

Patient Name : MR. TRILOKI NATH SINGH [UHIDNO:FHP30580702032024]
Age / Gender : 52 Yr / M
Address : C-223, Alpha-1, Greater Noida , Alpha Greater Noida, Gautam Buddha Nagar, UTTAR PRADESH
Req. Doctor: Dr. OPD
Regn. ID: OPD.23-24-132545


BIOCHEMISTRY

Request Date : 02-03-2024 08:57 AM **Reporting Date :** 02-03-2024 01:02 PM
Collection Date : 02-03-2024 09:30 AM | BI11188 **Reporting Status :** Finalized
Acceptance Date : 02-03-2024 09:30 AM | **TAT:** 03:32 [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>	142.00 H	mg/dL	74 - 110 (Age = 100)	

END OF REPORT.

Prepared By
Mr. CHANDAN KUMAR MANNA


Verified by
Dr. KRITIKA JAIN
MBBS MD (PATHOLOGY)

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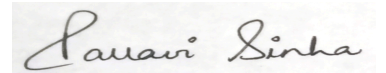
BIOCHEMISTRY

Request Date : 02-03-2024 08:57 AM **Reporting Date :** 02-03-2024 02:45 PM
Collection Date : 02-03-2024 01:45 PM | BI11168 **Reporting Status :** Finalized
Acceptance Date : 02-03-2024 01:45 PM | **TAT:** 01:00 [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>	157.00 H	mg/dL	80 - 140 (Age = 100)	
<i>Please correlate clinically</i>				

END OF REPORT.

Prepared By
Mr. PIYUSH SHUKLA



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

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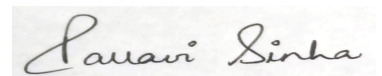
CLINICAL PATHOLOGY

Request Date : 02-03-2024 08:57 AM **Reporting Date :** 02-03-2024 01:58 PM
Collection Date : 02-03-2024 09:29 AM | CLP13016 **Reporting Status :** Finalized
Acceptance Date : 02-03-2024 09:30 AM | **TAT:** 04:28 [HH:MM]

Investigations	Result	Unit	Biological Reference Range	Method
URINE ROUTINE AUTOMATED *[Random Urine]				
VOLUME	30	ML	>10	
COLOUR	PALE YELLOW		PALE YELLOW	
APPEARANCE	CLEAR		CLEAR	
SPECIFIC GRAVITY (pKA CHANGE)	1.015		1.005 - 1.030	
pH (DOUBLE INDICATOR)	6.0		5 - 8.5	
URINE PROTEIN (PROTEIN ERROR/ 3% SULPHOSALICYLIC ACID)	NIL		NIL	
GLUCOSE (GOD-POD/ BENEDICTS)	NIL		NIL	
MICROSCOPIC EXAMINATION				
PUS CELLS	2-4	/HPF	0.0-3.0	
RBC	NIL	/HPF	NIL	
CASTS	ABSENT		ABSENT	
CRYSTALS	ABSENT		ABSENT	
EPITHELIAL CELLS	1-2	/HPF	M 0 - 3	
BACTERIA	ABSENT		ABSENT	
OTHER	ABSENT			

Please correlate clinically

END OF REPORT.



Prepared By
Mr. KAMAL KISHOR MANDAL

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

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HAEMATOLOGY

Request Date : 02-03-2024 08:57 AM
Collection Date : 02-03-2024 09:29 AM | HA7998
Acceptance Date : 02-03-2024 09:30 AM | **TAT:** 02:24 [HH:MM]

Reporting Date : 02-03-2024 11:54 AM
Reporting Status : Finalized

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

END OF REPORT.

Prepared By
Mr. ABHISHEK RATHI



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Dr. KRITIKA JAIN
MBBS MD (PATHOLOGY)

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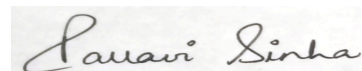
IMMUNOLOGY

Request Date : 02-03-2024 08:57 AM **Reporting Date :** 02-03-2024 11:30 AM
Collection Date : 02-03-2024 09:29 AM | IMMU33571 **Reporting Status :** Finalized
Acceptance Date : 02-03-2024 09:30 AM | **TAT:** 02:00 [HH:MM]

Investigations	Result	Unit	Biological Reference Range	Method
THYROID PROFILE TOTAL(T3,T4,TSH) * Plain tube (red top)]				CLIA
Total T3	1.82	nmol/L	1.11 - 2.29 (Age 0 - 100)	
Total T4	103.72	nmol/L	62 - 201.4 (Age 0 - 100)	
TSH	3.84	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. PIYUSH SHUKLA



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

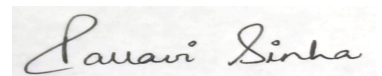
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IMMUNOLOGY

Request Date : 02-03-2024 08:57 AM **Reporting Date :** 02-03-2024 11:30 AM
Collection Date : 02-03-2024 09:29 AM | IMMU33571 **Reporting Status :** Finalized
Acceptance Date : 02-03-2024 09:30 AM | **TAT:** 02:00 [HH:MM]

Investigations	Result	Unit	Biological Reference Range	Method
PSA TOTAL (PROSTATE SPECIFIC ANTIGEN) *[Plain tube (red top)]	0.65	ng/ml	0 - 4	
<i>Performed On: ACCESS 2 (BECKMAN COULTER)</i>				
<i>NOTE: The prostate-specific antigen (PSA) values should be interpreted in accordance with current clinical guidelines for defining biochemical recurrence following radical prostatectomy (e.g., The 2013 American Urological Association (AUA) Guidelines or the 2015 European Association of Urology (EAU)). These guidelines define biochemical recurrence of prostate cancer as a detectable or rising PSA value post-radical prostatectomy that is =0.2 ng/mL (ug/L) with a second confirmatory level of =0.2 ng/mL (ug/L).</i>				
<i>Test was outsourced*</i>				

END OF REPORT.



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BIOCHEMISTRY

Request Date : 02-03-2024 08:57 AM **Reporting Date :** 02-03-2024 11:15 AM
Collection Date : 02-03-2024 09:29 AM | BI11095 **Reporting Status :** Finalized
Acceptance Date : 02-03-2024 09:30 AM | **TAT:** 01:45 [HH:MM]

Investigations	Result	Unit	Biological Reference Range	Method
KIDNEY FUNCTION TEST(KFT) *[Plain tube (red top)]				
UREA (UREASE METHOD)*	24.30	mg/dL	M 18 - 55 (Age 50 Y - 110 Y)	
S.CREATININE (ENZYMATIC)*	0.91	mg/dL	M 0.67 - 1.17	
S.URIC ACID (URICASE, COLORIMETRY)*	5.00	mg/dL	M 3.5 - 7.2	
S.CALCIUM (ARSENAZO DYE)*	9.00	mg/dL	8.6 - 10.3	Arsenazo III
S. SODIUM (DIRECT I.S.E.)*	139.00	mmol/L	137 - 145	
S. POTASSIUM (DIRECT I.S.E.)*	3.80	mmol/L	3.5 - 5.1	
S. PHOSPHORUS (PMA PHENOL)*	3.91	mg/dL	2.6 - 4.5	
S. CHLORIDE (DIRECT I.S.E)	101.00	mmol/L	98 - 107 (Age 0 - 100)	
<i>Performed On: DIASYS SYS400 PRO</i>				

END OF REPORT.

Prepared By
Mr. CHANDAN KUMAR MANNA



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Dr. KRITIKA JAIN
MBBS MD (PATHOLOGY)

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BIOCHEMISTRY

Request Date : 02-03-2024 08:57 AM **Reporting Date :** 02-03-2024 11:13 AM
Collection Date : 02-03-2024 09:29 AM | BI11095 **Reporting Status :** Finalized
Acceptance Date : 02-03-2024 09:30 AM | **TAT:** 01:43 [HH:MM]

Investigations	Result	Unit	Biological Reference Range	Method
LIVER FUNCTION TEST *[Plain tube (red top)]				
TOTAL BILIRUBIN (AZOBILIRUBIN/DIPHYLLINE)*	0.85	mg/dL	Adult 0.1 - 1.2	
CONJUGATED(D.Bilirubin) (CALCULATED)	0.20	mg/dL	<= 0.2	
UNCONJUGATED(I.D.Bilirubin) (SPECTROPHOTOMETRY)	0.65	mg/dL	Adult 0 - 1	
S.G.O.T (AST) (KINETIC LEUCO DYE)*	28.90	IU/L	M < 31	IFCC(Modified)
S.G.P.T (ALT) (KINETIC LDH/NADH)*	57.80	IU/L	M < 41	IFCC(Modified)
ALKALINE PHOSPHATASE (pNPP/AMP)*	50.80	IU/L	M 40 - 129	IFCC(Modified)
TOTAL PROTEIN (BIURET)*	8.10	gm/dL	Adult 6.6 - 8.8	
ALBUMIN (BROMOCRESOL GREEN)*	5.30 H	gm/dL	Adult 3.5 - 5.2	
GLOBULIN (CALCULATED)*	2.80	gm/dL	Adult 2 - 3.5	Calculated
A/G RATIO (CALCULATED)	1.89		1 - 2.1	
<i>Performed On: DIASYS SYS400 PRO</i>				
<i>Please correlate clinically</i>				

END OF REPORT.

Prepared By
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BIOCHEMISTRY

Request Date : 02-03-2024 08:57 AM **Reporting Date :** 02-03-2024 11:13 AM
Collection Date : 02-03-2024 09:29 AM | BI11095 **Reporting Status :** Finalized
Acceptance Date : 02-03-2024 09:30 AM | **TAT:** 01:43 [HH:MM]

Investigations	Result	Unit	Biological Reference Range	Method
LIPID PROFILE *[Plain tube (red top)]				
TOTAL CHOLESTEROL Enzymatic (CHE/CHO/POD)*	199.00	mg/dL	Normal <200, Borderline High 200 - 240, High >240	
TRIGLYCERIDES Enzymatic (Lipase/GK/GPO/POD)*	207.90	mg/dL	Normal : <200, Borderline High: 200 - 400 High: >400 Very High : >650	
HDL -CHOLESTEROL PTA/ MgCl2- enzymatic*	36.80	mg/dL	Low <40, high ≥ 60	
LDL(Low density lipid) Calculated	120.62	mg/dL	Desirable ≤130, Borderline High Risk 130-160, High Risk >160	
VLDL(Very low density lipid) Calculated	41.58	mg/dL	16 - 45	
CHOL/HDL Ratio Calculated	5.41		3 - 6	
<i>Performed On: DIASYS SYS400 PRO</i>				
<i>Please correlate clinically</i>				

END OF REPORT.

Prepared By
Mr. CHANDAN KUMAR MANNA



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MBBS MD (PATHOLOGY)

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BIOCHEMISTRY

Request Date : 02-03-2024 08:57 AM **Reporting Date :** 02-03-2024 11:12 AM
Collection Date : 02-03-2024 09:29 AM | BI11096 **Reporting Status :** Finalized
Acceptance Date : 02-03-2024 09:30 AM | **TAT:** 01:42 [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 glycemic 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	5.6	%		

Regn. No. - OPD.23-24-132545

MR. TRILOKI NATH SINGH / UHIDNO:FHP30580702032024

END OF REPORT.

Prepared By
Mr. CHANDAN KUMAR MANNA


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Dr. KRITIKA JAIN
MBBS MD (PATHOLOGY)

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HAEMATOLOGY

Request Date : 02-03-2024 08:57 AM **Reporting Date :** 02-03-2024 11:08 AM
Collection Date : 02-03-2024 09:29 AM | HA7998 **Reporting Status :** Finalized
Acceptance Date : 02-03-2024 09:30 AM | **TAT:** 01:38 [HH:MM]

Investigations	Result	Unit	Biological Reference Range	Method
HAEMOGRAM (CBC & ESR) *[EDTA tube(purple top)]				
HEMOGLOBIN(NON CYNAMETH/PHOTOMETRY)*	14.30	gm/dL	13 - 17	
TOTAL LEUCOCYTE COUNT (TLC) (FLOWCYTOMETRY)*	5530	/cumm	4000 - 10000	
DLC (FLOWCELL & CYTOCHEMISTRY/MANUAL)*				
NEUTROPHIL	60.9	%	40 - 80	
LYMPHOCYTE	31.9	%	20 - 40	
MONOCYTE	6.10	%	2 - 10	
EOSINOPHIL	1.10	%	1 - 6	
BASOPHIL	0.00	%		
RBC (IMPEDEANCE)*	4.83	millions/cumm	4.5 - 6.5	
HEMATOCRIT/P.C.V (RBC PULSE HEIGHT)*	43.9	%	40 - 54	
MCV(Calculated)*	90.8	fL	80 - 100	
MCH(Calculated)*	29.5	Picogram	27 - 32	
MCHC(Calculated)*	32.5	%	31.5 - 34.5	
PLATELET COUNT (IMPEDANCE)*	1.40 L	Lakh/cumm	1.5 - 4	
ESR(Westergren's Method)*	15	mm/hr	M 0 - 10 F 5 - 20	

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

END OF REPORT.

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