


<b>Patient ID</b> : 022424001	<b>Sample Collected on</b> : 24-Feb-2024 9:31 AM
<b>Patient Name</b> : MR. GAURAVKUMAR	<b>Report Released on</b> : 24-Feb-2024 11:30 AM
<b>Age / Gender</b> : 41 Years / Male	<b>Center Name</b> : JAINIS PATHOHUB PATHOLOGY LABORATORY
<b>Ref. By</b> : HEALTH CHECK UP	 * 0 2 2 4 2 4 0 0 1 *
<b>Affiliation</b> : NAVJIVAN ICU AND MULTISPECIALITY HOSPITAL	

### THYROID FUNCTION TEST

Investigation	Result	Unit	Bio. Ref. Interval
<b>TFT ( T3 T4 TSH)</b>			
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 is metabolically 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 circadian 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.

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**Patient Name** : MR. GAURAVKUMAR      **Report Released on** : 24-Feb-2024 2:11 PM  
**Age / Gender** : 41 Years / Male      **Center Name** : JAINIS PATHOHUB PATHOLOGY LABORATORY  
**Ref. By** : HEALTH CHECK UP  
**Affiliation** : NAVJIVAN ICU AND MULTISPECIALITY HOSPITAL



**HAEMATOLOGY**

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

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**DIABETES CARE**

Investigation	Result	Unit	Bio. Ref. Interval
<b>FASTING BLOOD SUGAR(FBS)</b>			
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.

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**Patient Name** : MR. GAURAVKUMAR      **Report Released on** : 24-Feb-2024 12:17 PM  
**Age / Gender** : 41 Years / Male      **Center Name** : JAINIS PATHOHUB PATHOLOGY LABORATORY  
**Ref. By** : HEALTH CHECK UP  
**Affiliation** : NAVJIVAN ICU AND MULTISPECIALITY HOSPITAL



**BLOOD EXAMINATION**

Investigation	Result
<b>BLOOD GROUP</b>	
ABO GROUPING	O
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.

Technology : Agglutination

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**Patient ID** : 022424001      **Sample Collected on** : 24-Feb-2024 9:31 AM  
**Patient Name** : MR. GAURAVKUMAR      **Report Released on** : 24-Feb-2024 3:58 PM  
**Age / Gender** : 41 Years / Male      **Center Name** : JAINIS PATHOHUB PATHOLOGY LABORATORY  
**Ref. By** : HEALTH CHECK UP  
**Affiliation** : NAVJIVAN ICU AND MULTISPECIALITY HOSPITAL



**BIOCHEMISTRY**

Investigation	Result	Unit	Bio. Ref. Interval
<b>GLUCOSE - POST PRANDIAL(PP)</b>			
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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<b>Age / Gender</b> : 41 Years / Male	<b>Center Name</b> : JAINIS PATHOHUB PATHOLOGY LABORATORY
<b>Ref. By</b> : HEALTH CHECK UP	 * 0 2 2 4 2 4 0 0 1 *
<b>Affiliation</b> : NAVJIVAN ICU AND MULTISPECIALITY HOSPITAL	

**URINE ROUTINE MICROSCOPIC**

Investigation	Result	Uni	Bio. Ref. Range
<b>PHYSICAL EXAMINATION</b>			
COLOUR	Pale Yellow		
APPEARANCE	Clear		
SPECIFIC GRAVITY	1.030		
PH	6.5		
<b>CHEMICAL EXAMINATION</b>			
ALBUMIN	Absent		
GLUCOSE	Absent		
BILE PIGMENT	Absent		
BILE SALT	Absent		
KETONE	Absent		
UROBILINOGEN	Normal		
NITRITE	Negative		
<b>MICROSCOPIC EXAMINATION</b>			
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		

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<b>Patient Name</b> : MR. GAURAVKUMAR	<b>Report Released on</b> : 24-Feb-2024 11:02 AM
<b>Age / Gender</b> : 41 Years / Male	<b>Center Name</b> : JAINIS PATHOHUB PATHOLOGY LABORATORY
<b>Ref. By</b> : HEALTH CHECK UP	
<b>Affiliation</b> : NAVJIVAN ICU AND MULTISPECIALITY HOSPITAL	



### 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
<b>RBC INDICES</b>			
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
<b>WBC DIFFERENTIAL COUNT</b>			
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

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**DIABETES CARE**

Investigation	Value	Unit	
<b>HBA1C</b>			
HBA1C (GLYCOSYLATED HEMOGLOBIN), BLOOD	5.7	%	Below 6.0 : Normal Value 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 Control 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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<b>Age / Gender</b> : 41 Years / Male	<b>Center Name</b> : JAINIS PATHOHUB PATHOLOGY LABORATORY
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**LIPID PROFILE REPORT**

Investigation	Result	Unit	Bio. Ref. Interval
<b>LIPID PROFILE REPORT</b>			
TOTAL CHOLESTEROL	195.8	mg/dL	130-200
HDL CHOLESTEROL - DIRECT	47.5	mg/dL	30 - 60
TRIGLYCERIDES	<b>196.5</b>	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, but should integrate both clinical and laboratory data.

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**BIOCHEMISTRY**

Investigation	Result	Unit	Bio. Ref. Interval
<b>RENAL FUNCTION TEST</b>			
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
<b>LIVER FUNCTION TEST</b>			
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	<b>2.3</b>	ng/ml	Less Than 4.0 ng/ml 4.0 - 15.0 ng/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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