



UHID : OP:2024/004125  
 Name : Mr. HIMANSHU RAJ Age : 40 Y , Sex - M  
 Patient Type : Normal Aadhaar No:  
 Bill Date : 13/07/2024  
 Referred By : MEDICINE DEPT.,  
 Collection Date/Time : 13/07/2024 10:08:26 AM Lab Refno : LB:2024/008273  
 Reporting Date/Time : 13/07/2024 2:23:30 PM ■

## HAEMATOLOGY Report

Test Description	Result	Unit	Biological Reference Interval
<b>CBC</b>			
<b>HAEMOGLOBIN(HB)</b> Method : CALORIMETRIC /CYNAMETH HAEMOGLOBIN	15.1	gm/dl	(M:13-17) (F:12-15)
<b>RBC COUNT</b> Method : FLOW CYTOMETRY	4.41*	million/cumm	(M) 4.5 - 5.5 (F) 3.8 - 4.8 (AT BIRTH) 5 - 7 ( 1 YR) 3.9 - 5.1 (2 - 12 YR) 4.0 - 5.2
<b>HCT</b> Method : CALCULATED	41.5	%	M :45 - 5% F: 41 - 5%
<b>MCV</b> Method : AUTOMATED ELECTRICAL RESISTANCE IMPEDANCE/ MANUAL	94.0	fl	83-101 fl
<b>MCH</b> Method : AUTOMATED ELECTRICAL RESISTANCE IMPEDANCE/ MANUAL	34.1	pg	27-32 pg
<b>MCHC</b> Method : AUTOMATED ELECTRICAL RESISTANCE IMPEDANCE/ MANUAL	36.3	gm/dl	31.5 - 34.5 gm
<b>TOTAL LEUKOCYTE COUNT (TLC) (1390)</b> Method : AUTOMATED ELECTRICAL RESISTANCE IMPEDANCE/ MANUAL Sample Type : Whole Blood (K2 EDTA WB)			
TOTAL LEUKOCYTE COUNT (TLC)	6500	/cmm	Adult (4000-10000) At birth (10000-26000) 1 Year (6000-16000) 2-7 years (6000-15000) 6-12Years (5000-13500)
<b>DIFFERENTIAL LEUCOCYTE COUNT (DLC)</b> Method : MANUAL / MICROSCOPIC Sample Type : Whole Blood (K2 EDTA WB)			
POLYMORPHS	58	%	40-70

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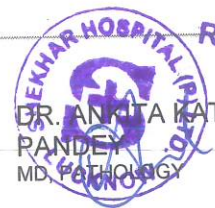


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LYMPHOCYTES	40	%	20-40
MONOCYTES	<b>01</b>	%	2-10
EOSINOPHILS	01	%	1-6
BASOPHILS	00	%	1-2
<b>PLATELET COUNT</b>	<b>2,40,000</b>	/cumm	1.5 - 4.5 Lacs
Method : AUTOMATED ELECTRICAL RESISTANCE IMPEDANCE/ MANUAL			New Born 1 - 4.50 Lacs
Sample Type : Whole Blood (K2 EDTA WB)			
<b>MEDIWHEEL FULL BODY HEALTH PLUS CHECK-UP</b>			
<b>ESR - WINTROBE</b>			
Sample Type : Whole Blood (K2 EDTA WB)			
ESR (WHOLE BLOOD)	23 MM		(M) 0 - 10 (F) 0 - 20
<b>URIC ACID (URINE)</b>			
Method : URICASE METHOD			
URIC ACID	<b>6.8</b>	MG	(M/F) 800 - 1000

**Machines Used:** HAEMAT ANALYSER, Mindray BC  
5150, Rayto 240, Fully Autometed  
**Checked By:** Shashank Srivastava



\* Indicates Critical Values. ■ Indicates Out of TAT.  
Report printed by : PRIYAM MISHRA Printed on : 23/07/2024 - 11:57:46  
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**BIO - CHEMISTRY Report**

Test Name	Results	Units	Bio.Ref.Interval
<b>HbA1c</b> (Glycosylated Hemoglobin)	6.1	%	Blood @ (HPLC)
<b>Interpretation</b>			
<b>As per American Diabetes Association (ADA)</b>			
<b>Reference Group</b>	<b>HbA1c in %</b>		
Non diabetic adults >=18 years	4.0 - 6.0		
At risk	>=6.0 to <= 6.5		
Diagnosing Diabetes	> 6.5		
Therapeutic goals for glycemic Control	Age > 19 years Goal of therapy: <7.0 Action suggested: >8.0		
	Age < 19 years Goal of therapy: <7.5		
<b>Note:</b> 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			





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### BIO - CHEMISTRY Report

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

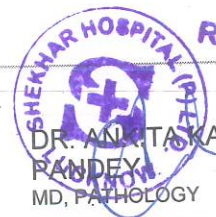
as compared to blood and urinary glucose determinations.

**ADA criteria for correlation between HbA1c & Mean plasma glucose levels**

HbA1c (%)	Mean Plasma Glucose (mg/dl)
6	126
7	154
8	183
9	212
10	240
11	269
12	298

**Machines Used:** AUTO - ANALYSER OPTIMA - 1

**Checked By:** Shashank Srivastava



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End of Report



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### BIO - CHEMISTRY Report

Test Description	Result	Unit	Biological Reference Interval
<b>LFT (PROFILE)</b>			
<b>BILIRUBIN (TOTAL)</b> Method : JENDRASSIK MODIFIED METHOD Sample Type : SERUM	0.70	mg/dl	Upto 1.0
<b>BILIRUBIN DIRECT</b> Method : JENDRASSIK MODIFIED METHOD Sample Type : SERUM	0.30	mg/dl	Upto 0.25
<b>BILIRUBIN INDIRECT</b> Method : JENDRASSIK MODIFIED METHOD BILIRUBIN INDIRECT (SERUM)	0.40	mg/dl	0.2 - 0.8
<b>SGPT (ALT)</b> Method : IFCC METHOD Sample Type : SERUM SGPT	55.0	IU/L	Upto 49
<b>SGOT (AST)</b> Method : IFCC METHOD Sample Type : SERUM SGOT	41.0	IU/L	Men - Upto 46 Women - Upto 40
<b>ALKALINE PHOSPHATASE (ALP)</b> Method : UV KINETIC Sample Type : SERUM ALKALINE PHOSPHATASE	181.0	U/L	ADULT(>15Years) : 110-310 U/L CHILD(<15Years) : 270-810 U/L
<b>PROTEIN(TOTAL)</b> Method : Biuret method Sample Type : SERUM PROTEIN(TOTAL)*	8.0	gm/dl	6.0 - 8.5
<b>ALBUMIN(1461)</b> Method : BROMOCRESOL METHOD Sample Type : SERUM ALBUMIN	4.3	gm/dl	3.2 - 5.5
<b>LIPID (PROFILE)</b>			
<b>CHOLESTROL(TOTAL) (SERUM)</b> Method : ENZYMATIC METHOD Sample Type : SERUM CHOLESTROL(TOTAL)	269.0	mg/dl	Normal < 200 Borderline high 200 - 239 High >240



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## BIO - CHEMISTRY Report

Test Description	Result	Unit	Biological Reference Interval
<b>HDL (SERUM)</b> Method : DIRECT HOMOGENOUS METHOD Sample Type : SERUM	56.0	mg/dl	Men - 35 - 55 Women - 45 - 65
<b>LDL (SERUM)</b> Method : DIRECT HOMOGENOUS METHOD Sample Type : SERUM	173.0	mg/dl	<100
<b>VLDL (SERUM)</b> Method : CALCULATED Sample Type : SERUM			
VLDL (SERUM)*	40.0	mg/dl	10-40 mg/dl
<b>TRIGLYCERIDES (SERUM)</b> Method : ENZYMATIC METHOD Sample Type : SERUM			
TRIGLYCERIDES	201.0	mg/dl	Upto 170

**Machines Used:** AUTO - ANALYSER OPTIMA -  
1, HDC Lyte Semi Automated, SEMI AUTO -  
ANALYZER

**Checked By:** Shweta Awasthi

  
DR. ANKITA KATARA PANDEY  
MD, PATHOLOGY

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### HORMONE Report

Sl.No.	Test	Result	Reference Values
THYROID PROFILE ( TOTAL T3, T4 & TSH)			
Sample Type : Serum			
1.	TOTAL T3 (TRIIODOTYRONINE)	1.46	0.92-2.33 nmol/l
2.	TOTAL T4 (TYROXINE)	98.32	60-120 nmol/l
3.	TSH (THYROID STIMULATING HORMONE)	3.04	Euthyroid 0.25-5 uIU/ml Hyperthyroid <0.15 uIU/ml Hypothyroid >7.0 uIU/m

#### **Comments: INTERPRETATION (AS PER KIT INSERT)**

Serum T3, T4 & TSH measurements from three components of Thyroid screening panel, useful in diagnosing various disorders of Gland function.

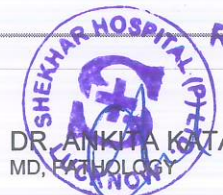
#### Thyroid

1. Primary HypoThyroidism is accompanied by depressed serum T values and elevated serum TSH level 3 & T4
2. Primary Hyper Thyroidism is accompanied by elevated serum T levels along with depressed TSH values 3 & T4
3. Normal T4 levels are accompanied by increased T3 in patient T3 Thyrotoxicosis with
4. Slightly elevated T3 levels may be found in pregnancy and estherapy, while depressed levels may be encountered in severe illness, renal failure and during therapy with drugs like propranolol and thioamides
5. Although elevated TSH levels are nearly always indicative of hypothyroidism, and may be seen in secondary thyrotoxicosis.

REMARKS: Normal/Reference ranges given are as per kit literature. Correlation is advised. Clinical

Note:- Maximum reading in our instrument is 100. In case of reading greater than 100, instrument given result with greater than (>) sign.

Machines Used: MINI VIDAS  
Checked By: Shweta Awasthi



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### HORMONE Report

#### PSA (Serum)

<u>TEST NAME</u>	<u>RESULT</u>	<u>NORMAL RANGES</u>
<u>PSA</u>	0.79	<u>&lt; 4.0 ng/ml</u>

**METHOD:-** Two step enzyme immunoassay sandwich method with final fluorescent detection (ELFA)

**REMARKS:-**

- 1- PSA is elevated in benign prostatic hyperplasia (BPH). Clinically an elevated PSA value is not of diagnostic value as a specific test for cancer and should only be used in conjunction with other clinical manifestations (observations) and diagnostic procedures such as prostate biopsy and DRE (Digital Rectal Examination) report.
- 2- Free PSA determinations may be helpful in regards to the differential diagnosis of BPH and prostate cancer conditions.
- 3- PSA level in man increases as their age advances. Hence the requirement of age-specific values is a must.

**Machines Used:** LUMAX CLIA STRIP READER  
**Checked By:** Shashank Srivastava

  
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