




Name : MR. TIRUMALI NARESH  
Id : K-13150  
Age/Gender : 35 years 11 months/M  
DOB : 19/11/1988  
Referred By : BANK OF BARODA (MW)

Vid : OPI2425-5129  
Collected On : 16/11/2024 08:59  
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**DEPARTMENT OF HAEMATOLOGY**

**BLOOD GROUP AND RH TYPING**

(Method: Hemagglutination)

Blood group	" B "
Rh Type	POSITIVE

*Ramadevi*

**Dr. S RAMADEVI M.B.B.S**  
**MD PATHOLOGIST**


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**DEPARTMENT OF BIOCHEMISTRY**

**SERUM CREATININE**  
 (Method: Enzymatic)

0.7 mg/dl

0.7 - 1.3



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**DEPARTMENT OF BIOCHEMISTRY**

**BLOOD UREA NITROGEN - BUN**  
(Method: UREASE / GLDH)

10.2 mg/dl

7 - 21

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**DEPARTMENT OF BIOCHEMISTRY**

<b>URIC ACID</b> (Method: URICASE/PEROXIDASE)	5.3 mg/dl	3.5 - 7.2
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**DEPARTMENT OF ENDOCRINOLOGY**

**THYROID FUNCTION TEST**

<b>TOTAL TRIIODOTHYRONINE - T3</b> (Method: CLIA)	1.26 ng/ml	Adult: 0.60 - 1.78 2weeks-4 months: 1.2 - 2.4 1-14 years: 1.05 - 2.45 New borns: 0.73 - 2.88 Pregnancy-1st trimester: 1.21 - 3.08 2nd & 3rd Trimester: 1.52 - 3.62
<b>TOTAL THYROXINE - T4</b> (Method: CLIA)	8.50 ug/dl	Adult: 5.10 - 13.20 2 weeks-4 months: 7 - 15 1-14 years: 6.4 - 13.3 Pregnancy- 1st trimester: 7.8 - 16.2 2nd&3rd trimester: 9.1 - 18.3
<b>THYROID STIMULATING HORMONE - TSH</b> (Method: CLIA)	1.78 uIU/ml	Adult: 0.35 - 5.50 New borns: 0.70 - 15.2 2weeks-4 months: 1.7 - 9.1 <12 months: 1.36 - 8.8 1-6 years: 0.85 - 6.5 7-12 years: 0.28 - 4.3 Pregnancy- 1st trimester: 0.1 - 2.5 2nd &3rd Trimester: 0.2 - 3.0

**INTERPRETATION**

In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated and in primary hyperthyroidism, TSH levels will be low. In Hypothyroidism there is decreased production of thyroid hormones by the thyroid hence the person may experience symptoms such as weight gain, dry skin, constipation, cold intolerance, and fatigue. Iodine deficiency and Hashimoto thyroiditis is the most common cause of hypothyroidism. If the thyroid releases inappropriately large amounts of T4 and T3, the affected person may experience symptoms associated with Hyperthyroidism, such as rapid heart rate, weight loss, nervousness, hand tremors, irritated eyes, and difficulty in sleeping. Graves disease is the most common cause of hyperthyroidism. Several medications including dopamine and glucocorticoids or excessive use of dietary supplements containing Biotin may affect TSH results. For diagnostic purpose a test result should always be assessed in conjunction with the individual's medical history, clinical examination and other findings.




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**DEPARTMENT OF BIOCHEMISTRY**

**LIVER FUNCTION TEST WITH GAMMA GT ( SAMPLE TYPE - SERUM )**

<b>BILIRUBIN TOTAL</b> (Method: Diazo - Endpoint)	<b>1.47</b> mg/dl	↑↑	0.3 - 1.2
<b>BILIRUBIN DIRECT</b> (Method: Diazo - Endpoint)	<b>0.53</b> mg/dl	↑↑	0.0 - 0.30
<b>BILIRUBIN INDIRECT</b> (Method: Calculated)	0.94 mg/dl		0.25 - 1
<b>SGOT - AST</b> (Method: IFCC without P5P KINETIC)	17 U/L		Upto - 55
<b>SGPT - ALT</b> (Method: IFCC without P5P KINETIC)	15 U/L		Upto - 55
<b>ALKALINE PHOSPHATASE</b> (Method: AMP Optimised IFCC Kinetic)	73 U/L		53 - 128
<b>TOTAL PROTEIN</b> (Method: BIURET)	6.0 gm/dl		6.0 - 8.3
<b>ALBUMIN</b> (Method: Bromo Cresol Green)	3.7 gm/dl		3.5 - 5.2
<b>GLOBULIN</b> (Method: Calculated)	2.3 gm/dl		2.3 - 3.5
<b>A/G RATIO</b> (Method: Calculated)	1.61		1 - 2
<b>GAMMA GT</b> (Method: KINETIC)	21 U/L		9.0 - 45.0

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**DEPARTMENT OF BIOCHEMISTRY**

**LIPID PROFILE ( SAMPLE TYPE - SERUM )**

<b>TOTAL CHOLESTEROL</b> (Method: CHOD-POD)	192 mg/dl	Normal: < 200 Borderline High: 200 - 239 High: > 240
<b>TRIGLYCERIDES</b> (Method: GPO-POD End Point)	111 mg/dl	Normal: < 150 Borderline High: 150 - 199 High: 200 - 499 Very High: > 500
<b>HDL CHOLESTEROL</b> (Method: DIRECT ENZYMATIC)	47 mg/dl	Low: < 40 High: > 60
<b>LDL CHOLESTEROL</b> (Method: CALCULATED)	<b>122.8</b> mg/dL	Optimal: < 100 Near Optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: =/> 190
<b>VLDL</b> (Method: CALCULATED)	22.2 mg/dL	10 - 30
<b>LDL / HDL RATIO</b> (Method: Calculated)	2.61	1.5 - 3.5
<b>CHOL / HDL RATIO</b>	4.09	3.9 - 5
<b>TGL / HDL RATIO</b>	<b>2.36</b> ††	< 2



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**DEPARTMENT OF BIOCHEMISTRY**

**FASTING AND POST LUNCH BLOOD SUGAR WITH CORRESPONDING URINE**

<b>Glucose Fasting</b> (Method: GOD-POD)	82 mg/dl	70 - 110
<b>Glucose - PP</b> (Method: GOD-POD)	101 mg/dl	70 - 160

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**DEPARTMENT OF HAEMATOLOGY**

**HAEMOGRAM**

<b>HAEMOGLOBIN-HB</b> (Method: Colorimetric Method)	15.5 gm%	13.0 - 17.0
<b>RBC</b> (Method: Electrical Impedance)	5.2 Million/cmm	4.5 - 5.5
<b>PCV</b> (Method: Cumulative Pulse Height)	44 %	40 - 50
<b>MCV</b> (Method: Automated Calculation)	<b>81</b> fl <span style="float: right;">⇓</span>	83 - 101
<b>MCH</b> (Method: Calculated)	28 pg	27 - 32
<b>MCHC</b> (Method: Calculated)	34 %	31.5 - 34.5
<b>TOTAL WBC COUNT - TC</b> (Method: Electrical Impedance)	6400 Cells/cumm	4000 - 11000
<b>DIFFERENTIAL COUNT</b> (Method: Flow cytometry/ Microscopy)		
NEUTROPHIL	60 %	40 - 80
LYMPHOCYTES	35 %	20 - 40
EOSINOPHILS	03 %	1 - 6
MONOCYTES	02 %	2 - 10
BASOPHILS	00 %	< 2
<b>PLATELET COUNT</b> (Method: Electrical Impedance)	177000 cells/cmm	150000 - 410000
<b>ERYTHROCYTE SEDIMENTATION RATE - ESR</b> (Method: Manual Modified Westergren method)	05 mm/hr	1 - 13
<b>RETICULOCYTE COUNT</b> (Method: Microscopic)	1.0 %	0.0 - 2.5
<b>PERIPHERAL SMEAR STUDY</b> (Method: Microscopic)		
RBC'S	Normocytic/ Normochromic	
WBC'S	Within Normal Limits	
PLATELETS	Adequate	

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