

RegistrationID: 60684

UID 71927

Name: Mr. Gaurav Kumar 27 yrs.

Referred by: Reliance

Collection Date and Time 23-03-2024 11:29 AM

Reporting Date and Time 23-03-2024 05:24 PM

Booked tests CBC, ESR, Bil T, TC, UrineRme, S Cr, BSF, TG, SGPT



## PATHOLOGY LAB

Page 1 of 4

Test Name	Patient Values	Units	Biological Reference Range
<b>Biochemistry</b>			
CHOLESTEROL TOTAL - Serum <i>CHOD-Pod method, End point</i>	220.5 mg/dl		Adult Desirable blood Cholesterol <200mg/dl; Borderline high blood Cholesterol 200-239mg/dl; High blood cholestreol >239mg/dl; Child Desirable blood Cholesterol <170mg/dl Borderline high blood cholestrol 170-199mg/dl High blood Cholero
Increased values are a risk factor for Coronary artery Disease, leading to Heart Attack, angina etc..- seen in hyperlipoproteinemias, Hypothyroidism, Liver Disease, Kidney Disease etc..			
Triglycerides (TG) - Serum <i>GPO-Trinder method, End poin</i>	77.2 mg/dl		< 160 mg/dl
Triglycerides are a family of Lipids absorbed from the food and produced in the body from Carbohydrates. Raised TG levels may increase the Risk of CAD, as well as accumulate in Liver leading to chronic Fibrotic changes and subsequent cirrhosis; Extremely elevated ( more than 1000 mg/dl) levels may also cause acute Pancreatitis. TG may be raised in Diabetes Mellitus, Alcoholism, Obesity, due to certain Medications, Pancreatitis, Hypothyroidism, Non Fasting state, Gout etc.			
<b>Biochemistry</b>			
Plasma Glucose Fasting - Plasma <i>GOD POD method- End Point</i>	78.4 mg/dl		60-110 mg/dL   Gestational Diabetes: ADA criteria > 95 mg/dL   WHO criteria > 125 mg/dL Cord: 45-96; New born: 40-60; New born, >1:50-80; Child: 60-100; Adult : 74-100; >60:82-115; >90:75-121 mg/dl
Fasting Blood Glucose levels reflect the basal Insulin secretion by pancreas. They may be normal despite high Post Prandial levels or; In patients taking Insulin Fasting Glucose levels may be raised due to Nocturnal hypoglycemia. HbA1C (Glycosylated Hemoglobin) IS ESSENTIAL FOR MONITORING Blood Glucose control in Diabetics as advised by ADA (American Diabetes Association) and WHO			
Creatinine Serum - Serum <i>Modified Jaffe's Reaction-Kinetic</i>	1.0 mg/dl		Men 0.7-1.4 mg/dl; Femle 0.6-1.2 mg/dl
Creatinine is an end product of muscle degradation and is constantly excreted out of the body by Kidneys at a relatively constant rate without any interference, The production of creatinine is constant and thus reflects the functioning of Kidneys. Persistently raised Creatinine levles indicate damage to Kidneys. However Isolated increased levels may be observed after heavy exercise or pyrexia. Flaselly high levels of Creatinine may be observed due to ingestion of Cephalosporins previous to testing.			
Billirubin Total - Serum <i>Diazo Method End Point-</i>	0.28 mg/dl		Adults: 0-1.20 mg/dl; Cord < 2mg/dl; Newborns, premature: 0-1d 1.0-8.0 mg/dl; 1-2 d 6.0-12.0 mg/dl; 3-5d 10.0-14.0; Newborns Full Term: 0-1d 2.0-6.0 mg/dl, 1-2d 6.0-10.0 mg/dl, 3-5d 4.0-8.0 mg/dl
Billirubin is the breakdown product of heamoglobin, This Billurubin is water Insoluble and is known as Indirect or unconjugated form. Billirubin is changed into water soluble form by the Liver and excreted through Bile into the intestines. Total Billirubin is elevated in obstructive conditions of Bile duct, Hepatitis, Cirrhosis and several other Disorders			
e-GFR - <i>e-GFR</i>	89.63		



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## TEST REPORT

## Test Name

## Patient Values

## Units

## Biological Reference Range

SGPT (ALT) - Serum

IFCC-without Pyridoxal Phosphate

55.8 IU/L

## Enzymes

At 37 deg Celcius: Men upto 45 U/L; Women upto 34 U/L

Increased levels of SGPT are a result of injury to Liver as in Hepatitis, Cirrhosis or Obstructive jaundice.

## Complete Blood Count- CBC

Hemoglobin - EDTA Blood

Non-Cyanide Haem Method

16.2 gm/dl

## Hemoglobin

Males: 13.0-17.0 g/dL  
 Females: 12.0-15.0 g/dL  
 Birth: 14.0-22.0 g/dL  
 1-7 days: 13.5-21.5 g/dL  
 0-1 month: 11.6-16.5 g/dL  
 1month-1year: 11.1-14.1 g/dL  
 2-6 years: 11.0-14.0 g/dL  
 2-6 Years: 5-15 ^3/microL

Hematocrit ( HCT) - EDTA Blood

RBC Pulse height detection

47.1

37-49

Total Leukocyte Count - EDTA Blood

Impedance

7.7 x 10<sup>3</sup>/microL

## Cell Counts

4-10 x 10<sup>3</sup>/microL  
 Birth: 10-26 ^3/microL  
 1-7 days: 6-22 ^3/microL  
 0-1 month: 5-19 ^3/microL  
 1month-1year: 6-16 ^3/microL  
 2-6 Years: 5-15 ^3/microL

Red Blood Cell count ( RBC) - EDTA Blood

Impedance

5.44 x 10<sup>6</sup>/ microL

Males: 4.5-5.5 x 10<sup>6</sup>  
 Females: 3.8-4.8 x 10<sup>6</sup>/ microL

Platelet Count - EDTA Blood

Impedance

2.88 Lacs/ microL

1.5 - 4.1 Lacs / microL

Neutrophils - EDTA Blood

Impedance/Microscopy

50 %

40-75%

Lymphocytes - EDTA Blood

Impedance/Microscopy

43 %

25-40%

Eosinophils - EDTA Blood

Impedance/Microscopy

04 %

0-6%

Basophils - EDTA Blood

Impedance/Microscopy

00 %

0-1%

Monocytes - EDTA Blood

Impedance/Microscopy

03 %

2-10%

## Differential Counts

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## TEST REPORT

Test Name	Patient Values	Units	Biological Reference Range
<b>Hematology Other Values</b>			
Mean Corp. Volume (MCV) - EDTA Blood <i>Calculated</i>	86.6 fl		83-101 fl
Mean Corp. Hemoglobin (MCH) - EDTA Blood <i>Calculated</i>	29.8 pg		27-32 pg
Mean Corp. Hemoglobin Conc. (MCHC) - EDTA Blood <i>Calculated</i>	34.4 gm/dl		31.5-34.5 gm/dl

## Hematology

## Hematology Other Values

ESR - EDTA Blood <i>ESR</i>	06 mm/hr	0-20 mm/hr
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Erythrocyte sedimentation rate is an inflammatory marker. Females tend to have a higher ESR, and menstruation and pregnancy can cause temporary elevations.

In a pediatric setting, the ESR test is used for the diagnosis and monitoring of children with rheumatoid arthritis or Kawasaki disease.

Drugs such as dextran, methyldopa, oral contraceptives, penicillamine procainamide, theophylline, and vitamin A can increase ESR, while aspirin, cortisone, and quinine may decrease

## URINE R/ME Profile

## Physical Characteristics

Urine Colour - Urine <i>Urine Colour</i>	Yellow	Straw coloured
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Urine Volume - Urine <i>Urine Volume</i>	25 ml
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Urine Specific Gravity - Urine <i>Urine Specific Gravity</i>	1.025	1.000-1.030
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Urine Appearance - Urine <i>Urine Appearance</i>	Clear	Clear
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## Biochemical Characteristics

Urine Glucose - Urine <i>Urine Glucose</i>	Nil	Negative
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Urine Proteins - Urine <i>Urine Proteins</i>	Trace mg/dl	0 - or Negative mg/dl
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Urine For Ketones - Urine <i>Urine For Ketones</i>	Nil mg/dl	Negative or 0
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False positives may be seen due to ingestion of drugs such as Levodopa containing Sulfhydryl group or in highly pigmented Urine specimens

Urine pH - Urine <i>Urine pH</i>	7.0	5-9
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Urine Billirubin - Urine <i>Urine Billirubin</i>	Nil mg/dl	Less than 0.5 mg/dl
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Urine Urobilinogen - Urine <i>Urine Urobilinogen</i>	0.2 Ehrlich U/dl		0.1-1.0 U/dl
Urine Leucocyte Esterase - Urine <i>Urine Leucocyte Esterase</i>	Nil		Negative
Urine Nitrites - Urine <i>Urine Nitrites</i>	Nil		Negative
<b>Microscopic Evaluation</b>			
Urine Pus Cells - Urine <i>Urine Pus Cells</i>	1-2 / HPF		0-2/HPF
Urine Epithelial Cells - Urine <i>Urine Epithelial Cells</i>	0-1 / HPF		0-2 / HPF
Urine RBC - Urine <i>Urine RBC</i>	Nil		Nil
Urine Bacteria - Urine <i>Urine Bacteria</i>	Nil		Nil
Urine Crystals - Urine <i>Urine Crystals</i>	Nil		None
Urine Casts - <i>Urine Casts</i>	Nil		Nil
<b>Others</b>			
Urine other Remarks - Urine <i>Urine other Remarks</i>	N/S		

-----End of Report-----

\*\* Test Not in NABL Scope

\* Outsourced Tests:

Test Performed by

Technician

Reporting Doctor

1. All test reports are for the interpretation by the treating doctor only and should be correlated with the clinical status and other investigations. Isolated Lab reports do not absolutely confirm or rule out individual disease. 2. All investigations have their limitations which are imposed by the sensitivity and specificity of the individual assays. 3. Results pertain to the specimens received; Identity of the individuals is not verified. 4. If the results of the tests are alarming or unexpected doctors are advised to contact the centre immediately for Confirmatory tests or other needful actions.

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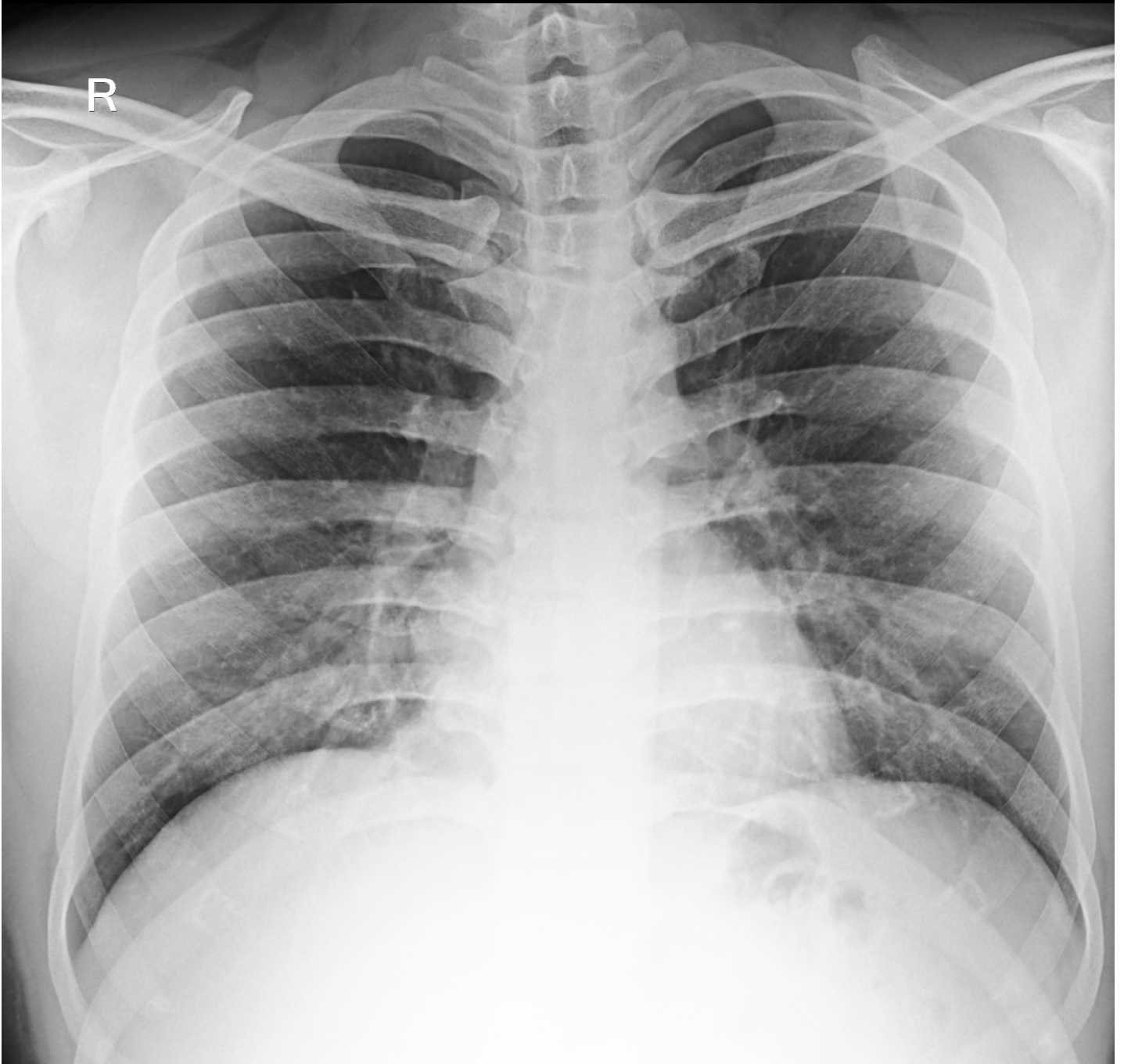
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**MR GAURAV KUMAR 27YRS/M 230324 1 3/23/2024**  
**TOTAL CARE CONTROL, B-294,NEW ASHOK NGR, DELHI-96, MOB- 8287979921**

Pat. ID : MR. MAUDAV KUMAR

Age/Sex : 27/m

Ref. by : Rubance

Date : 23/03/24

Time : Rared Kure

Pat. ID : ASD  
Dr. RAJESH KESARI  
MD Physician & Diabetologist  
Reg. No. 22429 (MCI)

I 10mm/mv 25mm/sec @ 32Hz

II BPL CARDIART 6108T



III 10mm/mv 25mm/sec @ 32Hz

aVR BPL CARDIART 6108T

aVL BPL 10mm/mv 25mm/sec @ 32Hz



Pat. ID : CARDIART

CARDIART

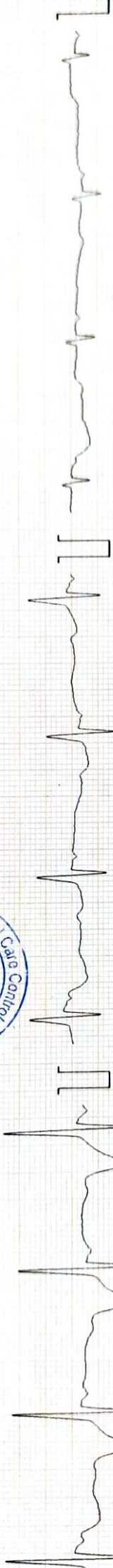
Pat. ID : CARDIART

CARDIART

aVF BPL CARDIART 6108T

V1 10mm/mv 25mm/sec @ 32Hz

V2 BPL CARDIART 6108T



Pat. ID : CARDIART

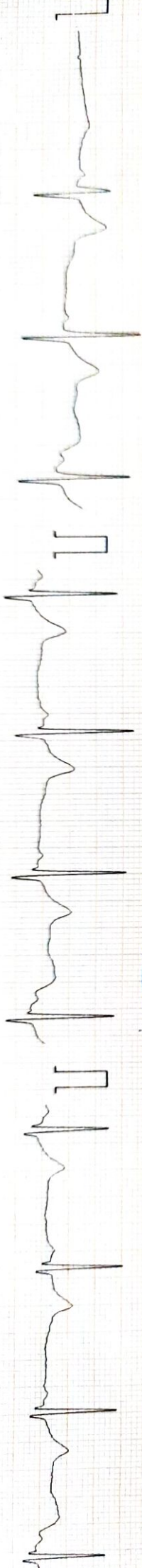
CARDIART

CARDIART

V3 10mm/mv 25mm/sec @ 32Hz

V4 BPL CARDIART 6108T

V5 BPL 10mm/mv 25mm/sec @ 32Hz



Pat. ID : CARDIART

CARDIART

Pat. ID : CARDIART

CARDIART





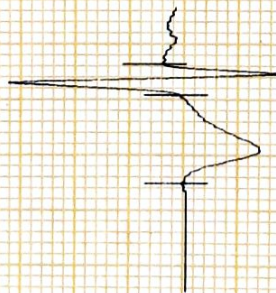
BPL CARDIART 6168T

BPL

V6



V2

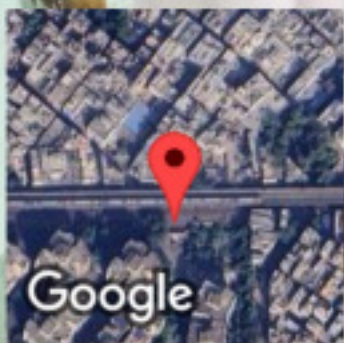


HR = 58 bpm  
RR = 1024 ms  
QT = --- ms  
QRS = 100 ms  
QTc = 403 ms  
STmax = 0.24 mV

CARDIART



GPS Map Camera



Delhi, Delhi, India

B-295 New Ashok Nagar, Metro Pillar No.159, Opp East End Apartments,  
Block C, Ashok Nagar Extension, New Ashok Nagar, Delhi, 110096, India  
Lat 28.589305°

Long 77.304823°

23/03/24 09:05 AM GMT +05:30





भारत सरकार

Government of India



गौरव कुमार

Gaurav Kumar

जन्म तिथि/DOB: 19/02/1997

पुरुष/ MALE

9965 1612 5649

VID : 9103 9095 0753 7302

मेरा आधार, मेरी पहचान