NIDAAN HOSPITAL
(A unit of Narsingh Hospital & Heart Institute Pvt. Ltd.)

DEPARTMENT OF BIOCHEMISTRY

Patient Name	: Mr. RAMESH KUMAR				
MR No	: 38448	**Bill Date**	:	23/03/2024	
Age/Sex	: 59 Years / Male	**Reporting Date**	:	23/03/2024	
Type	: OPD	**Sample ID**	:	204097	
TPA/Corporate	: MEDIWHEEL	**Bill/Req. No.**	:	24384167	
IP No.	:	**Ref Doctor**	:	Dr. EMO	

Test	Result		Bio. Ref. Interval	Units
BLOOD GLUCOSE FASTING AND PP				
PLASMA GLUCOSE(FASTING)	**243**	*H*	70 - 110	mg/dl
PLASMA POST-GLUCOSE	**294**	*H*	80 - 150	mg/dL
BLOOD GROUP				
BLOOD GROUP	" O " RH POSITIVE			
COMPLETE HAEMOGRAM				
CBC				
HAEMOGLOBIN	**17.1**	*H*	12.0 - 16.5	g/dL
TOTAL LEUCOCYTE COUNT	9400		4000 - 11000	/cumm
RED BLOOD CELL COUNT	5.82		4.0 - 6.0	millions/cumm
PCV (HAEMATOCRIT)	51.8		40.0 - 54.0	%
MEAN CORPUSCULAR VOLUME	87.2		78 - 98	fL
MEAN CORPUSCULAR HAEMOGLOBIN	29.4		26.5 - 32.5	Picogrames
MEAN CORPUSCULAR HB CONC	33.0		32 - 37	g/dL
PLATELET COUNT	1.89		1.50 - 4.50	Lakh/cumm
NEUTROPHILS	71		40 - 73.0	%
LYMPHOCYTES	24		20 - 40	%
EOSINOPHILS	01		0.0 - 6.0	%
MONOCYTES	04		2.0 - 10.0	%
BASOPHILS	00		0.0 - 1.0	%
ABSOLUTE NEUTROPHIL	6674		2000 - 7000	cells/cumm
ABSOLUTE LYMPHOCYTE	2256		1000 - 3000	cells/cumm
ABSOLUTE EOSINOPHIL	94		20 - 500	cells/cumm
ABSOLUTE MONOCYTES	376		200 - 1000	cells/cumm
ABSOLUTE BASOPHILS	**0**	*L*	20 - 100	cells/cumm

Checked By

Dr. Pradip Kumar
(Consultant Microbiologist)

Dr. Nisha Rana
(Consultant Pathologist)

(This is only professional opinion and not the diagnosis, Please correlate clinically)

Murthal Road, Sonepat (Hr.) - 131001 • Tel.: 0130-2400000, Mob.: +91 7533033001, 7531919191

DEPARTMENT OF HAEMATOLOGY

Patient Name	: Mr. RAMESH KUMAR				
MR No	: 38448	**Bill Date**	:	23/03/2024
Age/Sex	: 59 Years / Male	**Reporting Date**	:	23/03/2024
Type	: OPD	**Sample ID**	:	204097
TPA/Corporate	: MEDIWHEEL	**Bill/Req. No.**	:	24384167
IP No.	:	**Ref Doctor**	:	Dr. EMO

Test	Result		Bio. Ref. Interval	Units
RDW-CV	12.9		11.5 - 14.5	%
E.S.R.	15		0 - 15	mm/hr

HBA1C

HBA1C	**10.0**	*H*		%
ESTIMATED AVERAGE GLUCOSE (EAG)	240.3			mg/dL

Note : HBA1c result is suggestive of Diabetes/ higher than glycemic goal in a known Diabetic patient.
Please note, glycemic goal should be individualized based on duration of diabetes,age/life expectancy , comorbid connditions , known CVD or advanced microvascular complications, hypoglycaemia unawareness, and individual patient considerstions.
Please Correlate Clinically.

KFT(KIDNEY FUNCTION TEST)/RFT/Renal Profile

SERUM UREA	32	13.0 - 45.0	mg/dL
SERUM CREATININE	1.2	0.5 - 1.4	mg/dL
SERUM URIC ACID	4.7	3.6 - 7.2	mg/dL
SERUM SODIUM	133	130 - 149	mmol/L
SERUM POTASSIUM	4.8	3.5 - 5.5	mmol/L

LFT(LIVER FUNCTION TEST)

LFT			
TOTAL BILIRUBIN	0.6	0.1 - 1.2	mg/dL
DIRECT BILIRUBIN	0.2	0.00 - 0.30	mg/dL
INDIRECT BILIRUBIN	0.4	Adult: 0 - 0.8	mg/dL
SGOT (AST)	28	0.0 - 45	IU/L
SGPT (ALT)	40	00 - 45.00	IU/L
ALP	123	41 - 137	U/L

NIDAAN HOSPITAL SONEPAT

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DEPARTMENT OF BIOCHEMISTRY

Patient Name	: Mr. RAMESH KUMAR		**Bill Date**	:	23/03/2024
MR No	: 38448		**Reporting Date**	:	23/03/2024
Age/Sex	: 59 Years / Male		**Sample ID**	:	204097
Type	: OPD		**Bill/Req. No.**	:	24384167
TPA/Corporate	: MEDIWHEEL		**Ref Doctor**	:	Dr. EMO
IP No.	:				

Test	Result		Bio. Ref. Interval	Units
TOTAL PROTEINS	7.6		6.0 - 8.2	g/dL
ALBUMIN	4.8		3.20 - 5.00	g/dL
GLOBULIN	2.8		2.0 - 3.50	g/dL
A/G RATIO	1.71			

LIPID PROFILE

LIPID PROFILE				
SERUM CHOLESTROL	**234**	*H*	0 - 200	mg/dl
SERUM TRIGLYCERIDES	127		Up to 150	mg/dl
HDL CHOLESTEROL	49		30 - 60	mg/dl
VLDL CHOLESTEROL	25.4		*Less than 30	mg/dL
LDL CHOLESTEROL	159.6		Optimal <100,Above Opt. 100-129 -high 160-189	mg/dl
LDL CHOLESTEROL/HDL RATIO	3.26		Desirable Level : 0.5 - 3.0 Borderline Risk : 3.0 - 6.0 High Risk : > 6.0	

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION			
VOLUME	15		ml
COLOUR	Pale Yellow	Pale Yellow	
APPEARANCE	Clear	Clear	
SPECIFIC GRAVITY	1.015		
CHEMICAL EXAMINATION			
REACTION	Acidic		
BLOOD	NIL		
ALBUMIN	NIL	NIL	
GLUCOSE	Traces	NIL	
PH	6.5		
MICROSCOPIC EXAMINATION			

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DEPARTMENT OF CLINICAL PATHOLOGY

Patient Name	:	Mr. RAMESH KUMAR			
MR No	:	38448	**Bill Date**	:	23/03/2024
Age/Sex	:	59 Years / Male	**Reporting Date**	:	23/03/2024
Type	:	OPD	**Sample ID**	:	204111
TPA/Corporate	:	MEDIWHEEL	**Bill/Req. No.**	:	24384167
IP No.	:		**Ref Doctor**	:	Dr. EMO

Test	Result	Bio. Ref. Interval	Units
PUS CELL	3-4	2-4	/HPF
EPITHELIAL CELLS	1-2	2-4	/HPF
RED BLOOD CELLS	Nil	NIL	/HPF
CASTS	NIL	NIL	
CRYSTALS	NIL	NIL	

Note : Albumin test positive by Multistrip Method is confirmed by Sulphosalycylic acid method.

***** END OF THE REPORT *****

Checked By :

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(Consultant Microbiologist)

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(Consultant Pathologist)

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Lab No.	012403230733	**Age/Gender**	59 YRS/MALE	**Coll. On**	23/Mar/2024 04:24PM
Name	Mr. RAMESH KUMAR 38448			**Reg. On**	23/Mar/2024
Ref. Dr.				**Approved On**	23/Mar/2024 06:39PM
Rpt. Centre	Self,undefined			**Printed On**	29/Mar/2024 08:48AM

Test Name	Value	Unit	Biological Reference Interval
Thyroid profile, Total (T3,T4,TSH)			
T3 (Triiodothyronine) , *serum* *Method : ECLIA*	**0.73**	ng/mL	0.80 - 2.0
T4 (Thyroxine) , *serum* *Method : ECLIA*	6.12	ug/dL	5.1 - 14.1
TSH (Thyroid Stimulating Hormone) , *serum* *Method : ECLIA*	0.83	uIU/ml	0.5 - 8.9

Interpretation:

- Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values alongwith depressed TSH levels
- Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
- High T3 levels coupled with normal T4 and suppressed TSH may be seen in T3 toxicosis.

Note: Total T3 and total T4 are highly bound to plasma proteins and are amenable to fluctuations with plasma protein content as well as due to binding defects in the thyroid hormone binding proteins.

The following ranges are recommended for pregnant females:

Gestation period	TSH (uIU/ml)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

PSA Total, *serum* *Method : ECLIA*	0.34	ng/mL	0 - 3.1

Interpretation:

Prostate-specific antigen (PSA) is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. Normally, very little PSA is secreted in the blood. Increases in glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels.

In patients with previously diagnosed prostate cancer, PSA testing is advocated as an early indicator of tumor recurrence and as an indicator of response to therapy.

The test is also useful for initial screening for prostate cancer:

Total PSA levels < 2 ng/ml almost rule out the possibility of prostatic malignancy.

Total PSA levels between 2 and 10 ng/ml lie in the grey zone. Such values may be obtained in prostatitis, benign hyperplasia and malignancy. Further testing including a free PSA/PSA ratio and prostate biopsy is recommended for these patients for confirmation of the diagnosis.

Total PSA values >10 ng/ml are highly suspicious for prostate cancer but further testing, such as prostate biopsy, is needed to diagnose the exact pathology.

*Disclaimer: This is an electronically validated report. If any discrepancy is found, it should be confirmed by the user.
Processing Centre : Prognosis Laboratories,515-516, Sector-19, Dwarka, Behind Gupta Properties.

*** Partial Report ***

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Dr. Smita Sadwani
MD(Biochemistry)
Technical Director

Dr. Mayank Gupta
MD, DNB Pathology
Consultant Pathologist

Dr. Deepak Sadwani
MD(Pathology)
Lab Director

Dr. Moushmi Mukherjee
MBBS,MD (Pathology)
Consultant Pathologist