



Lab ID : **948**
Patient Name : **Mr. AKSHAR SINGH**
Ref By : **SHREE SIDDHIVINAYAK HOSPITAL**
Cons. Dr. : **DR. SELF**
Location : **PAYAL DIAGNOSTIC CENTRE**


Reg. Date : **04-06-24**
Report Date : **04-06-24**
Age/Sex : **22 Year/Male**
Sample Collected At Lab

COMPLETE BLOOD COUNT -- ESR

INVESTIGATION	RESULT	REF RANGE	UNIT
RBC PARAMETERS			
Haemoglobin	15.6	13 to 17	gm/dl
Total R.B.C. Count	4.78	4.5 to 6.2	X 10 ⁶ /μL
PCV/HCT	41.7	40 to 50	%
MCV	87.2	76 to 96	fl
MCH	32.6	26 to 32	pg
MCHC	37.4	31.5 to 35	g/dl
RDW	12.9	12 to 15	%
WBC PARAMETERS			
Total W.B.C. Count	7,100	4000 to 11000	per cumm
Neutrophils	54.8	40 to 75	%
Lymphocytes	38.1	20 to 40	%
Monocytes	4.0	2 to 10	%
Eosinophils	3.0	2 to 6	%
Basophils	0.0	0 to 1	%
Band Forms	0.0	0 to 0	%
Absolute Neutrophils	3.9	2.00 to 7.00	X 10 ³ / μL
Absolute Lymphocyte	2.7	1.00 to 3.00	X 10 ³ / μL
Absolute Monocytes	0.3	0.20 to 1.00	X 10 ³ / μL
Absolute Eosinophils	0.2	0.02 to 0.50	X 10 ³ / μL
Absolute Basophils	0.0	0.02 to 0.10	X 10 ³ / μL
PLATELET PARAMETERS			
Platelet Count	238000	150000 to 450000	per cu.mm.
MPV	9.30	7 to 10	fl
PERIPHERIAL SMEAR FINDINGS:			
Platelets on Smear	:Adequate On Smear		
E.S.R. (Westergren Method)	20	0 to 15	mm at the end of 1 hr


----END OF REPORT----

Checked By
Chaitali

Dr. Harshal Thorath
M.D. Pathology
Reg.No 2014104438



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INVESTIGATION	URINE ANALYSIS	
	OBSERVED VALUE	Normal Values
PHYSICAL EXAMINATION :		
Quantity	25 ml	
Colour	Pale Yellow	Pale Yellow
Appearance	SL.Hazy	
Reaction (pH)	pH - 5.5	Alkaline
Specific Gravity	1.015	
CHEMICAL EXAMINATION :		
Proteins	Trace	Absent
Glucose	Absent	Absent
Ketones	Absent	Absent
Bile Salt	Absent	Absent
Bile Pigment	Absent	Absent
Occult Blood	Absent	Negative
MICROSCOPIC EXAMINATION :		
Pus Cells	2 - 3 / HPF	1 - 2 / Hpf
Red Blood Cells	Absent	Absent
Epithelial Cells	1 - 2 / HPF	1 - 2 / Hpf
Amorphous Material	Absent	Absent
Mucus Strands	Absent	Absent
Candida	Absent	Absent
Bacteria	Absent	Absent
Yeast Cells	Absent	Absent
Casts	Absent	Absent
Crystals	Absent	Absent
Others	Absent	Absent

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LIPID PROFILE

TEST DESCRIPTION	RESULT	REFERENCE RANGE	Units
Serum. CHOLESTEROL	182.4	Desirable: < 200 Borderline-High : 200 - 239 High : >/= 240	mg /dl
Serum. TRIGLYCERIDE	152.1	Normal: < 160 Borderline-High : 160 - 199 High : 200 - 499 Very High : >/=500	mg /dl
S.HDL CHOLESTEROL	40.2	Desirable: < 80 Borderline : 80 - 90 Low : < 35	mg /dl
LDL CHOLESTEROL	111.8	Optimal: < 100 Near Optimal : 100 - 129 BorderlineHigh : 130 - 159 High : 160-189 Very High :>/=190	mg /dl
NON HDL CHOLESTEROL	142.2	Desirable: below 130 Borderline high: 130 - 159 High: 160 - 189 Very high: above 190	mg /dl
VLDL CHOLESTEROL	30.4	0 to 40	mg /d
CHOL/HDL CHOL(Ratio)	4.5	2 to 5	
LDL CHOL/HDL RATIO	2.8	0 to 3.5	

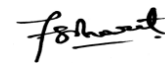
NOTE: Above reference ranges are as per ADULT TREATMENT PANEL III RECOMMENDATION by NCEP (May 2015).

BIOCHEMISTRY TEST DONE ON FULLY AUTOMATED BIOCHEMISTRY ANALYZER.

HIGH HDL CHOLESTROL & LOW LDL CHOLESTROL VALUES ARE GOOD FOR HEART


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RENAL FUNCTION TEST

TEST DESCRIPTION	RESULT	REF RANGE	UNIT
Blood Urea Nitrogen	8.07	5 to 20	mg/dl
Blood Urea	17.28	14 to 50	mg/dl
Creatinine	0.83	0.7 to 1.4	mg/dl
Uric Acid	5.2	3.5 to 7.2	mg/dl
Calcium	8.4	8.4 to 10.5	mg/dl
Phosphorous	3.8	2.5 to 5	mg/dl
Sodium	143.0	135 to 150	mEq /L
Potassium	4.4	3.5 to 5.5	mEq /L
Chloride	101.5	96 to 108	mEq /L

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LIVER FUNCTION TEST

INVESTIGATION	RESULT	REF RANGE	UNIT
S.Total Billirubin	0.57	0 to 1.2	mg /dl
S.Direct Billirubin	0.29	0 to 0.3	mg /dl
S.Indirect Billirubin	0.28	0 to 0.8	mg /dl
SGOT	26.0	5 to 46	U/L
SGPT	28.1	5 to 49	U/L
S.Alkaline Phosphatase	87.0	64 to 306	U/L
S. Total Protien	7.3	6 to 8	g /dl
S. Albumin	3.8	3.5 to 5	g /dl
S. Globulin	3.5	2.5 to 4	g /dl
A/G Ratio	1.1	0.9 to 2	

BIOCHEMISRTY TEST DONE ON FULLY AUTOMATED BIOCHEMISRTY ANALYZER.

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FASTING AND POSTPRANDIAL PLASMA GLUCOSE

INVESTIGATION	RESULT	REF RANGE	UNIT
Fasting Plasma Glucose	86.10	70 to 110	mg/dl
Fasting Urine Glucose	Absent		
Fasting Urine Ketone	Absent		
Post Prandial Plasma Glucose (2 hrs. after Lunch)	82.78	70 to 140	mg/dl
PP Urine Glucose	Absent		
PP Urine Ketone	Absent		

Method : Glucose Oxidase Peroxidase (GOD/POD)

AS PER AMERICAN DIABETES ASSOCIATION 2015 UPDATE-

FASTING GLUCOSE LEVEL-

- Normal glucose tolerance : 70-110 mg/dl
 - Impaired Fasting glucose (IFG) : 110-125 mg/dl
 - Diabetes mellitus : ≥ 126 mg/dl
- POSTPRANDIAL/POST GLUCOSE (75 grams)**
- Normal glucose tolerance : 70-139 mg/dl
 - Impaired glucose tolerance : 140-199 mg/dl
 - Diabetes mellitus : ≥ 200 mg/dl

CRITERIA FOR DIAGNOSIS OF DIABETES MELLITUS

- Fasting plasma glucose ≥ 126 mg/dl
- Classical symptoms +Random plasma glucose ≥ 200 mg/dl
- Plasma glucose ≥ 200 mg/dl (2 hrs after 75 grams of glucose)
- Glycosylated haemoglobin $> 6.5\%$

***Any positive criteria should be tested on subsequent day with same or other criteria.

BIOCHEMISTRY TEST DONE ON AUTOMATED BIOCHEMISTRY ANALYZER.

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Reg.No 2014104438



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BIOCHEMISTRY TEST DONE ON AUTOMATED BIOCHEMISTRY ANALYZER.

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Checked By
Chaitali

Dr. Harshal Thorath
M.D. Pathology
Reg.No 2014104438



SHREE SIDDHIVINAYAK
HOSPITAL AND CRITICAL CARE, ULWE



Name: MR. ARSHAR SINGH

Date: 5/6/24

Age: 22 yrs weight: _____ Gender: MALE

Rx

TO WHOMSOEVER IT MAY CONCERN

THIS IS TO CERTIFY THAT MR.
ARSHAR SINGH AGE 22/M IS EXAMINED
BY ME ON 4/6/24 AND HIS REPORTS
FINDINGS ARE NORMAL INCLUDING ECG
& XRAY CHEST. HIS EYES ARE NORMAL
& GOOD VISIBILITY.

HE IS FIT FOR JOINING.

DO THE NEEDFULL.

Dr. Radhika

Dr. Radhika Vishveshwara
M.D. Geriatric Medicine
Reg. MMC 2023 020390

THANKING YOU

SHREE SIDDHIVINAYAK
HOSPITAL & CRITICAL CARE, ULWE
BANJARA HILLS CHS, 1ST FLOOR,
PLOT NO.3A, SECTOR-19B,
ULWE-410 206. (NAVI MUMBAI)
REG. NO. 345 / MOB.: 7977228754

Asobha

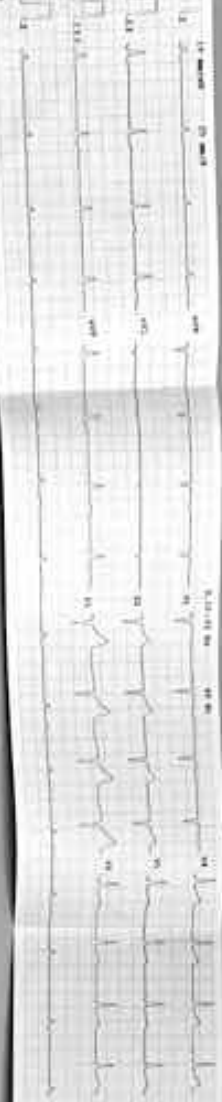
24 hours emergency services, Cardiac, Accident, Pathology, X-Ray and ambulance service available

R



MR. AKSHAR SINGH 04062024 22 YRS CHEST,FRN P->A 04062024
DR. PAYAL'S DIAGNOSTIC CENTRE. ULWE NAVI MUMBAI 410206

Name: Fr. J. J. ...
 Age: 70
 Sex: M
 Date: 10/10/58
 Ref: ...
 Unit: ...



Interpretation:
 Sinus rhythm
 Normal ECG

Remarks:
 No significant changes noted.
 (Signature)
 (Date)

PT Name : AKSHAR SINGH
Ref By : DR. SELF
Reg No : HL6000594271 / ONEBILLION/OBDL2003
Barcode : 100598719

Age : 22 Year | Sex : Male
Registered on : 04-06-2024 06:30 PM
Received on : 04-06-2024 10:12 PM
Reported on : 05-06-2024 07:20 AM
Processed By : HP DIAGNOSTIC CENTER

SAMPLE COLLECTED AT :
SHREE SIDDHIVINAYAK HOSPITAL & CRITICAL CARE ULWE



SAMPLE : EDTA Blood

INV : Glycated Haemoglobin (HbA1c)

GLYCATED HAEMOGLOBIN (HBA1C)

TEST DESCRIPTION	RESULT	UNITS	BIOLOGICAL REFERENCE RANGE
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HBA1C	5.54	%	0 - 6.5
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Method: Fully Automated H.P.L.C. using Tosoh G8, NGSP Certified

BIOLOGICAL REFERENCE RANGES

Reference Range: As per ADA Guidelines	Guidance For Known Diabetics
Below 5.7% : Normal 5.7% - 6.4% : Prediabetic >=6.5% : Diabetic	Below 6.5% : Good Control 6.5% - 7% : Fair Control 7.0% - 8% : Unsatisfactory Control >8% : Poor Control

Reference Range

90 - 120 mg/dl : Good Control 121 - 150 mg/dl : Fair Control 151 - 180 mg/dl : Unsatisfactory Control > 180 mg/dl : Poor Control

Estimated Average Glucose : 112.3 mg/dl . - .

Method: CALCULATED

Clinical significance :

Hemoglobin A1c (HbA1c) is a result of the nonenzymatic attachment of a hexose molecule to the N-terminal amino acid of the hemoglobin molecule. The attachment of the hexose molecule occurs continually over the entire life span of the erythrocyte and is dependent on blood glucose concentration and the duration of exposure of the erythrocyte to blood glucose. Therefore, the HbA1c level reflects the mean glucose concentration over the previous period (approximately 8-12 weeks, depending on the individual) and provides a much better indication of long-term glycemic control than blood and urinary glucose determinations. Diabetic patients with very high blood concentrations of glucose have from 2 to 3 times more HbA1c than normal individuals.

Please correlate with clinical conditions

~~End of report~~



Dr. Mamta Prasad Yadav
(M.D.Pathology)
Reg. No. 2017/07/2974

PT Name : AKSHAR SINGH
Ref By : DR. SELF
Reg No : HL6000594271 / ONEBILLION/OBDL2003
Barcode : 100598720

Age : 22 Year | Sex : Male
Registered on : 04-06-2024 06:30 PM
Received on : 04-06-2024 10:29 PM
Reported on : 05-06-2024 03:07 AM
Processed By : HP DIAGNOSTIC CENTER

SAMPLE COLLECTED AT :
SHREE SIDDHIVINAYAK HOSPITAL & CRITICAL CARE ULWE



INV : THYROID PROFILE -3 (T3 T4 TSH)

SAMPLE : Serum

THYROID PROFILE -3 (T3 T4 TSH)

TEST DESCRIPTION	RESULT	UNITS	BIOLOGICAL REFERENCE RANGE
TOTAL TRIIODOTHYRONINE (T3) Method: CLIA	1.75	ng/mL	0.80 - 2.00
TOTAL THYROXINE (T4) Method: CLIA	8.69	µg/dl	5.10 - 14.10
THYROID STIMULATING HORMONE (TSH) Method: CLIA	2.09	µIU/ml	0.35 - 5.50

Reference Range

Thyroid hormone status during pregnancy:

Pregnancy	T3	T4	TSH
1st Trimester	0.70-1.80	6-16.5	0.37 - 3.6
2nd & 3rd Trimester	0.80-2.00	6-18.5	0.38 - 4.04

Reference ranges by Age

0-5 days: 0.7-15.2
6 days-2 months: 0.7-11.0
3-11 months: 0.7-8.4
1-5 years: 0.7-6.0
6-10 years: 0.6-4.8

Interpretation

1. Patients having low T3 and T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile myxedema or autoimmune disorders.
2. Patients having high T3 and T4 levels but low TSH levels suffer from Grave's disease, toxic adenoma or sub-acute thyroiditis.
3. Patients having either low or normal T3 and T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.
4. Patients having high T3 and T4 levels but normal TSH levels may suffer from toxic multinodular goiter. This condition is mostly a symptomatic and may cause transient hyperthyroidism but no persistent symptoms.
5. Patients with high or normal T3 and T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 toxicosis respectively.
6. In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the catabolic state and may revert to normal when the patient recovers.
7. There are many drugs for eg. Glucocorticoids, Dopamine, Lithium, Iodides, Oral radiographic dyes, etc. which may affect the thyroid function tests.
8. Generally when total T3 and total T4 results are indecisive then Free T3 and Free T4 tests are recommended for further confirmation along with TSH levels.

Please correlate with clinical conditions

~~End of report~~



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