEDIWHEEL	REPORT DATE	:26/Feb/2022 03:09PM
CENTRE NAME	:ONEPLUS ULTRASOUND LAB	LAB NO.	:012202260004

Test Name	Result	Unit	Ref. Range
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HAEMATOLOGY

Health checkup 2 Female

Glycosylated Hemoglobin (HbA1c)	5.0	%	Non Diabetic adults <5.7 Prediabetic (at risk) 5.7-6.4 Diabetes >6.4
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Estimated average blood glucose (eag)	97
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Reference range (mg/dl):

90 - 120:Excellent control, 121 - 150:Good Control, 151 - 180:Average Control, 181 - 210:Action Suggested

>211:Panic value

BLOOD GROUP (ABO)	O
Rh typing	POSITIVE

NOTE :

- * Apart from major A,B,H antigens which are used for ABO grouping and Rh typing, many minor blood group antigens exist. Agglutination may also vary according to titre of antigen and antibody.
- * So before transfusion, reconfirmation of blood group as well as cross-matching is needed.
- * Presence of maternal antibodies in newborns, may interfere with blood grouping.
- * Auto agglutination (due to cold antibody, falciparum malaria, sepsis, internal malignancy etc.) may also cause erroneous result.

CBC

Haemoglobin	10.3	g/dl	11.5-15.0
Total Leucocyte Count	7940	/cumm	4000-10000
Differential leucocyte count			
Neutrophils	64.4	%	40-80
Lymphocyte	26.20	%	20-40
Monocytes	4.80	%	2-10
Eosinophils	4.4	%	1-6
Basophils	0.2	%	0-2
RBC Count	4.18	million/cumm	3.8-4.8

Checked By.

DR. NITIN AGARWAL
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PCV(Hematocrit)	33.8	%	36-46
MCV	81	fL	83-101
MCH	24.6	Pg	27-32
MCHC	30.4	G/dL	32-35
Platelet count	183000	/cumm	150000-450000
RDW-CV	13.4	%	11.4-14.0
ESR(WESTGRENs METHOD)	15	mm/1hr	<20

BIOCHEMISTRY

<u>Blood sugar fasting</u>	89	mg/dL	70-110
<u>Bun (blood urea nitrogen)</u>	13.50	mg/dl	9.0-20.1
<u>Uric acid, serum</u>	4.6	mg/dl	2.4-5.7
<u>Creatinine, serum</u>	0.90	mg/dl	0.50-0.9

LFT(LIVER FUNCTION TEST)

Bilirubin Total	0.65	mg/dl	0.1-1.2
Bilirubin Conjugated	0.24	mg/dl	0-0.4
Bilirubin Unconjugated	0.41	mg/dl	up to 0.7
SGOT (AST)	26	U/L	0-31
SGPT (ALT)	22	U/L	<34
Alkaline phosphatase	95	U/L	35-104
Gamma glutamyl transpeptidase	27	U/L	<39
Total Protein	6.8	gm/dl	6.60 - 8.70
Albumin	3.9	g/dL	3.8-5.1
Globulin	2.90	gm/dl	1.8-3.4
Albumin/Globulin Ratio	1.34		1.10 - 2.50

LIPID PROFILE

Cholesterol	156	mg/dl	50-200
Triglycerides	85	mg/dL	25-150
HDL Cholesterol	45	mg/dL	30 - 70

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Test Name	Result	Unit	Ref. Range
LDL cholesterol	94	mg/dL	< 130
VLDL cholesterol	17.0	mg/dL	5-40
Cholesterol/HDL Ratio	3.5		Low Risk 3.3-4.97 Average Risk 4.4-7.1 Moderate Risk 7.1-11.0 High Risk >11.0
LDL/HDL Ratio	2.1		0 - 3.55

According to ATP III and NCEP guidelines

Parameter	Normal	Desirable	Borderline	High
Total cholesterol	<200	200-239		240
Triglycerides	<150	150-199	200-499	500
LDL	Optimal <100 Near Optimal 100-129	130-159	160-180	190
HDL	<40 : LOW 60 : HIGH			

ENDOCRINOLOGY

THYROID PROFILE(T3,T4,TSH)

Triiodothyronine total [t3]	0.95	ng/dl	0.52-1.9
Thyroxine total [t4]	8.60	µg/dl	4.8-11.6
TSH (Thyroid Stimulating Hormone)	2.80	µIU/ml	0.25-5.0

AGE WISE VARIATION IN TSH

AGE	TSH(µIU/ml)	AGE	TSH(µIU/ml)
1-4 weeks	1.00 - 19.0	16-20 yrs	0.25 - 5.0
1-12 mths	1.70 - 9.1	21 - 80 yrs	0.25 - 5.0
1-5 yrs	0.80 - 8.2	I st trimester	0.25 - 5.0
6-10 yrs	0.25 - 5.0	II nd trimester	0.50 - 5.0
11-15 yrs	0.25 - 5.0	III rd trimester	0.4 - 6.0

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Reference ranges - Interpretation of Diagnostic tests - (Jacques Wallach)

1. Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH level.
2. Primary hyperthyroidism is accompanied by elevated serum T3 and T4 levels along with depressed TSH values.
3. Slightly elevated T3 levels may be found in pregnancy and estrogen therapy, while depressed levels may be encountered in severe illness, renal failure and during therapy with drugs like propranolol and propyl thiouracil.
4. Although elevated TSH levels are nearly always indicative of primary hypothyroidism, and may be seen in secondary thyrotoxicosis

CLINICAL PATHOLOGY

URINE ROUTINE

Physical examination

Quantity	30	ML
Colour	PALE YELLOW	
Transparency	CLEAR	CLEAR
Sp.gravity	1.015	1.010-1.030
pH	6.00	
Reaction	ACIDIC	ACIDIC

Chemical examination

Urine protein	NIL	NIL
Urine sugar	NIL	NIL
Bilirubin, urine	NEGATIVE	NEGATIVE
Urobilinogen	NORMAL	NORMAL
Ketones	NEGATIVE	NEGATIVE

Microscopic examination

Pus cells.	1-2	/HPF	1-2
Epithelial cells	1-2	/HPF	0-5
R.B.C.	NIL	/HPF	NIL
Casts	NIL	/HPF	NIL
Crystals	NIL	/HPF	NIL
Bacteria	NIL	/HPF	NIL
Others.	NIL		NIL

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