



Name: <b>MANISHA NIKHIL SRIVASTAVA</b>	Ward: opd
Lab ID: <b>00000011</b>	Registration on: 02/02/2024 11:29:00
Age & Sex: <b>37 Year   Female</b>	Reported on: 13:01:21
Reference: <b>VELOCITY HOSPITAL</b>	Sample Type: <b>BLOOD &amp; URINE</b>

## CBC ESR

Test	Observed Value	Unit	Biological Reference Interval
Haemoglobin	<b>9.84</b>	g/dL	12.0 - 16.0
Total RBC	<b>5.84 H</b>	mill./cm	4.00 - 5.20
Total WBC	9610	/cmm	4000 - 11000
Platelet Count	335600	/cmm	150000 - 450000
HCT	<b>32.6 L</b>	%	36.0 - 48.0
MCV	<b>55.8 L</b>	fL	80.0 - 100.0
MCH	<b>16.8 L</b>	pg	27.0 - 32.0
MCHC	<b>30.2 L</b>	g/dL	31.5 - 36.0

### DIFFERENTIAL COUNT

Neutrophils	<b>71 H</b>	%	40 - 70
Lymphocytes	24	%	20 - 40
Eosinophils	02	%	02-05
Monocytes	03	%	01-07
Basophils	00	%	00 - 02
Band Cells	00	%	0.0 - 6.0

### ABSOLUTE DIFFERENTIAL COUNT

Neutrophils	6823	/cumm	2000 - 7000
Lymphocytes	2306	/cumm	1000 - 3000
Eosinophils	192	/cumm	
Monocytes	288	/cumm	200 - 1000
Basophils	0	/cumm	0 - 100

### GLR / NLR

(Neutrophil/Lymphocyte Ratio)

**3.0**

### MENTZER INDEX

**9.6**

RDW-CV	<b>17.2</b>	%	11.1 - 14.1
RDW-SD	<b>38.4</b>	fl	
MPV	9.8	fl	
PCT	<b>0.33</b>	%	

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PDW	16.7	%
P-LCR	55.8	%

**PERIPHERAL SM EAR EXAMINATION**

RBC Morphology **Hypochromia (+), Microcytosis (+), Anisocytosis (+), Target cells (+),**

WBC Morphology **Appear normal, Immature cells are not seen .**  
Platelets in Smear **Adequate.**

**Malarial Parasites** Not Detected.

Note Hb electrophoresis is advised to rule out thalassemia as Mentzer index is <13. ( low HB, high RBC count and low MCV) .

**ESR**

AFTER 1 HOUR	18	mm/hr	0.0 - 20.0
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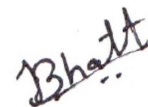




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## BLOOD GROUP

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



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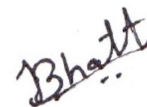




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## BLOOD GLUCOSE TEST

<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	<b>161.70</b>	<b>H</b> mg/dL	70.00-110.00
Urine Sugar-R	Absent		



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Sample Type: **BLOOD & URINE**

## HEMOGLOBIN A1c TEST

Test	Observed Value	Unit	Biological Reference Interval	
<b>HbA1c</b>	<b>7.05</b>	<b>H</b>	<b>%</b>	<b>&gt; 8 : Action Suggested 7-8 : Good control &lt; 7 : Goal 6.2-7 : Near Normal Glycemia &lt; 6.2 : Non-diabetic Level</b>
Mean Blood Glucose	<b>155.6</b>	<b>H</b>	<b>mg/dL</b>	<b>80.0 - 140.0</b>

### 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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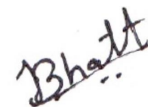




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## LIPID PROFILE

Test	Observed Value	Unit	Biological Reference Interval
Sample	Fasting Blood Serum		
Cholesterol	<b>220.0</b> H	mg/dL	<200 Desirable 200-229 Borderline >240 High
Triglyceride	<b>141.0</b> H	mg/dL	<150 Normal 150-199 Borderline 200-499 High >=500 Very High
HDL Cholesterol	51.19	mg/dL	40-60
VLDL	28.20	mg/dL	0.00 - 30.00
LDL Cholesterol	<b>140.61</b> H	mg/dL	< 130 : Optimal 130 - 159 : Borderline High 160 - 189 : High >= 190 : Very High
LDL Chol. / HDL Chol. Ratio	2.75		1.0 - 3.4
Cholesterol / HDL Chol. Ratio	<b>4.3</b> H		0 - 3.5
Total Lipid	702.7	mg/dl	400.0 - 1000.0



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## RENAL FUNCTION TEST

Test		Unit	
S. Creatinine	0.77	mg/dL	0.5-1.30
Bl. Urea	21.0	mg/dL	10.0 - 40.0
BUN	9.8	mg/dl	6.0 - 22.0
Uric Acid	4.88	mg/dL	2.6 - 6.0

### PROTEINS

Total Protein	6.8	g/dL	6.0 - 8.0
Albumin	3.95	g/dL	3.50 - 5.50
Globulin	2.9	g/dL	2.5 - 4.0
A/G Ratio	1.4		

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## 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)	10.58	U/L	0.0 - 40.0
SGOT (AST)	12.38	U/L	0.0 - 46.0
Alkaline Phosphatase	198.8	U/L	64.0 - 306.0
<b><u>PROTEINS</u></b>			
Total Protein	6.8	g/dL	6.0 - 8.0
Albumin	3.95	g/dL	3.50 - 5.50
Globulin	2.9	g/dL	2.5 - 4.0
A/G Ratio	1.4		

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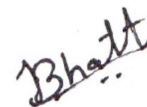


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## URINE ANALYSIS

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	6.0		
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
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>1-2</b>	/hpf	Absent
Crystals	Absent		Absent
Amorphous material	Absent		Absent
Casts	Absent		Absent
Yeast	Absent		Absent
Bacteria	Absent		Absent

--- End of Report ---



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 Ph. : 0261-3099099 | Mo : 09714971114 | Email : unipathlab.surat@gmail.com | Website : www.unipath.in  
 CIN : U85195GJ2009PLC057059



## TEST REPORT

**Reg. No.** : 40200701562 **Reg. Date** : 02-Feb-2024 13:28 **Ref.No** : **Approved On** : 02-Feb-2024 14:44  
**Name** : MANISHA NIKHIL SRIVASTAV **Collected On** : 02-Feb-2024 13:28  
**Age** : 37 Years **Gender**: Female **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>	0.86	ng/mL	0.6 - 1.81
T4 (Thyroxine), Total <i>Method:CLIA</i>	8.6	µg/dL	4.5 - 12.6
TSH (Ultra Sensitive) <i>Method:CLIA</i>	H 4.924	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 Eddition. Philadelphia: WB Saunders,2012:2170

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

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

*Brijesha*

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

**Generated On** : 02-Feb-2024 14:48

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