

Patient Name : Ms. DEEKSHA SAXENA [UHIDNO:FHP26084905012023]
Age / Gender : 33 Yr / F
Address : Prateek Wisteria L-1004 Sector 77, Maharishi Nagar, Gautam Buddha Nagar, UTTAR PRADESH
Req. Doctor: Dr. ANSHUMALA SINHA
Regn. ID: OPD.23-24-139247

IMMUNOLOGY

Request Date : 16-03-2024 10:09 AM **Reporting Date :** 16-03-2024 03:45 PM
Collection Date : 16-03-2024 10:27 AM | IMMU34269 **Reporting Status :** Finalized
Acceptance Date : 16-03-2024 10:27 AM | **TAT:** 05:18 [HH:MM]

Investigations	Result	Unit	Biological Reference Range	Method
THYROID PROFILE TOTAL(T3,T4,TSH) * Plain tube (red top)]				CLIA
Total T3	1.65	nmol/L	1.11 - 2.29 (Age 0 - 100)	
Total T4	158.5	nmol/L	62 - 201.4 (Age 0 - 100)	
TSH	1.72	µIU/mL	0.38 - 5.33 (Age 0 - 100)	
<i>Performed On: ACCESS 2 (BECKMAN COULTER)</i>				
<p>1. A circadian variation in serum TSH in healthy subjects is well documented. TSH level is reaching peak levels between 2-4 am and at a minimum between 6-10 pm. The variation is of the order of 50%, hence time of the day has influence on the value of TSH.</p> <p>2. TSH levels between 6.3 and 15.0 may represent subclinical or compensated hypothyroidism or show considerable physiological & seasonal variation, suggest clinical correlation or repeat testing with fresh sample.</p> <p>3. TSH levels may be transiently altered because of non-thyroid illness, like severe infection, renal disease, liver disease, heart disease, severe burns, trauma, surgery etc. Few drugs also altered the TSH values.</p> <p>4. A high TSH result often means an underactive thyroid gland caused by failure of the gland (hypothyroidism). A low TSH result can indicate an overactive thyroid gland (hyperthyroidism) or damage to the pituitary gland that prevents it from producing TSH.</p> <p>5. Resistance to thyroid hormone (RTH) and central hyperthyroidism (TSH-oma) are rare conditions associated with elevated TSH, T4 and T3 levels.</p> <p><i>Performed on: ACCESS 2 (BECKMAN COULTER)</i></p>				

END OF REPORT.

Prepared By
Mr. SURAJ KUMAR



Verified by
Dr. KRITIKA JAIN
MBBS MD (PATHOLOGY)

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BIOCHEMISTRY

Request Date : 16-03-2024 10:09 AM **Reporting Date :** 16-03-2024 02:41 PM
Collection Date : 16-03-2024 01:12 PM | BI14128 **Reporting Status :** Finalized
Acceptance Date : 16-03-2024 01:12 PM | **TAT:** 01:29 [HH:MM]

Investigations	Result	Unit	Biological Reference Range	Method
BLOOD SUGAR POST PRONDIAL (BSPP) *[Sodium fluoride(grey top)] <i>Performed On: DIASYS SYS400 PRO</i> <i>Please correlate clinically</i>	115.00	mg/dL	80 - 140 (Age = 100)	

END OF REPORT.

Prepared By
Mr. MOINUDDIN



Verified by
Dr. KRITIKA JAIN
MBBS MD (PATHOLOGY)

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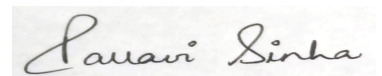
CLINICAL PATHOLOGY

Request Date : 16-03-2024 10:09 AM **Reporting Date :** 16-03-2024 02:01 PM
Collection Date : 16-03-2024 12:01 PM | CLP13807 **Reporting Status :** Finalized
Acceptance Date : 16-03-2024 12:01 PM | **TAT:** 02:00 [HH:MM]

Investigations	Result	Unit	Biological Reference Range	Method
URINE ROUTINE AUTOMATED *[Random Urine]				
VOLUME	40	ML	>10	
COLOUR	PALE YELLOW		PALE YELLOW	
APPEARANCE	S.TURBID		CLEAR	
SPECIFIC GRAVITY (pKA CHANGE)	1.010		1.005 - 1.030	
pH (DOUBLE INDICATOR)	7.5		5 - 8.5	
URINE PROTEIN (PROTEIN ERROR/ 3% SULPHOSALICYLIC ACID)	NIL		NIL	
GLUCOSE (GOD-POD/ BENEDICTS)	NIL		NIL	
MICROSCOPIC EXAMINATION				
PUS CELLS	6-8	/HPF	0.0-3.0	
RBC	NIL	/HPF	NIL	
CASTS	ABSENT		ABSENT	
CRYSTALS	ABSENT		ABSENT	
EPITHELIAL CELLS	6-7	/HPF	F 0 - 5	
BACTERIA	ABSENT		ABSENT	
OTHER	ABSENT			

Please correlate clinically

END OF REPORT.



Prepared By
Mr. AVANISH KUMAR YADAV

Verified by
Dr. PALLAVI SINHA
MBBS, MD, DNB
(PATHOLOGY)

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HAEMATOLOGY

Request Date : 16-03-2024 10:09 AM **Reporting Date :** 16-03-2024 11:52 AM
Collection Date : 16-03-2024 10:26 AM | HA10169 **Reporting Status :** Finalized
Acceptance Date : 16-03-2024 10:27 AM | **TAT:** 01:25 [HH:MM]

Investigations	Result	Unit	Biological Reference Range	Method
Blood Group (RH Type) *[EDTA tube(purple top)]				
Blood Group	O			Forward Grouping Method
Rh Type	POSITIVE			Forward Grouping Method

END OF REPORT.

Prepared By
Mr. ABHISHEK RATHI



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MBBS MD (PATHOLOGY)

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BIOCHEMISTRY

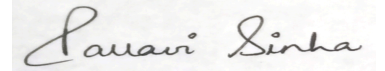
Request Date : 16-03-2024 10:09 AM **Reporting Date :** 16-03-2024 12:25 PM
Collection Date : 16-03-2024 10:27 AM | BI14056 **Reporting Status :** Finalized
Acceptance Date : 16-03-2024 10:27 AM | **TAT:** 01:58 [HH:MM]

Investigations	Result	Unit	Biological Reference Range	Method
GLYCOSYLATED HAEMOGLOBIN (Hb A1c) *[edta tube(purple top)] Performed On: SD BIOSENSOR 2400 (Method:HPLC Assay) <u>Ref Range for HBA1c</u> Non Diabetic:< 5.7 % Pre-Diabetic: 5.7 - 6.5 % Diabetic: > 6.5 % Remark: Hemoglobin A1c criteria for diagnosing diabetes have not been established for patients who are <18 years of age. <u>HbA1c goals in treatment of diabetes:</u> Ages 0-6 years: 7.6% - 8.4% Ages 6-12 years: <8% Ages 13-19 years: <7.5% Adults: <7% Comments: HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemc control as compared to blood and urinary glucose determinations. (Note: If a person has anemia, hemolysis, or heavy bleeding, HbA1c test results may be falsely low. If someone is iron-deficient, the HbA1c level may be increased. If a person has had a recent blood transfusion, the HbA1c may be inaccurate and may not accurately reflect glucose control for 2 to 3 months.) ADA criteria for correlation between HbA1c & Mean plasma glucose levels: HbA1c(%): 6 7 8 9 10 11 12 Mean Plasma Glucose: 126 154 183 212 240 269 298 (mg/dL) Please correlate clinically	5.40	%		

Regn. No. - OPD.23-24-139247

Ms. DEEKSHA SAXENA / UHIDNO:FHP26084905012023

END OF REPORT.



Prepared By
Mr. ANAND MAURYA

Verified by
Dr. PALLAVI SINHA
MBBS, MD, DNB
(PATHOLOGY)

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HAEMATOLOGY

Request Date : 16-03-2024 10:09 AM **Reporting Date :** 16-03-2024 11:38 AM
Collection Date : 16-03-2024 10:26 AM | HA10169 **Reporting Status :** Finalized
Acceptance Date : 16-03-2024 10:27 AM | **TAT:** 01:11 [HH:MM]

Investigations	Result	Unit	Biological Reference Range	Method
HAEMOGRAM (CBC & ESR) *[EDTA tube(purple top)]				
HEMOGLOBIN(NON CYNAMETH/PHOTOMETRY)*	11.10 L	gm/dL	12 - 15	
TOTAL LEUCOCYTE COUNT (TLC) (FLOWCYTOMETRY)*	6740	/cumm	4000 - 10000	
DLC (FLOWCELL & CYTOCHEMISTRY/MANUAL)*				
NEUTROPHIL	68.4	%	40 - 80	
LYMPHOCYTE	24.1	%	20 - 40	
MONOCYTE	6.50	%	2 - 10	
EOSINOPHIL	1.00	%	1 - 6	
BASOPHIL	0.00	%		
RBC (IMPEDENCE)*	4.14	millions/cumm	3.8 - 5.8	
HEMATOCRIT/P.C.V (RBC PULSE HEIGHT)*	35.0 L	%	36 - 46	
MCV(Calculated)*	84.5	fL	80 - 100	
MCH(Calculated)*	26.7 L	Picogram	27 - 32	
MCHC(Calculated)*	31.6	%	31.5 - 34.5	
PLATELET COUNT (IMPEDANCE)*	1.60	Lakh/cumm	1.5 - 4	
ESR(Westergren's Method)*	20	mm/hr	M 0 - 10 F 5 - 20	

Performed On: PENTRA ES60 (Horiba),5-Part

END OF REPORT.

Prepared By
Mr. ABHISHEK RATHI



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MBBS MD (PATHOLOGY)

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NEUTROPHIL	68.4	%	40 - 80	
LYMPHOCYTE	24.1	%	20 - 40	
MONOCYTE	6.50	%	2 - 10	
EOSINOPHIL	1.00	%	1 - 6	
BASOPHIL	0.00	%		
RBC (IMPEDENCE)*	4.14	millions/cumm	3.8 - 5.8	
HEMATOCRIT/P.C.V (RBC PULSE HEIGHT)*	35.0 L	%	36 - 46	
MCV(Calculated)*	84.5	fL	80 - 100	
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ESR(Westergren's Method)*	20	mm/hr	M 0 - 10 F 5 - 20	

Performed On: PENTRA ES60 (Horiba),5-Part

END OF REPORT.

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BIOCHEMISTRY

Request Date : 16-03-2024 10:09 AM **Reporting Date :** 16-03-2024 11:37 AM
Collection Date : 16-03-2024 10:27 AM | BI14055, | BI14054 **Reporting Status :** Finalized
Acceptance Date : 16-03-2024 10:27 AM | **TAT:** 01:10 [HH:MM]

Investigations	Result	Unit	Biological Reference Range	Method
BLOOD SUGAR FASTING (BSF) *[Sodium fluoride(grey top)] <i>Performed On: DIASYS SYS400 PRO</i> <i>Please correlate clinically</i>	101.00	mg/dL	74 - 110 (Age = 100)	
LIPID PROFILE *[Plain tube (red top)]				
TOTAL CHOLESTEROL Enzymatic (CHE/CHO/POD)*	150.90	mg/dL	Normal <200, Borderline High 200 - 240, High >240	
TRIGLYCERIDES Enzymatic (Lipase/GK/GPO/POD)*	101.80	mg/dL	Normal : <200, Borderline High: 200 - 400 High: >400 Very High : >650	
HDL -CHOLESTEROL PTA/ MgCl2- enzymatic*	59.00	mg/dL	Low <40, high ≥ 60	
LDL(Low density lipid) Calculated	71.54	mg/dL	Desirable ≤130, Borderline High Risk 130-160, High Risk >160	
VLDL(Very low density lipid) Calculated	20.36	mg/dL	16 - 45	
CHOL/HDL Ratio Calculated	2.56 L		3 - 6	
<i>Performed On: DIASYS SYS400 PRO</i> <i>Please correlate clinically</i>				

END OF REPORT.

Prepared By
Mr. MOINUDDIN



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Dr. KRITIKA JAIN
MBBS MD (PATHOLOGY)