



URMILA HEART & MULTI SPECIALITY HOSPITAL

Address

Naya Tola, Opp. Polytechnic
Muzaffarpur
Ph.: 0621-2222211
0621-2268042
Mob.: 9661179794
9471013402

PATHOLOGY REPORT

Name:- Mrs. Priyanka Kumari	Age :30Y/F	Date :-23/03/2024
Ref. By :- Dr. Bank Of Barauda	(E.C.No172014)	Serial Number :- 0231

CBC (Complete Blood Count)

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
Hb (Haemoglobin)	11.8	gm/dl	12 - 17
Total Leukocyte Count	6,700	/Cumm.	4000 - 11000
RBC Count	4.14	Million/Cumm.	3.8 - 5.8
PCV / Haematocrit	37.7	%	30 - 50
Platelet Count	1.74	Lakhs/c.mm	1.5 - 4.5
MCV	91.1	fl	80 - 100
MCH	27.5	pg	26 - 34
MCHC	31.8	gm/dl	31.5 - 35
Differential Leukocyte Count			
Neutrophil	60	%	40 - 70
Lymphocyte	30	%	20 - 40
Monocyte	02	%	02 - 10
Eosinophi	08	%	01 - 06
Basophil	00	%	< 1 - 2 %
ESR	18	mm/1 st hr.	00 - 20

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KFT (KIDNEY Function Test) – serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Urea	26.0	mg/dl	13 - 45
S. Creatinine	0.84	mg/dl	Male 0.7 - 1.4 Female 0.6 - 1.2
S. BUN	12.14	mg/dl	6.0 - 21
S. Sodium (Na ⁺)	142.0	mmol/ltr	135 - 150
S. Potassium(K ⁺)	4.05	mmol/ltr	3.5 - 5.5
S. Chloride(Cl ⁻)	96.5	mmol/ltr	94 - 110
S. Calcium	9.18	mg/dl	8.7 - 11.0
S. Uric Acid	2.95	mg/dl	Male 3.5 - 7.2 Female 2.5 - 6.2

BLOOD GROUPING

Grouping (ABO)	:	"O" Group
Rh Typing	:	Positive.

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LFT (Liver Function Test) – serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>	
S. Total Bilirubin	0.80	mg/dl	Adults: 0.1 - 1.2 Infants: 1.2 - 12	
S. SGPT (ALT)	28.0	U/L	05 - 40	
S. SGOT (AST)	33.0	U/L	05 - 40	
S. GGT	34.0	U/L	05 - 45	
S. Alkaline Phosphatase	91.7	U/L	Adult -- 25 - 140 Children (1 – 12 yrs.) -- 104 - 390	
S. Total Protein	6.98	g/dl	6.0 - 8.3	
S. Albumin	3.70	g/dl	3.2 - 5.0	
S. Globulin	3.28	g/dl	2.8 - 4.5	
S. A/G Ratio	1.12			

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Lipid Profile - serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Cholesterol	160.0	mg/dl	130 - 200
S. Triglycerides	90.0	mg/dl	Fasting: 25 - 160
S. VLDL-Cholesterol	18.0	mg/dl	10 - 40
S. HDL-Cholesterol	41.0	mg/dl	Male: 30 - 65 Female: 35 - 80
S. LDL-Cholesterol	101.0	mg/dl	60 - 150
Ratio of Cholesterol/HDL	3.90		Low Risk: <3.0 Average Risk: 03 - 5.0 High Risk: >5.0
LDL/HDL Ratio	2.46		1.5 - 3.5

BIOCHEMISTRY

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
P. Glucose Fasting	83.0	mg/dl	70 - 110
P. Glucose-Post Prandial (after 1.30hrs meal)	105.0	mg/dl	80 - 160

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GLYCOSYLATED HEMOGLOBIN

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>
HbA1c	-	3.59 %

Mean Blood Glucose level (MBG) – 89.06 mg/dl

Normal Reference Values

Normal	:	< 8.0 %
Good Control	:	8.0 - 9.0 %
Fair Control	:	9.0 - 10.0 %
Poor Control	:	> 10.0 %

Summary:- Glycosylated hemoglobin (GHb) reflects the average blood glucose concentration over the preceding several weeks & a sudden fall from high to low glucose concentration will not produce a correspondingly rapid fall in glycosylated hemoglobin. Thus GHb reflects the metabolic control of glucose level over a period of time, unaffected by diet, insulin, other drugs or exercise on the day of testing. GHb is now widely recognized as an important test for the diagnosis of diabetes mellitus and is a good indicator of the efficacy of therapy.

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TEST NAME	METHOD	VALUE	UNITS	NORMAL RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	142.0	ng/dL	(60 - 200)
TOTAL THYROXINE (T4)	C.L.I.A	9.8	µg/dL	(4.5 - 12.0)
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	4.10	µIU/mL	(0.3 - 5.5)

Technology :

T3 - Competitive Chemi Luminescent Immuno Assay

T4 - Competitive Chemi Luminescent Immuno Assay

TSH - Ultra Sensitive Sandwich Competitive Chemi Luminescent Immuno Assay

REMARK :

THYROID HORMONES -Serum TSH is primarily responsible for the synthesis and release of Thyroid hormones is an early and sensitive indicator of decrease in thyroid reserve is the diagnostic of primary hypothyroidism. The expected increase in TSH demonstrate the classical feedback mechanism between pituitary and thyroid gland. Additionally TSH measurement is equally important in differentiating secondary and tertiary (hypothalamic) hypothyroidism. The increase in total T4 and T3 is associated with pregnancy, oral contraceptive and estrogen therapy results into masking of abnormal thyroid function only because of alteration of TBG concentration, which can be monitored by calculating Free Thyroxine Index (FTI) or Thyroid Hormone Binding Ratio (THBR).
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Urine Routine And Microscopy

<u>TEST</u>	<u>RESULTS</u>
Physical Examination	
Volume	20 ml
Colour	Straw
Specific Gravity	1.020
Appearance	Clear
pH	7.0
(Acidic)	
Chemical Examination	
Protein	Trace
Sugar	Nil
Bile Salts	N/D
Bile Pigments	N/D
Microscopic Examination	
Pus Cells	1-2 /hpf
Red Blood Cells	Nil /hpf
Epithelial Cells	Present (+)
Crystal/Cast	Nil
Other	Nil
end of report	


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