



Center Name

Dr. Jaimini N. Patel

MBBS DCP, DNB Pathology Consulting Pathologist M.9909904219 E-mail: jaimini1988bd@gmail.com

 21, 22, Ground Floor, City Center Complex, Opp. Janpath Hotel, Radhanpur Circle, Mehsana-384 002. Mo. 93277 28049

Patient ID : 022424001

Patient Name : MR. GAURAVKUMAR

Age / Gender : 41 Years / Male

Ref. By : HEALTH CHECK UP

Affiliation : NAVJIVAN ICU AND MULTISPECIALITY HOSPITAL

Sample Collected on : 24-Feb-2024 9:31 AM

Report Released on : 24-Feb-2024 11:30 AM

: JAINIS PATHOHUB PATHOLOGY LABORATORY

THYROID FUNCTION TEST

Investigation	Result	Unit	Bio. Ref. Interval
TFT (T3 T4 TSH)			
TOTAL TRIIODOTHYRONINE (T3)	1.7	pmol/L	Adult :0.9- 2.15 ng/ml
TOTAL THYROXINE (T4)	103.5	nmol/L	Adult: 60-135 nmol/l
ULTRA TSH	2.02	uIU/mL	Adult: 0.25 - 5.00
			1-4 week: 1.7-9.1
			1-12 month: 0.8-8.2
			1-15 yr: 0.7-5.7

INTERPRETATION:

TSH	T3	T4	Interpretation
High	Normal	Normal	Mild (Sub clinical) Hypothyroidism
High	Low or Normal	Low	Hypothyroidism
Low	Normal	Normal	Mild (Sub clinical) Hyperthyroidism
Low	High or Normal	High or Normal	Hyperthyroidism
Low	Low or Normal	Low or Normal	Non thyroidal illness; rare pituitary (secondary) hypothyroidism

Interpretation:

Only TSH levels can prove to be misleading in patients on treatment. Therefore Free T3, Free T4 should be checked as it ismetabolically active. Physiological rise in Total T3 or T4 levels is seen in patients on steroid therapy and during pregnancy. Collection time for Thyroid function test is very important as per circardian variation / rhythm, the levels are at its peak between 2-4 a.m and are minimum between 6-10 pm. Thyroid abnormality should not get interpret based on single test report. It should be checked for establishment of the abnormality based on repeated investigations at intervals.

Comment : Please correlate with Clinical Condition

Technology: minividas

Notes : Clinical diagnosis should not be made on the findings of a single test result,

but should integrate both clinical and laboratory data.

----- END OF REPORT -----



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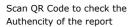
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HAEMATOLOGY

Investigation	Result	Unit	Bio. Ref. Interval
ESR (ERYTHROCYTE SEDIMENTATION	N RATE)		
ERYTHROCYTE SEDIMENTATION RATE	09	mm/1hr.	<50 years: < 15 mm/hr >50 years: < 20 mm/hr
	END OF REP	ORT	







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: 24-Feb-2024 11:31 AM **Center Name** : JAINIS PATHOHUB PATHOLOGY LABORATORY

DIABETES CARE

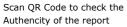
Investigation	Result	Unit	Bio. Ref. Interval
FASTING BLOOD SUGAR(FBS)			
FASTING BLOOD SUGAR	118.5	mg/dL	normal Glucose: 60.00 - 100.00 Mg/dL Impaired Glucose: 101-125.00 Mg/dL Diabetic: >=126Mg/dL

Interpretation:

The fasting (F) blood glucose test is the test most commonly used to diagnose diabetes. It measures blood glucose levels after a period of fasting, usually at least eight hours without food or liquid (except water). This test is more definitive than a random test, because there is no chance that it has been influenced by recent food intake.

----- END OF REPORT -----











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Report Released on : 24-Feb-2024 12:17 PM

Center Name : JAINIS PATHOHUB PATHOLOGY LABORATORY

BLOOD EXAMINATION

Investigation	Result	
BLOOD GROUP		
ABO GROUPING	0	
RH GROUPING	POSITIVE	

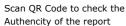
Interpretation:

Blood typing is used to determine an individual's blood group, to establish whether a person is blood group A, B, AB, or O and whether he or she is Rh positive or Rh negative. Blood typing has the following significance,

- Ensure compatibility between the blood type of a person who requires a transfusion of blood or blood components and the ABO and Rh type of the unit of blood that will be transfused.
- Determine compatibility between a pregnant woman and her developing baby (fetus). Rh typing is especially important during pregnancy because a mother and her fetus could be incompatible.

		END OF REPORT	
Technology	: Agglutination		











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Center Name : JAINIS PATHOHUB PATHOLOGY LABORATORY

BIOCHEMISTRY

Investigation	Result	Unit	Bio. Ref. Interval
GLUCOSE - POST PRANDIAL(PP)			
GLUCOSE - POST PRANDIAL	125	mg/dL	Normal: 80-140 Impaired Tolerance :140-199 Diabetes mellitus: ≥200
URINE SUGAR	NIL		

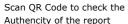
Interpretation:

A postprandial (PP) glucose test is a blood glucose test that determines the amount of a type of sugar, called glucose, in the blood after a meal. A 2-hour postprandial blood glucose test measures blood glucose exactly 2 hours after eating a meal, timed from the start of the meal. By this point blood sugar has usually gone back down in healthy people, but it may still be elevated in people with diabetes.

Method: Spectrophotometry. Clinical diagnosis should not be made on the findings of a single test result, but should integrate both clinical and laboratory data.

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URINE ROUTINE MICROSCOPIC

Investigation	Result	Uni Bio. Ref. Range
		t
PHYSICAL EXAMINATION		
COLOUR	Pale Yellow	
APPEARANCE	Clear	
SPECIFIC GRAVITY	1.030	
PH	6.5	
CHEMICAL EXAMINATION		
ALBUMIN	Absent	
GLUCOSE	Absent	
BILE PIGMENT	Absent	
BILE SALT	Absent	
KETONE	Absent	
UROBILINOGEN	Normal	
NITRITE	Negative	
MICROSCOPIC EXAMINAT	ION	
PUS CELLS	0-2	/ HPF
RBCS	NIL	/ HPF
EPITHELLIAL CELLS	0-2	/ HPF
HYALINE CAST	Absent	
GRANULAR CAST	Absent	
CALCIUM OXALATE CRYSTALS	Absent	
AMORPHOUS DEPOSIT	Absent	
	END OF REPORT	









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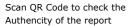
: JAINIS PATHOHUB PATHOLOGY LABORATORY

HAEMATOLOGY

Investigation	Result	Unit	Bio. Ref. Interval
HAEMOGLOBIN	14.8	gms%	13.5 - 17.5 gm%
RED BLOOD CELL COUNT	4.85	/cumm	4.2 - 5.6 mill/cmm
RBC INDICES			
HEMATOCRIT	43.4	%	40-50
MCV	89.5	fl	80 - 98 fL
MCH	30.5	pg	26 - 34 pg
MCHC	34.1	g/dl	32 - 37 %
RDW_CV	13.4	/ cumm	12 - 14 %
TOTAL WBC COUNT	7300	/ cumm	4000 - 11000 /cmm
WBC DIFFERENTIAL COUNT			
NEUTROPHILS	65.5	%	50 - 74 %
LYMPHOCYTES	27.9	%	20 - 45%
EOSINOPHILS	1.8	%	01 - 06 %
MONOCYTES	05	%	02 - 10 %
BASOPHILS	0.0	%	00 - 01 %
PLATELET COUNT	152000	/ cumm	1,50,000 - 4,50,000 /cmm.
MEAN PLATELET VOLUME	12.4	fl	7.4-10.4
PDW	16.6	fl	10-14
PCT	0.19	%	0.10-0.28

----- END OF REPORT -----







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: 24-Feb-2024 2:14 PM

DIABETES CARE

Investigation	Value	Unit	
HBA1C			
HBA1C (GLYCOSYLATED	5.7	%	Below 6.0 : Normal Value
HEMOGLOBIN), BLOOD			6.0-7.0 : Good Control
			7.0-8.0 : Fair Control
			8.0-10.0 : Unsatisfactory Control
			Above 10 : Poor Control
MEAN BLOOD GLUCOSE	116.89	mg/dL	Below 136 : Normal Value
			137 - 172 : Good Control
			173 - 208 : Fair Control
			208 - 279 : Unsatisfactory Contro
			Above 279: Poor Control

Interpretation

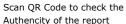
HbA1c is an indicator of glycemic control. HbA1c represents average glycemia over the past six to eight weeks. Glycation of hemoglobin occurs over the entire 120 day life span of the red blood cell, but with in this 120 days. Recent glycemia has the largest influence on the HbA1c value. Clinical studies suggest that a patient in stable control will have 50% of their HbA1c formed in the month before sampling, 25% in the month before that, and the remaining 25% in months two to four.

Comment Please correlate with with Clinical condition

Notes: Clinical diagnosis should not be made on the findings of a single test result, but should integrate both clinical and laboratory data.

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LIPID PROFILE REPORT

Investigation	Result	Unit	Bio. Ref. Interval
LIPID PROFILE REPORT			
TOTAL CHOLESTEROL	195.8	mg/dL	130-200
HDL CHOLESTEROL - DIRECT	47.5	mg/dL	30 - 60
TRIGLYCERIDES	196.5	mg/dL	60 - 170
LDL CHOLESTEROL	109.0	mg/dL	Up To 150
VLDL CHOLESTEROL	39.3	mg/dL	5-40
TC/HDL CHOLESTEROL RATIO	4.1	Ratio	3.0-5.0
LDL / HDL RATIO	2.3	Ratio	Less Than 5

Interpretation:

The lipid profile is used as part of a cardiac risk assessment to help determine an individual's risk of heart disease and to help make decisions about what treatment may be best if there is borderline or high risk. Lipids are a group of fats and fat-like substances that are important constituents of cells and sources of energy. Monitoring and maintaining healthy levels of these lipids is important in staying healthy. A lipid profile typically includes: 1. Total cholesterol — this test measures all of the cholesterol in all the lipoprotein particles. 2. High-density lipoprotein cholesterol (HDL-C) — measures the cholesterol in HDL particles; often called "good cholesterol" because it removes excess cholesterol and carries it to the liver for removal. 3. Low-density lipoprotein cholesterol (LDL-C) — calculates the cholesterol in LDL particles; often called "bad cholesterol" because it d

Comment : Please correlate with clinical condition

Technology: Spectrophotometry

Notes : Clinical diagnosis should not be made on the findings of a single test result,

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This is electronically authenticates report. The investigation have their limitations, which are imposed by limits of sensitivity and specificity of individual assay procedures. Isolated laboratory investigation never confirm the final diagnosis of the disease. The only help in arriving at a diagnosis in association with clinical presentation and other related investigations.





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BIOCHEMISTRY

Investigation	Result	Unit	Bio. Ref. Interval
RENAL FUNCTION TEST			
BLOOD UREA	23.40	mg/dL	10 - 50 mg/dL
SERUM CREATININE	0.82	mg/dL	0.50 - 1.30 mg/dL
SERUM SODIUM (NA)	132.5	mEq/L	130.00 - 150.00 mEq/L
SERUM POTASSIUM (K)	4.20	mEq/L	3.5 - 5.5 mEq/L
SERUM CHLORIDE (CL)	101.70	mEq/L	96 - 106 mEq/L
LIVER FUNCTION TEST			
SGPT (ALT)	29.8	IU/L	00-50 IU/L
SGOT (AST)	33.29	IU/L	Up to 50 IU/L
ALKALINE PHOSPHATASE	89.6	U/L	0.0 - 306.0 U/L
S. BILIRUBIN TOTAL	0.60	mg/dL	0.0 - 1.2 mg/dl
			0.0 - 1.2 mg/dl
			Ascetic Fluid
			0.6 - 0.8 mg/dl
S. BILIRUBIN DIRECT	0.23	mg/dL	Up to 0.5 mg/dl
S. BILIRUBIN INDIRECT	0.37	mg/dL	0.1-1.0 Mg/dl

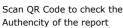
Please correlate with clinical condition

FULLY AUTO BIOCHEM ANALYSER

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TOTAL PSA

Investigation	Result	Unit	Bio. Ref. Interval	
TOTAL PSA	2.3	ng/ml	Less Than 4.0 ng/ml	
			4.0 - 15.0 na/ml	

Interpretation:

Elevated levels of PSA are associated with prostate cancer, but may also be seen with prostatitis (inflammation of the prostate) and benign prostatic hyperplasia (BPH). PSA test done along with free PSA provides additional information. Studies have suggested that the percentage of free PSA in total PSA is lower in patients with prostate cancer than those with benign prostate hyperplasia.

Comment: Please correlate with clinical condition

Method: minividas

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----- END OF REPORT -----

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