

PATHOLOGY REPORT

Name:- Mr. Prashant Kumar	Age :38Y/M	Date :-23/03/2024
Ref. By :- Dr. Union Bank Of India	(E.C.No646843)	Serial Number :- 0235

CBC (Complete Blood Count)

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
Hb (Haemoglobin)	13.8	gm/dl	12 - 17
Total Leukocyte Count	5,700	/Cumm.	4000 - 11000
RBC Count	4.57	Million/Cumm.	3.8 - 5.8
PCV / Haematocrit	43.4	%	30 - 50
Platelet Count	1.50	Lakhs/c.mm	1.5 - 4.5
MCV	95.0	fl	80 - 100
MCH	30.0	pg	26 - 34
MCHC	31.8	gm/dl	31.5 - 35
Differential Leukocyte Count			
Neutrophil	70	%	40 - 70
Lymphocyte	20	%	20 - 40
Monocyte	02	%	02 - 10
Eosinophi	08	%	01 - 06
Basophil	00	%	< 1 - 2 %
ESR	18	mm/1 st hr.	00 - 20

end of report

Signature



URMILA HEART & MULTI SPECIALITY HOSPITAL

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KFT (KIDNEY Function Test) – serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>		
S. Urea	24.0	mg/dl	13	-	45
S. Creatinine	0.90	mg/dl	Male 0.7	-	1.4
			Female 0.6	-	1.2
S. BUN	11.20	mg/dl	6.0	-	21
S. Sodium (Na ⁺)	140.4	mmol/ltr	135	-	150
S. Potassium(K ⁺)	4.03	mmol/ltr	3.5	-	5.5
S. Chloride(Cl ⁻)	98.9	mmol/ltr	94	-	110
S. Calcium	9.30	mg/dl	8.7	-	11.0
S. Uric Acid	6.02	mg/dl	Male 3.5	-	7.2
			Female 2.5	-	6.2

BLOOD GROUPING

Grouping (ABO)	:	"A" Group
Rh Typing	:	Positive.

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LFT (Liver Function Test) – serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Total Bilirubin	0.79	mg/dl	Adults: 0.1 - 1.2 Infants: 1.2 - 12
S. SGPT (ALT)	38.0	U/L	05 - 40
S. SGOT (AST)	31.0	U/L	05 - 40
S. GGT	33.0	U/L	05 - 45
S. Alkaline Phosphatase	94.7	U/L	Adult -- 25 - 140 Children (1 – 12 yrs.) -- 104 - 390
S. Total Protein	7.19	g/dl	6.0 - 8.3
S. Albumin	4.13	g/dl	3.2 - 5.0
S. Globulin	3.06	g/dl	2.8 - 4.5
S. A/G Ratio	1.34		

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Lipid Profile - serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Cholesterol	195.0	mg/dl	130 - 200
S. Triglycerides	120.0	mg/dl	Fasting: 25 - 160
S. VLDL-Cholesterol	24.0	mg/dl	10 - 40
S. HDL-Cholesterol	48.0	mg/dl	Male: 30 - 65 Female: 35 - 80
S. LDL-Cholesterol	123.0	mg/dl	60 - 150
Ratio of Cholesterol/HDL	4.06		Low Risk: <3.0 Average Risk: 03 - 5.0 High Risk: >5.0
LDL/HDL Ratio	2.56		1.5 - 3.5

BIOCHEMISTRY

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
P. Glucose Fasting	95.0	mg/dl	70 - 110
P. Glucose-Post Prandial (after 1.30hrs meal)	136.0	mg/dl	80 - 160

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GLYCOSYLATED HEMOGLOBIN

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>
HbA1c	-	4.56 %

Mean Blood Glucose level (MBG) – 98.02 mg/dl

Normal Reference Values

Normal	:	< 8.0 %
Good Control	:	8.0 - 9.0 %
Fair Control	:	9.0 - 10.0 %
Poor Control	:	> 10.0 %

Summary :- Glycosylated hemoglobin (GHb) reflects the average blood glucose concentration over the preceding several weeks & a sudden fall from high to low glucose concentration will not produce a correspondingly rapid fall in glycosylated hemoglobin. Thus GHb reflects the metabolic control of glucose level over a period of time, unaffected by diet, insulin, other drugs or exercise on the day of testing. GHb is now widely recognized as an important test for the diagnosis of diabetes mellitus and is a good indicator of the efficacy of therapy.

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TEST NAME	METHOD	VALUE	UNITS	NORMAL RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	131.0	ng/dL	(60 - 200)
TOTAL THYROXINE (T4)	C.L.I.A	4.90	µg/dL	(4.5 - 12.0)
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	3.84	µIU/mL	(0.3 - 5.5)

Technology :

T3 - Competitive Chemi Luminescent Immuno Assay

T4 - Competitive Chemi Luminescent Immuno Assay

TSH - Ultra Sensitive Sandwich Competitive Chemi Luminescent Immuno Assay

REMARK :

THYROID HORMONES -Serum TSH is primarily responsible for the synthesis and release of Thyroid hormones is an early and sensitive indicator of decrease in thyroid reserve is the diagnostic of primary hypothyroidism.The expected increase in TSH demonstrate the classical feedback mechanism between pituitary and thyroid gland.Additionally TSH measurement is equally important in differentiating secondary and tertiary(hypothalamic) hypothyroidism.The increase in total T4 and T3 is associated with pregnancy,oral contraceptive and estrogen therapy results into masking of abnormal thyroid function only because of alteration of TBG concentration,which can be monitored by calculating Free Thyroxine Index(FTI) or Thyroid Hormone Binding Ratio(THBR).a

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Urine Routine And Microscopy

<u>TEST</u>	<u>RESULTS</u>
Physical Examination	
Volume	20 ml
Colour	Straw
Specific Gravity	1.020
Appearance	Clear
pH	5.0
(Acidic)	
Chemical Examination	
Protein	Nil
Sugar	Nil
Bile Salts	N/D
Bile Pigments	N/D
Microscopic Examination	
Pus Cells	1-2 /hpf
Red Blood Cells	Nil /hpf
Epithelial Cells	Present (+)
Crystal/Cast	Nil
Other	Nil
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