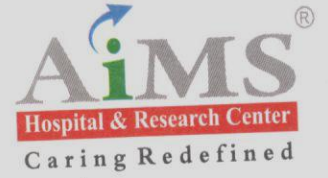




# Dept. of Pathology

(For Report Purpose Only)



PRN : 123167  
 Patient Name : Mr. PADKI GAJANAN  
 Age/Sex : 62Yr(s)/Male  
 Company Name : BANK OF BARODA  
 Referred By : Dr.HOSPITAL PATIENT

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## HAEMATOLOGY

### HAEMOGRAM

HAEMOGLOBIN (Hb)	: 15.5	GM/DL	Male : 13.5 - 18.0 Female : 11.5 - 16.5
PCV	: 45.7	%	Male : 40 - 54 Female : 37 - 47
RBC COUNT	: 5.12	Million/cu mm	Male : 4.5 - 6.5 Female : 3.9 - 5.6
M.C.V	: 89.3	cu micron	76 - 96
M.C.H.	: 30.3	pg	27 - 32
M.C.H.C	: 33.9	picograms	32 - 36
RDW-CV	: 12.0	%	11 - 16
WBC TOTAL COUNT	: 5240	/cumm	ADULT : 4000 - 11000 CHILD 1-7 DAYS : 8000 - 18000 CHILD 8-14 DAYS : 7800 - 16000 CHILD 1MONTH-<1YR : 4000 - 10000 150000 - 450000
PLATELET COUNT	: 246000	cumm	
<b>WBC DIFFERENTIAL COUNT</b>			
NEUTROPHILS	: 56	%	ADULT : 40 - 70 CHILD : 20 - 40 2000 - 7000
ABSOLUTE NEUTROPHILS	: 2934.40	µL	ADULT : 20 - 40 CHILD : 40 - 70 1000 - 3000
LYMPHOCYTES	: 37	%	01 - 04
ABSOLUTE LYMPHOCYTES	: 1938.80	µL	20 - 500
EOSINOPHILS	: 03	%	02 - 08
ABSOLUTE EOSINOPHILS	: 157.20	µL	200 - 1000
MONOCYTES	: 04	%	00 - 01
ABSOLUTE MONOCYTES	: 209.60	µL	0 - 100
BASOPHILS	: 00	%	
ABSOLUTE BASOPHILS	: 0	µL	



*[Handwritten Signature]*

Dr. AJAY A GANGSHETTIWAR  
 M.D.(Pathology) R.No.080412  
 Pathologist

Technician  
 Report Type By :- PEERZADE SHOYEB

For Free Home Collection Call : 9545200011



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### PERIPHERAL BLOOD SMEAR

RBC MORPHOLOGY : Normocytic Normochromic  
WBC MORPHOLOGY : Within Normal Limits  
PLATELETS : Adequate  
PARASITES : Not Detected  
Method : Processed on 5 Part Fully Automated Blood Cell Counter - sysmex XS-800i.

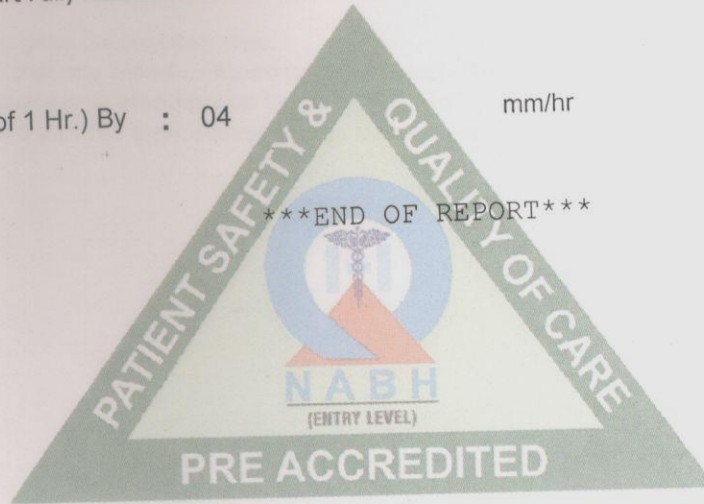
### ESR

ESR MM ( AT The End of 1 Hr.) By : 04  
Westergren Method

mm/hr

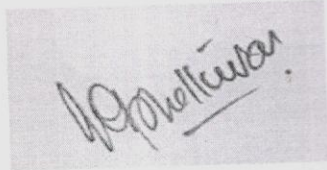
Male : 0 - 15  
Female : 0 - 20

\*\*\*END OF REPORT\*\*\*



  
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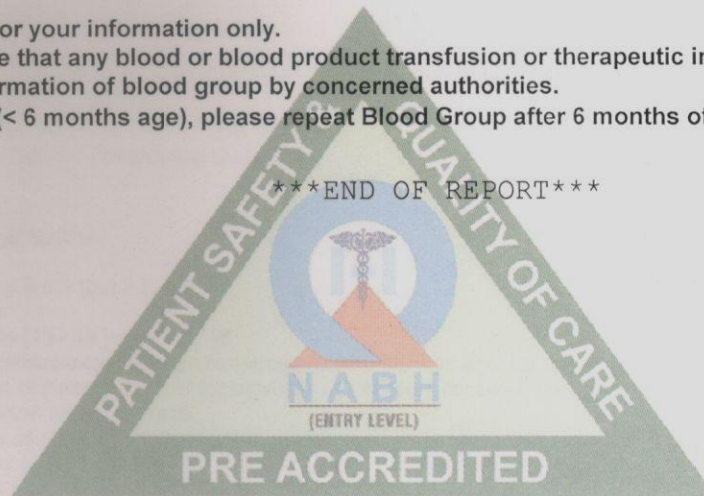
### HAEMATOLOGY

#### BLOOD GROUP

BLOOD GROUP : "A"  
RH FACTOR : POSITIVE

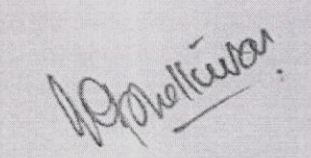
**NOTE :** This is for your information only.  
Kindly note that any blood or blood product transfusion or therapeutic intervention has to be done after confirmation of blood group by concerned authorities.  
In infants (< 6 months age), please repeat Blood Group after 6 months of age for confirmation.

\*\*\*END OF REPORT\*\*\*



  
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### BIOCHEMISTRY

#### HbA1C (HPLC Method)

Glycated Haemoglobin (HbA1C), by HPLC : 5.2 %

Non - diabetic (Normal) : < 5.7  
Pre - diabetes : > or = 5.7 - < 6.5  
Diabetes : > or = 6.5

#### Interpretation :

HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glyceimic control.

For diagnosis of Diabetes Mellitus (>= 18 yrs of age) :

5.7 % - 6.5 % : Increased risk for developing diabetes.  
>= 6.5 % : Diabetes

Therapeutic goals for glyceimic control :

Adults : < 7%

Toddlers and Preschoolers : < 8.5% (but > 7.5 %)

School age (6-12 yrs) : < 8%

Adolescents and young adults (13 - 19 yrs) : < 7.5 %

The A1c target should be individualized based on numerous factors, such as age, life expectancy, comorbid conditions, duration of diabetes, risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.

Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia.

Increased HbA1C values may be found in patients with polycythemia or post splenectomy patients.

In patients with Homozygous forms of rare variant Hb(CC,SS,EE,SC), HbA1c cannot be quantitated as there is no HbA. In such circumstances glyceimic control needs to be monitored using alternative methods like plasma glucose levels or serum Fructosamine.

\*\*\*END OF REPORT\*\*\*

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AiMS Hospital And Research Center



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### BIOCHEMISTRY

#### BSL-F & PP

Blood Sugar Level Fasting	: 89	MG/DL	60 - 110
Blood Sugar Level PP	: 97	MG/DL	70 - 140

#### CALCIUM

CALCIUM (serum)	: 9.7	MG/DL	8.4 - 10.4
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#### RFT (RENAL FUNCTION TEST)

##### BIOCHEMICAL EXAMINATION

UREA (serum)	: 31	MG/DL	0 - 45
UREA NITROGEN (serum)	: 14.48	MG/DL	7 - 21
CREATININE (serum)	: 0.8	MG/DL	0.5 - 1.5
URIC ACID (serum)	: 6.4	MG/DL	Male : 3.5 - 7.2 Female : 2.6 - 6.0

#### SERUM ELECTROLYTES

SERUM SODIUM	: 141	mEq/L	136 - 149
SERUM POTASSIUM	: 4.0	mEq/L	3.8 - 5.2
SERUM CHLORIDE	: 102	mEq/L	98 - 107

\*\*\*END OF REPORT\*\*\*

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### BIOCHEMISTRY

#### LIPID PROFILE

CHOLESTEROL (serum)	: 214	MG/DL	Male : 120 - 240 Female : 110 - 230
TRIGLYCERIDE (serum)	: 238	MG/DL	0 - 150
HDL (serum)	: 33	MG/DL	Male : 42 - 79.5 Female : 42 - 79.5
LDL (serum)	: 130	MG/DL	0 - 130
VLDL (serum)	: 47.60	MG/DL	5 - 51
CHOLESTROL/HDL RATIO	: 6.48		Male : 1.0 - 5.0 Female : 1.0 - 4.5
LDL/HDL RATIO	: 3.94		Male : <= 3.6 Female : <=3.2

#### NCEP Guidelines


	Desirable	Borderline	Undesirable
Total Cholesterol (mg/dl)	Below 200	200-240	Above 240
HDL Cholesterol (mg/dl)	Above 60	40-59	Below 40
Triglycerides (mg/dl)	Below 150	150-499	Above 500
LDL Cholesterol (mg/dl)	Below 130	130-160	Above 160

Suggested to repeat lipid profile with low fat diet for 2-3 days prior to day of test and abstinence from alcoholic beverages if applicable.  
 Cholesterol & Triglycerides reprocessed , & confirmed.

\*\*\*END OF REPORT\*\*\*

  
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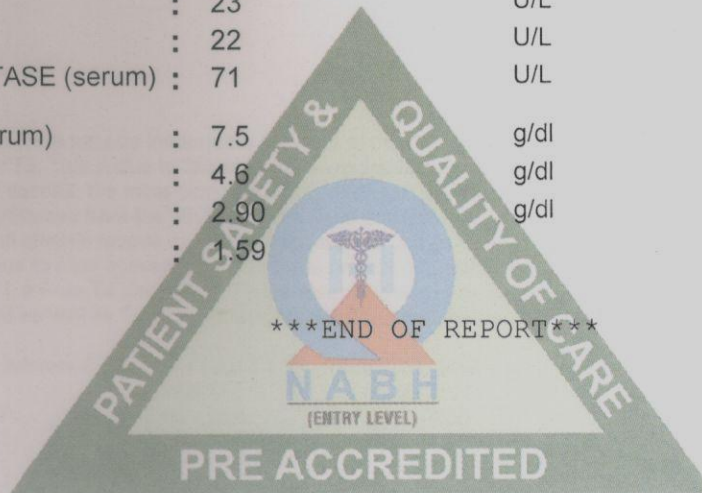
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### BIOCHEMISTRY

#### LFT ( Liver function Test )

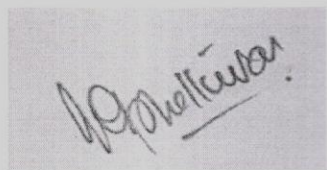
BILIRUBIN TOTAL (serum)	: 1.1	mg/dL	0.2 - 1.2
BILIRUBIN DIRECT (serum)	: 0.3	mg/dL	0.0 - 0.5
BILIRUBIN INDIRECT (serum)	: 0.80	mg/dL	0.1 - 1.0
S.G.O.T (serum)	: 23	U/L	0 - 35
S.G.P.T (serum)	: 22	U/L	0 - 45
ALKALINE PHOSPHATASE (serum)	: 71	U/L	Male : 53 - 128 Female : 42 - 98
PROTEINS TOTAL (serum)	: 7.5	g/dl	6.6 - 8.7
ALBUMIN (serum)	: 4.6	g/dl	3.5 - 5.0
GLOBULIN (serum)	: 2.90	g/dl	1.8 - 3.6
AVG RATIO	: 1.59		1:1 - 2:2


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## ENDOCRINOLOGY

### TFT (THYROID FUNCTION TEST)

T3-Total (Tri iodothyronine)	: 1.09	ng/mL	0.80 - 2.00
T4 - Total (Thyroxin)	: 7.35	µg/dL	5.1 - 14.1
Thyroid Stimulating Hormones (Ultra TSH)	: 1.94	µIU/mL	0.27 - 4.20

Method :- serum by ECLIA

#### NOTE:-

Three common ways in which there may be inadequate amounts of the thyroid hormone for normal metabolism. Primary hypothyroidism, in which there is a raised TSH & a low T3. This is due to failure of the thyroid gland, possibly due to autoantibody disease, possibly due to toxic stress or possibly due to iodine deficiency. The second, the most common cause of thyroid failure, occurs at the pituitary level. In this condition there is inadequate thyroid stimulating hormone (TSH) produced from the pituitary and so one tends to see low or normal TSH, low T4s and variable T3s. This condition is most common in many patients with chronic fatigue syndrome, where there is a general suppression of the hypothalamic-pituitary-adrenal axis. The third type of under-functioning is due to poor conversion of there are normal or possibly slightly raised levels of TSH, normal levels of T4 but low levels of T3. In this type of thyroid problem routinely TSH, a Free T4 and a Free T3 are also advisable. Any patients who are taking T3 as part of their thyroid supplement should have their T3 levels monitored as well as T4. T3 is much more quickly metabolized than T4 and blood tests should be done between 4-6 hours after their morning dose.

The Guideline for pregnancy reference ranges for total T3, T4, Ultra TSH Level in pregnancy

	Total T3	Total T4	Ultra TSH
First Trimester	0.86 - 1.87	6.60 - 12.4	0.30 - 4.50
2 nd Trimester	1.0 - 2.60	6.60 - 15.5	0.50 - 4.60
3 rd Trimester	1.0 - 2.60	6.60 - 15.5	0.80 - 5.20

The guidelines for age related reference ranges for T3, T4, & Ultra TSH

	Total T3	Total T4	Ultra TSH
Cord Blood	0.30 - 0.70	1-3 day 8.2-19.9	Birth- 4 day: 1.0-38.9
New Born	0.75 - 2.60	1 Week 6.0-15.9	2-20 Week : 1.7-9.1
1-5 Years	1.0-2.60	1-12 Months 6.8 - 14.9	20 Week- 20 years 0.7 - 6.4
5-10 Years	0.90 - 2.40	1-3 Years 6.8-13.5	
10-15 Years	0.80 - 2.10	3-10 Years 5.5-12.8	

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### CLINICAL PATHOLOGY

#### URINE ROUTINE

##### PHYSICAL EXAMINATION

QUANTITY : 20 ML  
 COLOUR : PALE YELLOW  
 APPEARANCE : CLEAR  
 REACTION : ACIDIC  
 SPECIFIC GRAVITY : 1.010

##### CHEMICAL EXAMINATION

PROTEIN : ABSENT  
 SUGAR : ABSENT  
 KETONES : ABSENT  
 BILE SALTS : ABSENT  
 BILE PIGMENTS : ABSENT  
 UROBILINOGEN : NORMAL


##### MICROSCOPIC EXAMINATION

PUS CELLS : 1-2 /hpf  
 RBC CELLS : ABSENT / hpf  
 EPITHELIAL CELLS : 1-2 /hpf  
 CASTS : ABSENT /hpf  
 CRYSTALS : ABSENT  
 OTHER FINDINGS : ABSENT  
 BACTERIA : ABSENT

\*\*\*END OF REPORT\*\*\*

  
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