



# Shree Ram Multispeciality Hospital (SRMH)

L o k a h S a m a s t a S u k h i n o B h a v a n t u



PT. NAME : MR.SATISH KUMAR SONI  
 MOBILE NO : 9826702890 TEST NO 872  
 DOCTOR : DR. AJIT KUMAR  
 REFERED BY : SELF

AGE / SEX : 35Y 10M 14D/MALE  
 UH ID NO. : SRMH-24111357  
 COLLECTION : 08-11-2024  
 REPORTING : 08-Nov-2024

## HAEMATOLOGY

TEST NAME	RESULT	UNIT	NORMAL VALUES
<b>CBC (COMPLETE BLOOD COUNT)</b>			
HAEMOGLOBIN (Hb)	13.7	gm%	13.5 - 17.5
TOTAL RBC COUNT	4.60	Million/cumm	4.5 - 5.9
HAEMATOCRIT (PCV)	41.3	%	41.5 - 50.4
<b>RBC INDICES</b>			
MCV	102.3	fl	78 - 96
MCH	29.8	pg	27 - 32
MCHC	29.0	%	33 - 37
RDW	14.2	%	11 - 16
TOTAL WBC COUNT (TLC)	6,000	/cumm	4000 - 11000
<b>DIFFERENTIAL COUNT</b>			
NEUTROPHILS	62	%	40 - 70
LYMPHOCYTES	30	%	22 - 48
EOSINOPHILS	03	%	0 - 6
MONOCYTES	05	%	2 - 10
BASOPHILS	00	%	-
PLATELET COUNT	2.68	/cumm	1.50 - 4.50
PCT	0.22	%	0.10 - 0.28
MPV(MEAN PLATELET VOLUME)	8.3	µm <sup>3</sup>	8 - 11
PDW	15.7	%	11 - 18

-- End Of Report --

LAB TECHNICIAN

Note : This Report is not for medicolegal purpose

*Dr. Dhananjay Prasad*  
 Dr. Dhananjay Prasad  
 MBBS, MD (Pathologist)

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## HAEMATOLOGY

TEST NAME	RESULT	UNIT	NORMAL VALUES
<b>BLOOD GROUPING AND RH TYPING</b>			
BLOOD GROUP	"B"		-
RH FACTOR	POSITIVE		-

-- End Of Report --

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## BIOCHEMISTRY

TEST NAME	RESULT	UNIT	NORMAL VALUES
<b>HbA1c -Glycosylated hemoglobin</b>			
HbA1c -Glycosylated hemoglobin	5.11	%	Normal Range : <6% Good Control : 6-7% fair Control : 7-8% Unsatisfactory Control : 8-10% Poor Control : >10% - 80 - 120
Estimated average plasma glucose	104.61	mg/dl	

## HAEMATOLOGY

TEST NAME	RESULT	UNIT	NORMAL VALUES
<b>ESR (ERYTHROCYTE SEDIMENTATION RATE)</b>			
ESR	15	mm at end of 1 h	0 - 20

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### BIOCHEMISTRY

TEST NAME	RESULT	UNIT	NORMAL VALUES
<b>BLOOD SUGAR - FASTING AND PP</b>			
BLOOD SUGAR FASTING	82.4	mg/dL	70 - 110
BLOOD SUGAR PP	112.4	mg/dL	80 - 140

### CLINICAL PATHOLOGY

TEST NAME	RESULT	UNIT	NORMAL VALUES
<b>URINE SUGAR FASTING AND PP</b>			
URINE SUGAR FASTING	Absent		Absent -
URINE SUGAR PP	Absent		Absent -

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## BIOCHEMISTRY

TEST NAME	RESULT	UNIT	NORMAL VALUES
<b>LIVER FUNCTION TEST (LFT)</b>			
BILIRUBIN TOTAL	0.49	mg/dL	0.2 - 1
BILIRUBIN DIRECT	0.26	mg / dl	0.1 - 0.6
BILIRUBIN INDIRECT	0.23	mg / dl	0.1 - 0.4
SGOT	30.1	U / L	0 - 46
SGPT	27.8	U / L	0 - 40
ALKALINE PHOSPHATASE	186.3	U / L	0 - 240
TOTAL PROTEIN	6.77	g / dl	6 - 8
ALBUMIN	3.84	g/dl	3.5 - 5.0
GLOBULIN	2.93	g / dl	2 - 3.5
A/G RATIO	1.31		1 - 2.5

### Clinical Significance

Alanine transaminase (ALT)

ALT is an enzyme found in the liver that helps your body metabolize protein. When the liver is damaged, ALT is released into the bloodstream and levels increase.

Aspartate transaminase (AST)

AST is an enzyme that helps metabolize alanine, an amino acid. Like ALT, AST is normally present in blood at low levels. An increase in AST levels may indicate liver damage or disease or muscle damage.

Alkaline phosphatase (ALP)

ALP is an enzyme in the liver, bile ducts and bone. Higher-than-normal levels of ALP may indicate liver damage or disease, such as a blocked bile duct, or certain bone diseases.

Albumin and total protein

Albumin is one of several proteins made in the liver. Your body needs these proteins to fight infections and to perform other functions. Lower-than-normal levels of albumin and total protein might indicate liver damage or disease.

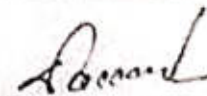
Bilirubin

Bilirubin is a substance produced during the normal breakdown of red blood cells. Bilirubin passes through the liver and is excreted in stool. Elevated levels of bilirubin (jaundice) might indicate liver damage or disease or certain types of anemia.

-- End Of Report --

  
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## BIOCHEMISTRY

TEST NAME	RESULT	UNIT	NORMAL VALUES
<b><u>CREATININE</u></b>			
CREATININE	0.91	mg / dl	0.6 - 1.2
<b><u>URIC ACID</u></b>			
URIC ACID	5.49	mg/dL	3.6 - 7.7

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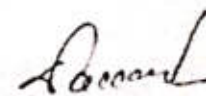
## BIOCHEMISTRY

TEST NAME	RESULT	UNIT	NORMAL VALUES
<b>LIPID PROFILE</b>			
CHOLESTEROL	181.4	mg / dl	150 - 220
SERUM TRYGLYCERIDE	98.6	mg / dl	60 - 165
HDL	37.8	mg / dl	35 - 80
LDL	143.6	mg/dL	90 - 160
VLDL	19.72	mg/dL	20 - 50
CHOLESTEROL / HDL RATIO	4.79	mg/dL	3.5 - 5.5
LDL/HDL Ratio	3.79	mg / dl	2.5 - 3.5
TRIGLYCERIDES / HDL RATIO	2.60	mg / dl	2.0 - 4.0

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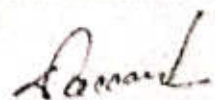
### IMMUNOASSAY

TEST NAME	RESULT	UNIT	NORMAL VALUES
<b>THYROID PROFILE (T3, T4, TSH)</b>			
T3 (TRIIODOTHYRONINE)	1.13	ng/ml	0.8 - 2
T4 (THYROXINE)	10.5	ug/dl	5.13 - 14.06
TSH	3.24	uIU/ml	0.27 - 4.2

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### IMMUNOASSAY

TEST NAME	RESULT	UNIT	NORMAL VALUES
<b>VITAMIN B12</b>			
VITAMIN B12	711.8	pg/ml	197 - 771

#### Comments :

Vitamin B12 performs many important functions in the body. The most common cause is malabsorption either due to atrophy of gastric mucosa or disease of terminal ileum. Vit B12 deficiency leads to Megaloblastic anemia and demyelination of large nerve fibres of spinal cord.

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#### Decreased Levels :

- Dietary deficiency: Vegetarians
- Lack of Intrinsic factor: Total or partial gastrectomy, Atrophic gastritis, intrinsic factor antibodies
- Malabsorption: Regional ileitis, resected bowel, Tropical sprue, Celiac disease, pancreatic insufficiency, bacterial overgrowth & achlorhydria
- Loss of ingested vitamin B12: fish tapeworm
- Congenital disorders: Orotic aciduria & transcobalamine deficiency
- Increased demand: Pregnancy specially last trimester
- Dietary deficiency: Vegetarians
- Lack of Intrinsic factor: Total or partial gastrectomy, Atrophic gastritis, intrinsic factor antibodies.
- Malabsorption: Regional ileitis, resected bowel, Tropical sprue, Celiac disease, pancreatic insufficiency, bacterial overgrowth & achlorhydria
- Loss of ingested vitamin B12: fish tapeworm
- Congenital disorders: Orotic aciduria & transcobalamine deficiency
- Increased demand: Pregnancy specially last trimester.

#### Increased Levels

Chronic renal failure, Congestive heart failure, Acute and Chronic Myeloid Leukemia, Polycythemia vera, Carcinomas with liver metastasis, Liver disease, Drug induced cholestasis and Protein malnutrition.

Chronic renal failure, Congestive heart failure, Acute and Chronic Myeloid Leukemia, Polycythemia vera, Carcinomas with liver metastasis, Liver disease, Drug induced cholestasis and Protein malnutrition.

#### Method:

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**MR. SATISH KUMAR SONI**  
Age: 35 Years Sex: Male

Sample Collected At:  
Ref. By: Dr. AJIT KUMAR (MD)  
UH ID NO. - SRMH - 24111357

Collected: 08 Nov, 24 12:30 PM  
Reported: 09 Aug, 24 03:30 PM

Investigation	Observed Value	Unit	Biological Reference Interval
PSA, Total	1.26	ng/mL	0 - 4

Dr. D. Prasad  
M.D. (Pathologist)

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Mr. SATISH KUMAR SONI

Sample Collected At :

Age: 35 Years

Ref By : Dr.AJIT KUMAR

Collected : 08-11-2024 03:35PM

Sex:- Male

UH ID NO. – SRMH -24111357

Reported : 09 Nov.,24 12:05PM

### GAMAMA GLUTAMYL TRANSFERASE (GGT)

INVESTIGATION	RESULT	REFERENCE VALUE	UNIT
GAMMA – GLUTAMYL TRANSFERASE (GGT) , SERUM	14.8	12.00-18.00	U/L

GENDER	-	NORMAL RANGE(U/L)
MALE	-	12.00-18.00
FEMALE	-	6.00-29.00

#### COMMENTS:-

Gamma – Glutamyl Transferase (Ggt) Is An Enzyme That Is Found In Many Organs Throughtout The Body , With The Highest Concentrations Found In The Liver .Ggt Is Elevated In The Blood In Most Diseases That Cause Damage To The Liver Or Bile Ducts ,This Test Measures The Level Of Ggt In A Blood Samle.

DR. DHANANJAY PRASAD

(MD Pathology)

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**MR. SATISH KUMAR SONI**

Age: 35 Years

Sex: Male , UHID: 24111357

Sample Collected At:

Ref. By: DR. AJIT KUMAR

Collected: 08-11-24 05.15 PM  
Reported: 09 Nov.24 10:30 AM

Investigation	Observed Value	Unit	Biological Reference Interval
25 Hydroxy Vitamin D	29.1	ng/mL	- Deficiency : <10 Insufficiency : 10-30 Sufficiency : 30-100 Toxicity : >100

### Uses for Vitamin D assay :

1. Diagnosis of Vitamin D deficiency
2. Differential Diagnosis of causes of Rickets and Osteomalacia
3. Monitoring Vitamin D replacement therapy
4. Diagnosis of Hypervitaminosis D

STATUS	ng/ml
Deficiency	<10
Insufficiency	10 to 30
Sufficiency	30 to 100
Toxicity	>100

Vitamin D is essential for bone health . In children severe deficiency leads to rickets. Milder degrees of insufficiency are believed to cause reduced efficiency in the utilization of dietary calcium .Vitamin D deficiency cause muscle weakness ; in elderly , the risk of falling has been attributed to the effect of vitamin D on muscle function. Vitamin D deficiency is a common cause of secondary hyperparathyroidism. Elevated PTH levels , especially in elderly vitamin D deficient adults can result in osteomalacia , increased bone turnover, reduced bone mass and risk of bone fractures. Insufficiency has also been linked to diabetes ,different forms of cancer, cardiovascular disease autoimmune diseases and innate immunity.

Various methods are available for measuring circulating concentrations of 25-OH vitamin D. The studies report reasonable correlation between methods , but with significant differences , the reasons for which are not well understood . Reasons for suboptimal 25-OH – Vit-D levels include lack of sunshine exposure ; inadequate intake ; malabsorption (eg due to celiac disease ) ; depressed hepatic vitamin-D , 25 – hydroxylase activity , secondary to advanced liver disease ; and enzyme –including drugs , in particular many antiepileptic drugs , including phenytoin, Phenobarbital , and carbamazepine , that increase 25-OH –Vit-D metabolism. Increased levels are seen with prolonged intake of Vit-D. supplement & in renal failure. Vitamin D must be interpreted within the clinical context of each patient.

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Sex: Male

Sample Collected At:

Ref. By: Dr. AJIT KUMAR (MD)

UH ID NO. – SRMH - 24111357

Collected 08-11-2024 03:30 PM

Reported 08 Nov., 24 05:50 PM

## BUN / Creatinine Ratio PANAL

Investigation	Observed Value	Unit	Biological Reference Interval
<b>BUN</b>			
BUN	17.6	mg/dL	7.00 - 20.00
Serum Creatinine	0.91	mg/dL	0.55 - 1.20
BUN / Creatinine Ratio	19.3		10:1 - 20:1

Blood urea nitrogen (BUN) is a waste product produced when the liver breaks down protein. The kidneys then filter it out of the blood and eliminate it through urine. Creatinine is a waste product created by the breakdown of phosphocreatine, a molecule stored in muscle tissue. The kidneys filter creatinine from the blood, and its levels in the body reflect the efficiency of the kidney's excretory function. therefore, BUN and creatinine are useful markers in assessing kidney health because they help doctors evaluate the kidney's filtration rate.

\*\*\*\*\*END OF REPORT\*\*\*\*\*

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TEST NAME	RESULT	UNIT	NORMAL VALUES
<b>URINE ROUTINE AND MICROSCOPY</b>			
<b>PHYSICAL EXAMINATION</b>			
QUANTITY	20	ml	-
COLOUR	Yellow		Pale Yellow -
APPEARANCE	Clear		Clear -
REACTION	Acitic		Acitic -
<b>CHEMICAL EXAMINATION</b>			
ALBUMIN	Absent		Absent -
SUGAR	Absent		Absent -
KETONE	Absent		Absent -
BILE SALT	Absent		Absent -
BILE PIGMENT	Absent		Absent -
<b>MICROSCOPIC EXAMINATION</b>			
PUS CELLS	2-4	/hpf	2 - 5
EPITHELIAL CELLS	1-2	/hpf	1 - 5
RBC	Nil	/hpf	0 - 3
CAST	Nil	/lpf	Nil -
YEAST	Nil		Nil -
CRYSTAL	Nil	/lpf	Nil -
BACTERIA	Nil		Nil -
OTHERS	-		-

-- End Of Report --

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## Department of Radiology

NAME -; MR.SATISH KUMAR SONI	AGE - 35YEAR /MALE
REF.BY -; SHREE RAM MULTI SPECIALITY HOSPITAL	DATE - 08/11/2024

### X – RAY CHEST PA VIEW.

- Trachea and mediastinum are centrally placed .
- Hilar shadow appears normal.
- Both lungs field shows consolidation.
- Both C.P. Angle normal .
- Cardiac shadow is normal .

### Impression

- No significant abnormality is seen.



MD DNB RADIOLOGY

CONSULTANT RADIOLOGIST

CGMC 2015/6359



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Tel: +91-11-41195959, Fax: +91-11-29523020

CIN: U24240DL2011PTC216307

## MEDICAL FITNESS CERTIFICATE

(To be signed by a registered medical practitioner holding a Medical degree)

This is to certify that Mr. Satish Kumar Soni aged, 35yr. Based on the examination, I certify that he is in good dental and physical health and it is free from any physical defects such as deafness, color blindness, and any chronic or contagious diseases.

Place: Raipur

Date: 08/11/2024

*Satish Kumar*  
*MBBS*  
*DCMR 47093*

Name & Signature of

Medical officer