

Laboratory Report

Patient Name : MR PREETAM SINGH LODHI  **CPL24/7648**
 Age/Gender : 38 Yrs/Male Registration Date : 29/03/2024 04:17 PM
 Ref. Dr. : SELF Collection Date : 29/03/2024 04:19 PM
 Center : AP98 Report Date : 29/03/2024 06:19 PM



HAEMATOLOGY REPORT

Test Description	Result	Unit	Biological Reference Ranges
COMPLETE BLOOD COUNT			
Haemoglobin	15.1	gm/dL	12.0 - 16.0
RBC Count	5.07	mil/cu.mm	4.00 - 5.50
Hematocrit HCT	43.9	%	40.0 - 54.0
Mean Corp Volume MCV	86.6	fL	80.0 - 100.0
Mean Corp Hb MCH	29.8	pg	27.0 - 34.0
Mean Corp Hb Conc MCHC	34.4	gm/dL	32.0 - 36.0
Platelet Count	2.81	lac/cmm	1.50 - 4.50
Total WBC Count /TLC	7.3	10 ³ /cu.mm	4.0 - 11.0
DIFFERENTIAL LEUCOCYTE COUNT			
Neutrophils	49	%	40 - 70
Lymphocytes	42	%	20 - 40
Monocytes	05	%	02 - 10
Eosinophils	04	%	01 - 06
Basophils	00	%	00 - 01
Absolute Differential Count			
Absolute Neutrophils Count	3.6	thou/mm ³	2.00 - 7.00
Absolute Lymphocyte Count	3.1	thou/mm ³	1.00 - 3.00
Absolute Monocytes Count	0.4	thou/mm ³	0.20 - 1.00
Absolute Eosinophils Count	0.3	thou/mm ³	0.02 - 0.50

EDTA Whole Blood - Tests done on Automated Three Part Cell Counter. (WBC, RBC Platelet count by impedance method, WBC differential by VCS technology other parameters calculated) All Abnormal Haemograms are reviewed confirmed microscopically.

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Test Description	Result	Unit	Biological Reference Ranges
ESR - ERYTHROCYTE SEDIMENTATION RATE	08	mm/hr	0 - 09

Method: Wintrob's

INTERPRETATION :

1. It indicates presence and intensity of an inflammatory process, never diagnostic of a specific disease. Changes are more significant than a single abnormal test.
2. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis, polymyalgia rheumatica.
3. It is also increased in pregnancy, multiple myeloma, menstruation, and hypothyroidism.




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HAEMATOTOLOGY REPORT

Test Description	Result	Unit	Biological Reference Ranges
HbA1c Glycosilated Haemoglobin	5.7	%	Non-diabetic: <= 6.0 Pre-diabetic: 6.0-7.0 Diabetic: >= 7.0
Estimated Average Glucose :	117	mg/dL	
Reference Range (Average Blood Sugar):			
Excellent control	: 90 - 120 mg/dl		
Good control	: 121 - 150 mg/dl		
Average control	: 151 - 180 mg/dl		
Action suggested	: 181 - 210 mg/dl		
Panic value	: > 211 mg/dl		

Interpretation & Remark:

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
- 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%.
- Trends in HbA1c are a better indicator of diabetic control than a solitary test.
- 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.
- To estimate the eAG from the HbA1C value, the following equation is used: $eAG(mg/dl) = 28.7 \cdot A1c - 46.7$
- Interference of Haemoglobinopathies in HbA1c estimation.
 - For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
 - Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
 - Heterozygous state detected (D10/ turbo is corrected for HbS and HbC trait).
- In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control. Excellent Control - 6 to 7 %, Fair to Good Control - 7 to 8 %, Unsatisfactory Control - 8 to 10 % and Poor Control - More than 10 % .




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HAEMATOLOGY REPORT

Test Description	Result	Unit	Biological Reference Ranges
BLOOD GROUP AND RH FACTOR			
ABO Type	O		
Rh Factor	POSITIVE(+VE)		




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BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
LIVER FUNCTION TEST (LFT)			
TOTAL BILIRUBIN	0.82	mg/dl	0 - 1.2
DIRECT BILIRUBIN	0.19	mg/dL	0 - 0.3
INDIRECT BILIRUBIN	0.63	mg/dl	0.1 - 0.8
SGOT (AST)	17.5	U/L	0 - 35
SGPT (ALT)	22.8	U/L	0 - 45
ALKALINE PHOSPHATASE	79.0	U/L	40 - 140
TOTAL PROTEIN	7.16	g/dl	6.4 - 8.3
SERUM ALBUMIN	4.25	g/dl	3.5 - 5.2
SERUM GLOBULIN	2.91	g/dl	1.8 - 3.6
A/G RATIO	1.46		1.2 - 2.2

NOTE : Please correlate with clinical conditions.

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BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
LIPID PROFILE			
Cholesterol-Total	199.0	mg/dL	< 200 Desirable 200-239 Borderline High > 240 High
Triglycerides level	175.3	mg/dL	< 150 Normal 150-199 Borderline High 200-499 High > 500 Very High
HDL Cholesterol	48.1	mg/dL	< 40 Major Risk for Heart > 40 Normal
LDL Cholesterol	115.84	mg/dL	< 100 Optimal 100-129 Near/Above Optimal 130-159 Borderline high 160-189 High > 190 Very High
VLDL Cholesterol	35.06	mg/dL	6 - 38
CHOL/HDL RATIO	4.14		3.5 - 5.0
LDL/HDL RATIO	2.41		2.5 - 3.5

NOTE

8-10 hours fasting sample is required

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BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
<u>KIDNEY FUNCTION TEST(KFT)</u>			
Urea	20.3	mg/dl	15 - 50
Serum Creatinine	0.71	mg/dl	0.7 - 1.5
Uric Acid	4.6	mg/dl	2.6 - 6.0
Serum Sodium	142.5	mmol/L	135 - 150
Serum Potassium	4.74	mmol/L	3.5 - 5.0
Serum Chloride	104.0	mmol/L	94 - 110
Calcium	8.97	mg/dl	8.6 - 10.2
BUN - Blood Urea Nitrogen	9.5	mg/dl	7 - 20
Urea Creatinine Ratio	28.6	Ratio	
BUN Creatinine Ratio	13.4	Ratio	
eGFR	119	ml/min	

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CLINICAL BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
Fasting Blood Sugar	88.4	mg/dl	Normal: 70-110
			Impaired Fasting Glucose(IFG): 100-125

Method: GOD-POD

Diabetes mellitus: ≥ 126

Note:- An individual may show higher fasting glucose level in comparison to post prandial glucose level due to following reasons. The glycaemic index and response to food consumed, Changes in body composition, Increased insulin response and sensitivity, Alimentary hypoglycemia, Renal glycosuria, Effect of oral hypoglycaemics & Insulin treatment.



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IMMUNOASSAY REPORT

Test Description	Result	Unit	Biological Reference Ranges
TRI-iodothyronin, (T3)	1.43	ng/mL	0.69 - 2.15
Thyroxin, (T4)	101.0	ng/mL	52 - 127
Thyroid Stimulating Hormone(TSH)- Serum	1.96	μIU/mL	0.3-4.5 Pregnancy (As per American Thyroid Association) First Trimester : 0.1-2.5 Second Trimester : 0.2-3.0 Third trimester : 0.3-3.0

Method : CLIA

INTERPRETATION

TSH	T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	• Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within Range	Within Range	• Isolated High TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. • Subclinical Autoimmune Hypothyroidism • Intermittent T4 therapy for hypothyroidism • Recovery phase after Non-Thyroidal illness"
Raised	Decreased	Decreased	• Chronic Autoimmune Thyroiditis • Post thyroidectomy, Post radioiodine • Hypothyroid phase of transient thyroiditis"
Raised or within Range	Raised	Raised or within Range	• Interfering antibodies to thyroid hormones (anti-TPO antibodies) • Intermittent T4 therapy or T4 overdose • Drug interference- Amiodarone, Heparin, Beta blockers, steroids, anti-epileptics"
Decreased	Raised or within Range	Raised or within Range	• Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness • Subclinical Hyperthyroidism • Thyroxine ingestion"
Decreased	Decreased	Decreased	• Central Hypothyroidism • Non-Thyroidal illness • Recent treatment for Hyperthyroidism (TSH remains suppressed)"
Decreased	Raised	Raised	• Primary Hyperthyroidism (Graves' disease), Multinodular goitre, Toxic nodule • Transient thyroiditis: Postpartum, Silent (lymphocytic), Postviral (granulomatous, subacute, DeQuervain's), Gestational thyrotoxicosis with hyperemesis gravidarum"
Decreased or within Range	Raised	Within Range	• T3 toxicosis • Non-Thyroidal illness

**** End of the report****



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This report is not valid for medico legal aspects. This is just a professional opinion not the final. Kindly correlate clinically because of technical, lack of clinical information and physical findings, if any disparity noted please inform.

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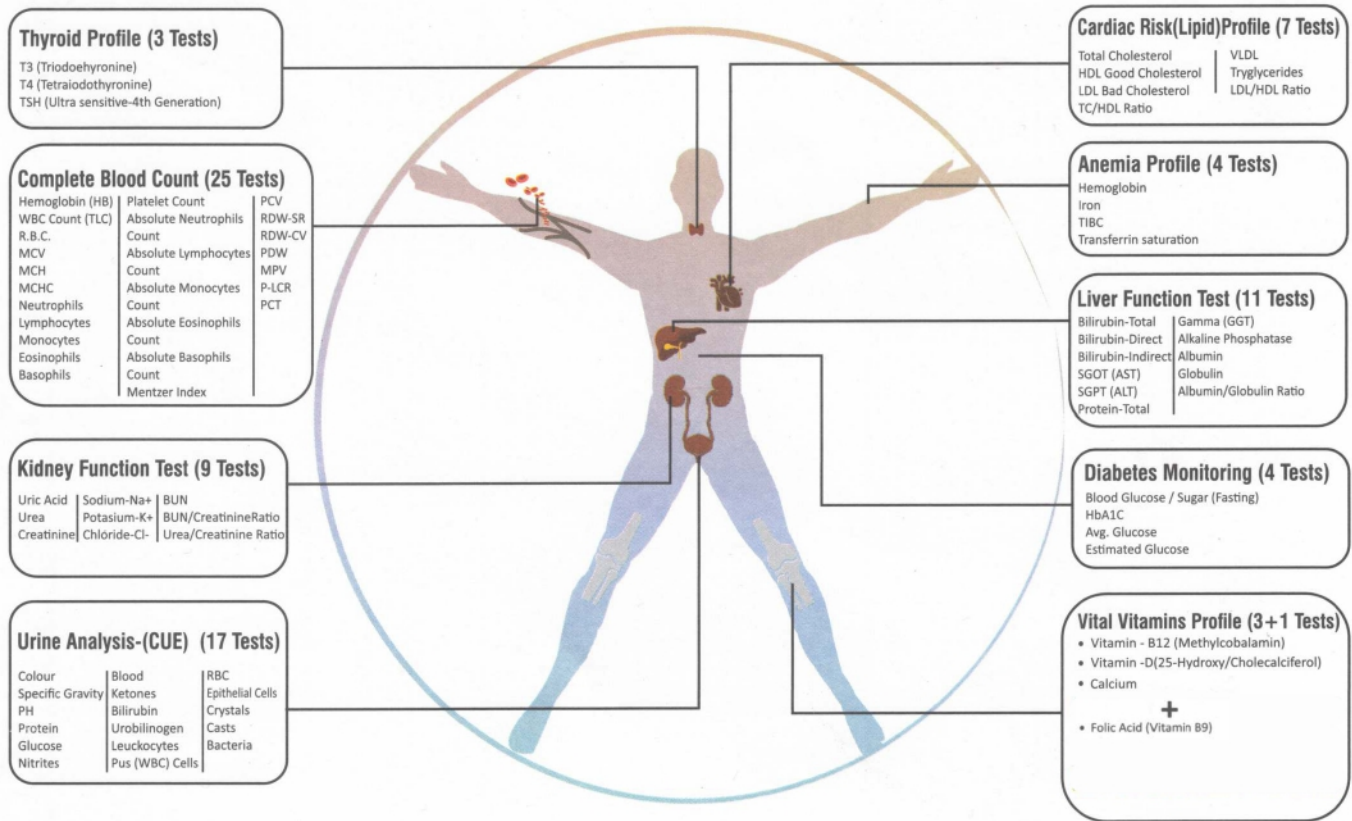


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BODY CARE

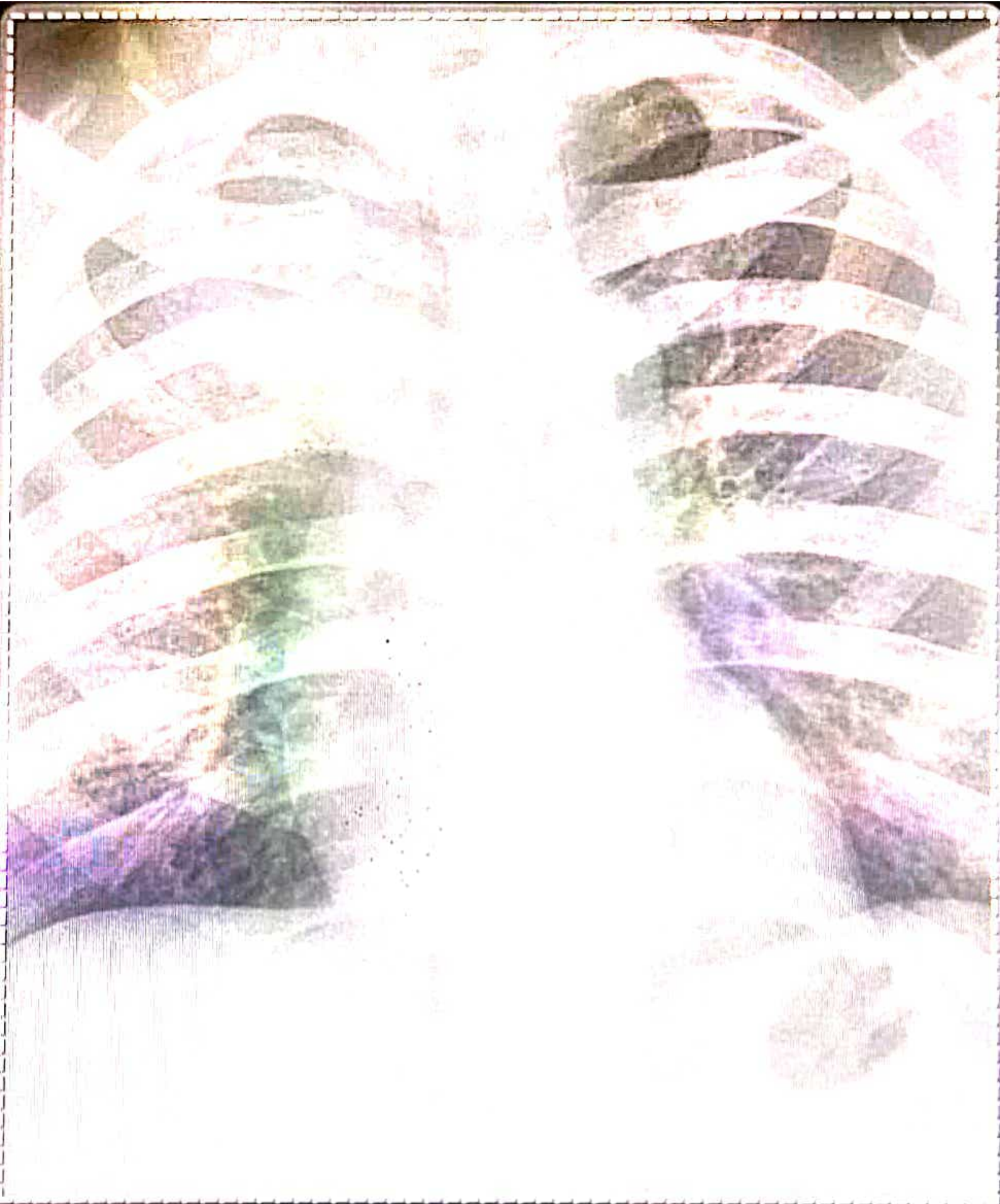


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- Individual laboratory investigations should not be considered as conclusive and should be used along with other relevant clinical examinations to achieve the final diagnosis. Therefore these reported results are for the information of referring clinician only
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- All dispute / claims concerning to this report are subject to Bhopal jurisdiction only.

For Any Enquiry

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preetam singh lodhi /38 year
Dr. sachin jain

PA Chest
29/03/2024 10:18:08

Preetam Singh Jodhi

Age - 38 Year

Bp - 140/90

Height - 5.8

Weight - 75



भारत सरकार

Government of India



प्रीतम सिंह लोधी

Preetam Singh Lodhi

जन्म तिथि / DOB : 10/10/1985

पुरुष / Male



9730 0851 8716

आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण

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