



Patient Name : Mr. Krishna Pathak Centre : 5656 - Alexis Multi Speciality Hospital Pvt Ltd

 Age/Gender
 : 18 Y 10 M 26 D /M
 OP/IP No/UHID
 : OP/AXCS274485/

 MaxID/Lab ID
 : ALEX.277444/4940082502223
 Collection Date/Time : 07/Aug/2025 09:49AM

 Ref Doctor
 : SELF
 Reporting Date/Time : 07/Aug/2025 01:49PM

Clinical Biochemistry

Fasting Blood Sugar (Glucose), (FBS)*, Fluoride Plasma

Date 07/Aug/2025 Unit Bio Ref Interval

09:49AM

Glucose (Fasting) 88 mg/dL 70 - 110

Hexokinase

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Clinical Biochemistry

mmol/mol² 23.1-42.8

%

HbA1c (Glycated/ Glycosylated Hemoglobin) Test*, EDTA

HPLC

Date 07/Aug/2025 Unit Bio Ref Interval

09:49AM

Glycosylated 4.90

Haemoglobin(Hb A1c)

HPLC

Glycosylated 30.04

Haemoglobin(Hb A1c) IFCC

Average Glucose Value For 93.93

the Last 3 Months

Average Glucose Value For 5.20 mmol/L

the Last 3 Months IFCC

Bio Ref Interval:

Non-diabetic: <=5.6 Pre-diabetic: 5.7-6.4 Diabetic: >=6.5

- 1. HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
- 2. HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2018, for diagnosis of diabetes using a cut-off point of 6.5%.
- 3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
- 4. Low glycated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
- 5. To estimate the eAG from the HbA1C value, the following equation is used: eAG(mg/dl) = 28.7*A1c-46.7
- 6. Interference of Haemoglobinopathies in HbA1c estimation.
- For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
- Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
- Heterozygous state detected (D10/ turbo is corrected for HbS and HbC trait).
- 7. In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control. Excellent Control 6 to 7 %, Fair to Good Control 7 to 8 %, Unsatisfactory Control 8 to 10 % and Poor Control More than 10 %.

Note: Haemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy

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Clinical Biochemistry

Kidney Function Test (KFT) Profile with Calcium, Uric Acid*, Serum

Date	07/Aug/2025 09:49AM	Unit	Bio Ref Interval
Urea Calculated	19.0	mg/dL	19 - 45
Blood Urea Nitrogen Enzymatic Rate (Urease)	8.88	mg/dL	9 - 21
Creatinine Alkaline picrate kinetic	0.88	mg/dL	0.50 - 1.10
eGFR by MDRD	111.69		
eGFR by CKD EPI 2021	126.22		
Bun/Creatinine Ratio Calculated	10.09		
Uric Acid Uricase UV	5.5	mg/dL	2.9 - 7.0
Calcium (Total) O - Cresolphthalein Complexone	10.22	mg/dL	8.5 - 9.7
Sodium ISE Indirect	142.0	mmol/L	135 - 145
Potassium ISE Indirect	5.38	mmol/L	3.5 - 5.0
Chloride ISE Direct	102	mmol/L	98 - 107
Bicarbonate	-		

Kindly correlate with clinical findings

*** End Of Report ***



Dr. Sadique AliMD Pathology & Consultant Histopathology
MMC Reg No. 077172

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Clinical Pathology

SIN No:AXIN84785

Test Name

Result

Unit

Bio Ref Interval

Urine Routine Analysis*

Physical Examination

Colour PALE YELLOW GREY-OPALESCENT

Appearance Clear Clear

Physical Examination

Specific Gravity 1.010 1.001 - 1.035

Polymeric Ion Exchange

CHEMICAL

PH 8.0 4.6 - 8.0

Double Indicator

Glucose Urine Negative mg/dL < 30

Protein Negative mg/dL < 10

Tetrabromphenol blue method

Ketones Negative mg/dL < 5
Acetoacetic acid

Bilirubin Negative mg/dL Negative

Urobilinogen Normal mg/dL <1.00

Ehrich reaction

Blood Negative rbc/ul < 10
PERIXIDASE

Nitrite Negative mg/dL Negative

P-arsanilic acid

Leukocytes Negative wbc/ul < 25
Napthol AS-D chloroacelate

Microscopic Examination

WBC Occasional /HPF 0 - 5

RBCs Nil /HPF 0-3

Microscopy

Epithelial Cells 1 - 2 /HPF

Microscopy

Cryotols

Nil

Crystals Nil
AMORPHOUS URATES Nil
Cast Nil
Bacteria Nil

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Nil

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OTHER

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Clinical Pathology

Test Name Result Unit Bio Ref Interval

Kindly correlate with clinical findings

*** End Of Report ***

Dr Srushtee Jibhkate
MBBS MD, Consultant Biochemistry
MMC Reg. No. 2007051487.

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Total-Thyroid Profile (T3,T4 & TSH)*, Serum

Date	07/Aug/2025 09:49AM	Unit	Bio Ref Interval
T3 (Total) Flash CLIA	1.04	ng/mL	0.86 - 1.92
T4 (Total) Flash CLIA	9.2	ug/dL	5.5 - 11.1
TSH Flash CLIA	2.15	uIU/ml	0.48 - 4.17

Biological reference range for TSH in Premature Infants

1st week of life: 0.20-27.90 µIU/mL

Biological reference range for TSH in Pregnancy

First Trimester : $0.26\text{-}2.66~\mu\text{IU/mL}$ Second Trimester : $0.55\text{-}2.73~\mu\text{IU/mL}$ Third Trimester : $0.43\text{-}2.91~\mu\text{IU/mL}$ Interpretation for TSH, T3 and T4:

- To quantitate circulating levels of TSH is important in evaluating thyroid function. The measurement of TSH is used as an aid in the diagnosis of thyroid and pituitary disorders.
- Triiodothyronine (T3) is a hormone that originates from direct thyroid synthesis and secretion and from peripheral conversion of T4 to T3. Whereas, Thyroxine (T4) is a hormone synthesized and secreted by the thyroid gland, and plays an important role in regulating metabolism.
- Heterophilic antibodies in human serum can react with reagent immunoglobulins, interfering with in vitro immunoassays. Patients routinely exposed to
 animals or to animal serum products can be prone to this interference and anomalous values can be observed. Additional information may be required for
 diagnosis.
- The anticonvulsant drug phenytoin may interfere with total and free T4 levels due to competition for TBG binding sites.

Reference:

1. ADVIA Centaur CP kits insert.

Vitamin B12 (Vit- B12), (Cyanocobalamin)*, Serum

Date	07/Aug/2025 09:49AM	Unit	Bio Ref Interval
Vitamin B12 Flash CLIA	216	pg/mL	211 - 911

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Vitamin D, 25 - Hydroxy Test (Vit. D3)*, Serum

Date 07/Aug/2025 Unit Bio Ref Interval

09:49AM

25 Hydroxy, Vitamin D 10.0 ng/mL

LOC

Ref Range 0 - < 20 DEFICIENT;

20 - < 30 INSUFFICIENT;

30 - 100 SUFFICIENT

Prostate Specific Antigen (P.S.A.) - Total*, Serum

Date 07/Aug/2025 Unit Bio Ref Interval

09:49AM

Prostate Specific Antigen 0.64 ng/mL < 4.0

Flash CLIA

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*** End Of Report ***

pli.

Dr. Sadique Ali MD Pathology & Consultant Histopathology MMC Reg No. 077172

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ESR,EDTA

Date 07/Aug/2025 Unit Bio Ref Interval

09:49AM

ESR (Modified Westergren) 14 mm/hr <15

200



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> Hematology

CBC (Complete Blood Count)., EDTA

Date	07/Aug/2025 09:49AM	Unit	Bio Ref Interval
Haemoglobin	16.2	g/dl	13.5-17.5
Packed Cell, Volume Calculated	50.6	%	38.8 -50
Total Leucocyte Count (TLC) Electrical Impedance	6720	/cumm	3500 -10500
RBC Count Electrical Impedance	5.09	million/cumm	n 4.3 -5.72
MCV Electrical Impedance	99.4	fL	81.2 -95.1
MCH Calculated	31.9	pg	27-33
MCHC Calculated	32.1	g/dL	32 -36
Platelet Count Electrical Impedance	257000	/cumm	150000-450000
MPV Calculated	7.6	fl	7.8-11.2
RDW Calculated	13.6	%	11.9-15.5
Differential Cell Count			
Neutrophils VCS / Light Microscopy	63	%	40-70
Lymphocytes VCS / Light Microscopy	32	%	20-40
Monocytes VCS / Light Microscopy	4	%	2-10
Eosinophils VCS / Light Microscopy	1	%	1-6
Basophils VCS / Light Microscopy	0	%	0.2-1

*** End Of Report ***



Dr Srushtee Jibhkate

MBBS MD, Consultant Biochemistry

Kindly correlate with clinical findings

MMC Reg. No. 2007051487.

Results to follow:

Hepatitis B Surface Antigen, Serum: Sample not yet received, Lipid Profile, Serum: Sample not yet received, Liver Function Test without GGT: Sample not yet received

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