



**SAAKSHI PATHOLOGY LABORATORY**

Emerald Hills, Parandwadi Road, Somatane Phata, Somatane Gaon, Tal. Maval, Dist. Pune- 410506

sakshidiagnostic18@gmail.com www.saakshidiagnostics.com



PATIENT ID : 498 SAMPLE ID : 100426 REG.DATE : 19-02-2024  
PATIENT NAME : MR. SREEKANT IYER AGE / SEX : 36 YEARS / MALE  
REF BY : APOLLO CLINIC REPORT DATE : 19-02-2024

**COMPLETE BLOOD COUNT (CBC)**

Investigation	Result	Unit	Reference Range
HAEMOGLOBIN	: 13.0	g/dl	13.0 - 18.0

**RBC PARAMETERS**

Total RBC Count	: <b>5.27</b>	mil/cmm	3.9 - 5.1
PCV ( Haematocrit )	: 42.2	%	33.0 - 49.0
MCV	: 80.1	fl	75 - 96
MCH	: <b>24.7</b>	pg	25 - 32
MCHC	: 30.8	g/dl	30 - 36
RDW-CV	: <b>15.7</b>	%	11.5 - 15.3
RDW-SD	: 47.5	fL	36.0 - 56.0

**WBC PARAMETERS**

Total WBC Count	: <b>11800</b>	/cmm	4000 - 11000
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**WBC DIFFERENTIAL COUNT**

Neutrophils	: <b>79.9</b>	%	40 - 70
Lymphocytes	: <b>10.5</b>	%	20 - 45
Eosinophils	: 3.2	%	0 - 4
Monocytes	: 6.1	%	0 - 10
Basophils	: 0.3	%	0 - 1

**ABSOLUTE LEUCOCYTE COUNT**

NEUTROPHILS	: <b>9428.2</b>	/cmm	1600 - 7700
LYMPHOCYTES	: 1239.0	/cmm	800 - 4950
EOSINOPHILS	: 377.6	/cmm	40 - 440
MONOCYTES	: 719.8	/cmm	100 - 1200
BASOPHILS	: 35.4	/cmm	0 - 100

**PLATELET PARAMETERS**

Platelet Count	: 276000	/cmm	150000 - 450000
MPV	: 10.5	fl	6 - 12
PDW	: 15.9	%	8 - 18
PCT	: 0.290	%	0.15 - 0.5



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**COMPLETE BLOOD COUNT (CBC)**

Investigation	Result	Unit	Reference Range
<b>PERIPHERAL SMEAR EXAMINATION</b>			
RBC Morphology	: Normocytic Normochromic		
WBC Morphology	: Neutrophilic Leucocytosis		
Platelet Morphology	: Adequate On Smear		
Malarial Parasite Thick & Thin Smear	: Malarial Parasite Not seen		

Technology : BC5150 - Automated 5 part Haematology Analyzer

Method :

Haemoglobin : Photometry  
Total WBC Count : Electrical impedance  
Differential WBC Count : Flow Cytometry (FCM) + Laser scatter + Chemical dye method  
Total RBC Count : Electrical impedance  
Platelete Count : Electrical impedance  
Staining & Microscopy

Note :

- As per the recommendation of International council for Standardization in Hematology, the differential leucocyte counts are additionally being reported as absolute numbers of each cell in per unit volume of blood
- Test conducted on EDTA whole blood

Dr Suhas A Lunkad  
MD ( Path ) DPB  
( Reg No : 89089 )



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PATIENT ID	: 498	SAMPLE ID	: 100424	REG.DATE	: 19-02-2024
PATIENT NAME	: MR. SREEKANT IYER	AGE / SEX	: 36 YEARS / MALE	REPORT DATE	: 19-02-2024
REF BY	: APOLLO CLINIC				

**BLOOD GROUPING & Rh TYPING**

**Investigation**

**Result**

BLOOD GROUP & RH TYPE

: B Rh Positive

Method : haemagglutination

This is screening method of blood group . Confirmation should be done by reverse & forward grouping method.

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PATIENT ID : 498 SAMPLE ID : 100427 REG.DATE : 19-02-2024  
PATIENT NAME : MR. SREEKANT IYER AGE / SEX : 36 YEARS / MALE  
REF BY : APOLLO CLINIC REPORT DATE : 19-02-2024

**ESR-ERYTHROCYTE SEDIMENTATION RATE**

Investigation	Result	Unit	Reference Range
ESR	: 10	mm/hr	Infant/Child : 0 - 10 mm  Adult Male < 50 Yrs : 0 - 15 mm > 50 Yrs : 0 - 20 mm  Adult Female < 50 Yrs : 0 - 20 mm > 50 Yrs : 0 - 30 mm

1. C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.
2. Test conducted on EDTA whole blood at 37°C.
3. ESR readings are auto- corrected with respect to Hematocrit (PCV) values.

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PATIENT ID : 498 SAMPLE ID : 100429 REG.DATE : 19-02-2024  
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 REF BY : APOLLO CLINIC REPORT DATE : 19-02-2024

**BLOOD SUGAR FASTING AND POST PRANDIAL**

<b>Investigation</b>	<b>Result</b>	<b>Unit</b>	<b>Reference Range</b>
BLOOD SUGAR FASTING	: 91.0	mg/dl	Normal : < 100.0 Prediabetes : 100.0 - 125.0 Diabetes : => 126.0
BLOOD SUGAR POST PRANDIAL II HR	: 98.0	mg/dl	Normal : < 140.0 Prediabetes : 140.0 - 199.0 Diabetes : => 200.0

Test Method : Glucose oxidase-peroxidase - Photometry

Note:

Reference range of blood sugar are given as per guidance of American Diabetes Association (ADA)

Additional tests available for Diabetic control are Glycated Hemoglobin (HbA1c), Fructosamine & Microalbumin urine

Comments : Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying & brisk glucose absorption.

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PATIENT ID : 498 SAMPLE ID : 100422 REG.DATE : 19-02-2024  
PATIENT NAME : MR. SREEKANT IYER AGE / SEX : 36 YEARS / MALE  
REF BY : APOLLO CLINIC REPORT DATE : 19-02-2024

**LIVER FUNCTION TEST**

Investigation	Result	Unit	Reference Range
TOTAL BILIRUBIN	: 0.9	mg/dL	0.1 - 1.2
DIRECT BILIRUBIN	: 0.3	mg/dL	0.0 - 0.5
INDIRECT BILIRUBIN	: 0.6	mg/dL	0.1 - 1.0
TOTAL PROTEIN	: 6.6	gm/dL	6.4 - 8.3
ALBUMIN	: 3.8	g/dL	3.5 - 5.5
GLOBULIN	: 2.8	g/dL	2.3 - 3.5
A/G RATIO	: 1.36		1.25 - 2.5
SGOT (AST)	: 29.0	IU/L	5 - 40
SGPT (ALT)	: 30.0	IU/L	5 - 41
ALKALINE PHOSPHATASE	: 68.0	IU/L	41.0 - 137.0

Test Method :

Billirubin Total : Diazo With Sulphanalic Acid - Photometry  
Billirubin Direct : Diazo With Sulphanalic Acid - Photometry  
Billirubin Indirect : Calculated

Total Protein : Biuret - Endpoint Photometry  
Albumin : Bromseal Green - Endpoint Photometry  
Globulin : Calculated

SGOT : IFCC - Kinetic SGPT : IFCC - Kinetic ALP : AMP Buffer IFCC - Kinetic

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MRI 1.5 / 3 TESLA • CT SCAN WITH INJECTOR • DIGITAL X-RAY • 4D SONOGRAPHY • COLOUR DOPPLER • MAMMOGRAPHY • DPG  
• PATHOLOGY & MICROBIOLOGY • ECG • TMT • 2D ECHO • EMG / NCV / EEG • AUDIOMETRY • UROFLOWMETRY • BMD • PFT • OPHTHALMOLOGY

OUR BRANCHES	SOMATANE	TALEGAON DABHADE	LONAVALA	AKURDI
	7888123458 / 9040583030	9175500545	8080299663	9423507225



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REF BY : APOLLO CLINIC REPORT DATE : 19-02-2024

**LIPID PROFILE**

Investigation	Result	Unit	Reference Range
SERUM TOTAL CHOLESTEROL	: 152.0	mg/dl	Desirable : < 200 mg/dl Borderline high : 200 - 239 mg/dl High : >= 240 mg/dl
SERUM TRIGLYCERIDES	: 69.0	mg/dl	Normal : < 150 mg/dl Borderline high : 150 - 199 mg/dl High : 200 - 499 mg/dl Very high : >=500 mg/dl
SERUM HDL CHOLESTEROL (Direct)	: 51.0	mg/dl	Desirable : > 60.0 mg/dl Borderline : 40.0 - 60.0 mg/dl High risk : < 40.0 mg/dl
SERUM LDL CHOLESTEROL (Direct)	: 87.2	mg/dl	Optimal : < 100 mg/dl Near Optimal : 100 - 129 mg/dl Borderline High : 130 - 159 mg/dl High : 160 - 189 mg/dl Very High : >= 190 mg/dl
SERUM VLDL CHOLESTEROL	: 13.8	mg/dl	6 - 38
CHOL / HDL CHOL RATIO	: 3.0		0 - 4.5
LDL CHOL / HDL CHOL RATIO	: 1.7		0 - 3.5

Test Method

TOTAL CHOLESTEROL- Endpoint - CHOD-POD  
TRIGLYCERIDES - Endpoint - CHOD-POD  
HDL CHOLESTEROL - Endpoint - Direct Enzymatic  
LDL CHOLESTEROL - Endpoint - Direct Enzymatic  
VLDL - Calculated  
TC/HDLC RATIO - Calculated  
LDLC/HDLC RATIO - Calculated

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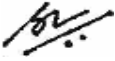


PATIENT ID : 498 SAMPLE ID : 100431 REG.DATE : 19-02-2024  
PATIENT NAME : MR. SREEKANT IYER AGE / SEX : 36 YEARS / MALE  
REF BY : APOLLO CLINIC REPORT DATE : 19-02-2024

**RENAL FUNCTION TEST**

Investigation	Result	Unit	Reference Range
BLOOD UREA LEVEL	: 18.0	mg/dl	13.0 - 45.0
BLOOD UREA NITROGEN	: 8.5	mg/dl	6.0 - 21.2
SERUM CREATININE	: 1.00	mg/dL	0.6 - 1.4
SERUM SODIUM	: 137.6	mmol/l	135 - 148
SERUM POTASSIUM	: 4.0	mmol/l	3.5 - 5.3
SERUM CHLORIDE	: 107.0	mmol/l	98 - 107

Test Method  
Urea - Kinetic - GLDH  
Blood Urea Nitrogen - Calculated  
Creatinine - Kinetic - Enzymatic  
Sodium - ISE - Direct  
Potassium - ISE - Direct  
Chloride - ISE - Direct

  
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**GAMMA GT (GGTP)**

<b><u>Investigation</u></b>	<b><u>Result</u></b>	<b><u>Unit</u></b>	<b><u>Reference Range</u></b>
SERUM GAMMA GT (GGTP)	: 32.0	U/L	10 - 50

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PATIENT ID : 498 SAMPLE ID : 100425 REG.DATE : 19-02-2024  
PATIENT NAME : MR. SREEKANT IYER AGE / SEX : 36 YEARS / MALE  
REF BY : APOLLO CLINIC REPORT DATE : 19-02-2024

**GLYCOSYLATED HEMOGLOBIN (HbA1c)**

<b>Investigation</b>	<b>Result</b>	<b>Unit</b>	<b>Reference Range</b>
GLYCOSYLATED HEMOGLOBIN (HbA1c)	: 5.10	%	Normal : < 5.7 Prediabetic : 5.7 - 6.4 Diabetic : >= 6.5  Guidance for Known Diabetic Good Control : < 6.5 Fair Control : 6.5 - 7.4 Unsatisfactory Control : 7.0 - 8.0 Poor Control > 8.0
MEAN PLASMA GLUCOSE	: 104.3	mg/dl	Good Control : 90.0 - 120.0 Fair Control : 121.0 - 150.0 Unsatisfactory Control : 151.0 - 180.0 Poor Control : > 180.0

Test Method : Quantitative Immunofluorescence Assay

Reference range given As per American Diabetes Association (ADA)

Note :

1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly Controlled
2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

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.

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PATIENT ID : 498 SAMPLE ID : 100430 REG.DATE : 19-02-2024  
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REF BY : APOLLO CLINIC REPORT DATE : 19-02-2024

**THYROID FUNCTION TEST**

Investigation	Result	Unit	Reference Range
T3 (TRIIODIOTHYRONINE)	: 1.46	ng/ml	0.69 - 2.15
T4 (THYROXINE)	: <b>5.00</b>	ug/dl	5.20 - 12.7
ULTRA TSH	: 2.67	mIU/ml	0.30 - 5.50

Method : Electrochemiluminescence Immunoassay

Instrument : Cobas e411 Immunoassay Analyser , Roche Diagnostics Germany

T3 & T4 :

- Total T3 & T4 levels measure the hormone which is in the bound form and is not available to most tissues.  
- Severe systemic illness affects the thyroid binding proteins and can falsely alter Total T4 levels in the absence of a primary thyroid disease. Hence Free T3 & T4 levels are recommended for accurate assessment of thyroid dysfunction

Clinical Use - Diagnose Hypothyroidism and Hyperthyroidism when overt and / or due to pituitary or hypothalamic disease.

Increased Levels : Hyperthyroidism, Increased TBG, Familial dysalbuminemic hyperthyroxinemia, Increased Transthyretin, Estrogen therapy, Pregnancy

Decreased Levels : Primary hypothyroidism, Pituitary TSH deficiency, Hypothalamic TRH deficiency, Non thyroidal illness, Decreased TBG.

TSH Clinical Use : The ability to quantify circulating levels of thyroid stimulating hormone (TSH) is important in evaluating thyroid function. It is especially useful in the differential diagnosis of primary (Thyroid) from secondary (Pituitary) and Tertiary (Hypothalamus) In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism TSH levels are low or normal . Concentration of 4.2 to 7.0 uIU/mL are considered borderline hypothyroid.

1. TSH levels are subject to circadian variation, 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 measured serum TSH concentrations.
2. Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
3. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Clinical Use

Primary Hypothyroidism , Hyperthyroidism , Hypothalamic Pituitary hypothyroidism , Inappropriate TSH secretion , Nonthyroidal illness , Autoimmune thyroid disease , Pregnancy , associated thyroid disorders , Thyroid dysfunction in infancy and early childhood

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PATIENT ID : 498 SAMPLE ID : 100428 REG.DATE : 19-02-2024  
 PATIENT NAME : MR. SREEKANT IYER AGE / SEX : 36 YEARS / MALE  
 REF BY : APOLLO CLINIC REPORT DATE : 19-02-2024

**URINE ROUTINE ANALYSIS**

Investigation	Result	Unit	Reference Range
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*(Signature)*  
 Dr Suhas A Lunkad  
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 ( Reg No : 89089 )



# SAAKSHI

## DIAGNOSTICS Health Care Solutions

An ISO 9001-2015  
Certified Centre



Regd. No. PH/CSP/RH-MAVAL/1572/2018

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<b>Patient Name</b> : Sreekant Iyar	<b>Age</b> : 36y/Male
<b>Ref by</b> : Apollo	<b>Date</b> : 19/02/2024

### CHEST X ray PA view

Obliquity noted.  
Visualized lung fields show normal.  
Heart and mediastinum appear normal.  
Both the costo-phrenic angles clear.  
Both the domes of diaphragm appear normal.  
Bony thorax grossly appears normal.

**Adv: Clinical findings correlation.**

**Dr. Prathmesh Gupta.**  
Consultant Radiologist

# Health Care Solutions

• MRI 1.5 TESLA • CT SCAN WITH INJECTOR • PATHOLOGY • MICROBIOLOGY • SONOGRAPHY 4D • CLOUR DOPPLER • 2D ECHO • DIGITAL X-RAY  
• MAMMOGRAPHY • AUDIOMETRY • OPHTHALMOLOGY • TMT / BMD • UROFLOWMETRY • EMG, NCV, EEG, ECG • DENTAL CHECKUP



MER- MEDICAL EXAMINATION REPORT

Date of Examination	19/02/24		
NAME	Mr. Sreekanth Iyer		
AGE	36	Gender	Male
HEIGHT(cm)	171	WEIGHT (kg)	71
B.P.	114/68 , 115/65 , 107/67		
ECG	Sinus Tachycardia Otherwise Normal ECG.		
X Ray	Normal		
Vision Checkup	Color Vision : — Far Vision Ratio : — Near Vision Ratio : R = -76 , L = -55.		
Present Ailments	N.P		
Details of Past ailments (If Any)	N.A.		
Comments / Advice : She / He is Physically Fit	He is Physically fit		
<p>Mr. Sreekanth Iyer is Physically fit.</p>			

  
**Dr. SANDEEP D. BENGALE**  
 MDRD  
 Reg. No. 2011/04/0781

\_\_\_\_\_  
Signature with Stamp of Medical Examiner

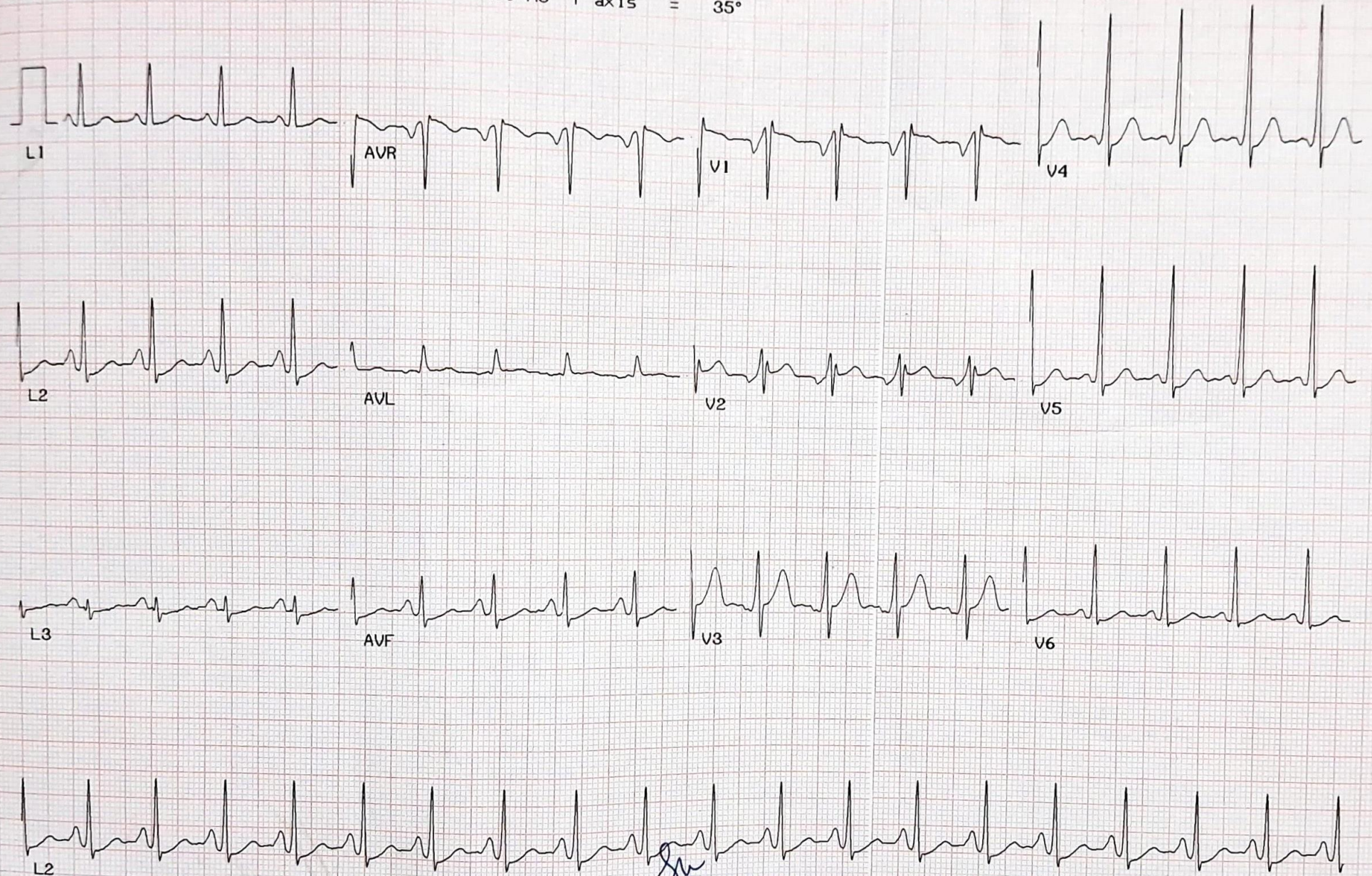


Clarity Medical TrueBeat 200 v2.2.5H  
Sreekant Iyer  
M 36Y 071Kg  
10:39 AM  
19/02/2024

25 mm/s  
10mm/mV  
0.1 - 35Hz  
50Hz ReJ-Y  
BLC-Y  
AUTO 12LS

P = 87 ms  
QRS = 100 ms  
PQ = 107 ms  
QT = 297 ms  
QTc = 413 ms  
QT/QTc = 71%  
QT/RR = 57%  
QRS axis = 25°  
P axis = 55°  
T axis = 35°

To be clinically correlated: HR = 116bpm  
Sinus Tachycardia  
Otherwise Normal ECG



**Dr. SANDEEP D. BENDALE**  
MDRD  
Reg. No. 2011/04/0781

*[Signature]*  
19/2/24