



Name: <b>ATUL RASTOGI</b>	Ward: OPD
Lab ID: <b>00000100</b>	Registration on: 08/03/2024 10:11:00
Age & Sex: <b>49 Year   Male</b>	Reported on: 16:55:56
Reference: <b>VELOCITY HOSPITAL</b>	Sample Type: <b>BLOOD &amp; URINE</b>

## CBC ESR

Test	Observed Value	Unit	Biological Reference Interval
Haemoglobin	<b>13.48</b> L	g/dL	13.5 - 17.5
Total RBC	<b>4.33</b> L	mill./cm	4.50 - 5.90
Total WBC	5210	/cmm	4000 - 11000
Platelet Count	203100	/cmm	150000 - 450000
HCT	41.7	%	36.0 - 48.0
MCV	96.3	fL	80.0 - 100.0
MCH	31.1	pg	27.0 - 32.0
MCHC	32.3	g/dL	31.5 - 36.0
<b>DIFFERENTIAL COUNT</b>			
Neutrophils	58	%	40 - 70
Lymphocytes	38	%	20 - 40
Eosinophils	02	%	02-05
Monocytes	02	%	01-07
Basophils	00	%	00 - 02
Band Cells	00	%	0.0 - 6.0
<b>ABSOLUTE DIFFERENTIAL COUNT</b>			
Neutrophils	3022	/cumm	1800 - 7700
Lymphocytes	1980	/cumm	800 - 4800
Eosinophils	104	/cumm	20 - 500
Monocytes	<b>104</b> L	/cumm	200 - 1000
Basophils	0	/cumm	0 - 100
<b>GLR / NLR</b> (Neutrophil/Lymphocyte Ratio)	<b>1.5</b>		
<b>MENTZER INDEX</b>			
RDW-CV	12.1	%	11.1 - 14.1
RDW-SD	<b>46.6</b>	fl	
MPV	9.2	fl	
PCT	<b>0.19</b>	%	

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PDW 17.7 %

**PERIPHERAL SM EAR EXAMINATION**

RBC Morphology  
WBC Morphology  
Platelets in Smear

**Normochromic and normocytic.**  
**Appear normal, Immature cells are not seen .**  
Adequate.

**Malarial Parasites**

Not Detected.

**ESR**

AFTER 1 HOUR

**24 H** mm/hr

0.0 - 15.0

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## BLOOD GROUP

<u>Test</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<b>Blood Group</b>	"O"		
Rh Factor	POSITIVE		

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## BLOOD GLUCOSE TEST

<u>Test</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Sample	FLOURIDE PLASMA		
<b><u>FASTING (FBS)</u></b>			
Blood Sugar-F	72.82	mg/dL	70.00-110.00

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Reference: **VELOCITY HOSPITAL**Sample Type: **BLOOD & URINE**

## HEMOGLOBIN A1c TEST

Test	Observed Value	Unit	Biological Reference Interval	
<b>HbA1c</b>	<b>6.49</b>	<b>H</b>	<b>%</b>	> 8 : Action Suggested 7-8 : Good control < 7 : Goal 6.2-7 : Near Normal Glycemia < 6.2 : Non-diabetic Level

Mean Blood Glucose 139.6 mg/dL 70.0 - 140.0

### Importance of HbA1c - Glycated Hb. in Diabetes Mellitus

- HbA1c, also known as Glycated Hemoglobin is the most important test for the assessment of long term blood glucose control (also called glycemic control)
- HbA1c reflects mean blood glucose concentration over past 6-8 weeks and provides a much better indication of long term glycemic control than blood glucose determination
- HbA1c is formed by non-enzymatic reaction between glucose and Hb. , this reaction is irreversible and therefore remains unaffected by short term fluctuations in blood glucose levels.
- Long term complications of diabetes such as retinopathy-eye complications, nephropathy-kidney complications and neuropathy-nerve complications, are potentially serious and can lead to blindness, kidney failure etc.
- Glycemic control monitored by HbA1c measurement using HPLC method-(Gold Standard) is considered most important. (Ref. National Glycohemoglobin Standardization Program -NGSP).

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## LIPID PROFILE

Test	Observed Value	Unit	Biological Reference Interval
Sample	Fasting Blood Serum		
Cholesterol	105.6	mg/dL	<200 Desirable 200-229 Borderline >240 High
Triglyceride	137.3	mg/dL	<150 Normal 150-199 Borderline 200-499 High >=500 Very High
HDL Cholesterol	48.3	mg/dL	40-60
VLDL	27.46	mg/dL	0.00 - 30.00
LDL Cholesterol	29.84	mg/dL	< 130 : Optimal 130 - 159 : Borderline High 160 - 189 : High >= 190 : Very High
LDL Chol. / HDL Chol. Ratio	<b>0.62</b>	<b>L</b>	1.0 - 3.4
Cholesterol / HDL Chol. Ratio	2.2		0 - 3.5
Total Lipid	439.3	mg/dl	400.0 - 1000.0

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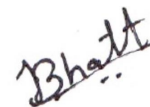
Reference: **VELOCITY HOSPITAL**Sample Type: **BLOOD & URINE**

## RENAL FUNCTION TEST

Test		Unit	
S. Creatinine	0.82	mg/dL	0.5-1.30
Bl. Urea	23.0	mg/dL	10.0 - 40.0
BUN	10.7	mg/dl	6.0 - 22.0
Uric Acid	3.90	mg/dL	3.5 - 7.2

### PROTEINS

Total Protein	6.8	g/dL	6.0 - 8.0
Albumin	4.75	g/dL	3.50 - 5.50
Globulin	2.1	g/dL	2.0 - 4.0
A/G Ratio	2.3		



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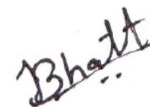
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Reference: **VELOCITY HOSPITAL**Sample Type: **BLOOD & URINE**

## LIVER FUNCTION TEST

Test	Observed Value	Unit	Biological Reference Interval
<b><u>BILIRUBIN</u></b>			
Total Bilirubin	0.4	mg/dL	0.00 - 1.20
Direct Bilirubin	0.2	mg/dL	0.00 - 0.40
Indirect Bilirubin	0.20	mg/dL	0.00 - 1.00
SGPT(ALT)	19.06	U/L	0.0 - 40.0
SGOT (AST)	21.3	U/L	0.0 - 46.0
Alkaline Phosphatase	212.3	U/L	64.0 - 306.0
<b><u>PROTEINS</u></b>			
Total Protein	6.8	g/dL	6.0 - 8.0
Albumin	4.75	g/dL	3.50 - 5.50
Globulin	2.1	g/dL	2.0 - 4.0
A/G Ratio	2.3		

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## URINE ANALYSIS

Test	Observed Value	Unit	Biological Reference Interval
Sample	Fresh Urine		
<b><u>PHYSICAL EXAMINATION</u></b>			
Quantity	10.0	mL	
Colour	Pale-Yellow		
Appearance	<b>Clear</b>		Clear
pH	5.0		
Specific Gravity	1.020		
Sediments	Absent		Absent
<b><u>CHEMICAL EXAMINATION</u></b>			
Protein (Albumin)	Absent		Absent
Sugar	Absent		Absent
Bile Salts	Absent		Absent
Bile Pigment	Absent		Absent
Ketone	Absent		Absent
Occult Blood	Absent		Absent
Nitrite	Absent		Absent
Leukocyte Esterase	Absent		Absent
Urobilinogen	Normal		Normal
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Pus Cells	<b>1-2</b>	/hpf	Absent
Red Blood Cells	Absent	/hpf	Absent
Epithelial Cells	<b>Occasional</b>	/hpf	Absent
Crystals	Absent		Absent
Amorphous material	Absent		Absent
Casts	Absent		Absent
Yeast	Absent		Absent
Bacteria	Absent		Absent

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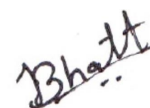
Reported on: 16:55:58

Reference: **VELOCITY HOSPITAL**Sample Type: **BLOOD & URINE**

## STOOL EXAMINATION

Test	Observed Value	Unit
<b><u>PHYSICAL EXAMINATION</u></b>		
Consistency	Semi Solid	
Colour	Brown	
Mucus	Absent	Absent
Blood	Absent	Absent
<b><u>CHEMICAL TEST</u></b>		
Occult Blood	<b>Trace</b>	Absent
Reducing Substance	Absent	
pH	7.0	
<b><u>MICROSCOPIC EXAMINATION</u></b>		
Ova	Not seen	Absent
Cysts	Not seen	Absent
Trophozoites	Not seen	Absent
Larva	Not seen	Absent
Pus cells	<b>8-10/ hpf</b>	Absent
Red cells	<b>10-12/ hpf</b>	Absent
Macrophages	<b>Absent</b>	
Epithelial Cells	Absent	
Vegetable Fibre	<b>Present</b>	Absent
Muscle fibres	Absent	Absent
Fat globules	Absent	Absent
Yeast	Absent	Absent

--- End of Report ---

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 CIN : U85195GJ2009PLC057059



## TEST REPORT

**Reg. No.** : 40300709518 **Reg. Date** : 08-Mar-2024 10:45 **Ref.No** : **Approved On** : 08-Mar-2024 12:12  
**Name** : ATUL RASTOGI **Collected On** : 08-Mar-2024 10:45  
**Age** : 49 Years **Gender**: Male **Pass. No.** : **Dispatch At** :  
**Ref. By** : **Tele No.** :  
**Location** : SPECTRA DIAGNOSTIC @ LP SAVANI ROAD

Test Name	Results	Units	Bio. Ref. Interval
<b>THYROID FUNCTION TEST</b>			
T3 (triiodothyronine), Total <i>Method:CLIA</i>	1.25	ng/mL	0.6 - 1.81
T4 (Thyroxine), Total <i>Method:CLIA</i>	6.6	µg/dL	4.5 - 12.6
TSH (Ultra Sensitive) <i>By CLIA Method</i>	4.634	µIU/mL	0.55 - 4.78
Sample Type:Serum			

**Comments:**

Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulate the thyroid gland to synthesize and secrete T3 and T4. Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

**TSH levels During Pregnancy :**

- First Trimester : 0.1 to 2.5 µIU/mL
- Second Trimester : 0.2 to 3.0 µIU/mL
- Third trimester : 0.3 to 3.0 µIU/mL

Reference : Carl A.Burtis,Edward R.Ashwood,David E.Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Edition. Philadelphia: WB Saunders,2012:2170

Test done from collected sample. This is an electronically authenticated report.

*Brijesha*

**Dr. Brijesha Patel**  
 M.D. Pathology  
 Reg. No.:G-32437

**Generated On** : 08-Mar-2024 12:17

Regd. Office: 5th Floor, Doctor House, Nr. Parimal Garden, Ahmedabad-380006, Gujarat.  
 Outsource Lab (USLL-HO):PASL House, Beside Sahjanand College, Opposite Kamdhenu Complex, Panjarapole, Ambawadi, Ahmedabad-380015, Gujarat.



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**Age** : 49 Years **Gender**: Male **Pass. No.** : **Dispatch At** :  
**Ref. By** : **Tele No.** :  
**Location** : SPECTRA DIAGNOSTIC @ LP SAVANI ROAD

Test Name	Results	Units	Bio. Ref. Interval
Prostate Specific Antigen (PSA),Total	0.82	ng/mL	0 - 4

Method:CLIA

Sample Type:Serum

**Useful For**

1. Evaluating patients with documented prostate problems in whom multiple prostate-specific antigen tests may be necessary per year
2. Monitoring patients with a history of prostate cancer as an early indicator of recurrence and response to treatment.
- 3.Prostate cancer screening.

**Comments**

-Prostate-specific antigen (PSA) is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. Normally, very little PSA is secreted in the blood. Increases in glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels.

-Digital rectal examination generally does not increase normal prostate-specific antigen (PSA) values. However, cystoscopy, urethral instrumentation, and prostate biopsy may increase PSA levels.

----- End Of Report -----

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