

Sample ID : 2595995-04
Name : KAPOOR SOHIT
Age / Sex : 39 Years / M
Referred By :
MR No / IP No : JH191177163 /
Room /Bed : 04-01

Result No. : DG-19-126448
Result Date / Time : 14/10/2019 / 12:24:00
Collection Date / Time : 14/10/2019 / 09:39:00
Specimen : URINE

URINE ROUTINE ANALYSIS

Investigation	Result	Normal Range
PHYSICAL EXAMINATION		
COLOUR	PALE YELLOW	
REACTION (pH)	6.0	pH
SPECIFIC GRAVITY	1.010	
CHEMICAL EXAMINATION		
ALBUMIN	ABSENT	
SUGAR	ABSENT	
KETONE	ABSENT	
BILE PIGMENTS	ABSENT	
MICROSCOPIC EXAMINATION		
PUS CELLS	1-2/HPF	
RED BLOOD CELLS	ABSENT	
EPITHELIAL CELLS	A FEW	
CASTS	ABSENT	
CRYSTALS	ABSENT	

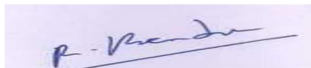
Note:1.All urine samples checked for adequacy & suitability before examination.

2.Chemical examination(Dipstick) includes test methods-Protein(Protein Error Principle),Glucose(GOD-POD), Ketone(Legals),Bilirubin(Diazo),Urobilinogen(Diazonium ion),Nitrite(Griess).All abnormal result confirmed by manual method.

3.Interpretation-Transient proteinuria can occur in physiological conditions (prolonged immobility,exercise,high protein diet),

False positive for bile pigments,proteins,glucose can occur due to peroxidase like activity by disinfectants,therapeutic dyes, ascorbic acid & certain drugs.

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Verified By : 1513

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Sample ID	: 2595995-05	Result No.	: DG-19-126466
Name	: KAPOOR SOHIT	Result Date / Time	: 14/10/2019 / 12:36:00
Age / Sex	: 39 Years / M	Collection Date / Time	: 14/10/2019 / 09:39:00
Referred By	:	Specimen	: BLOOD-HS
MR No / IP No	: JH191177163 /		
Room /Bed	: 161701		

SERUM HOMOCYSTEINE

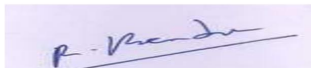
Investigation	Result	Normal Range
SERUM HOMOCYSTEINE (Enzymatic)	High 38.37	12.00 - 15.00 umol/L

Confirmed, Correlate Clinically.

COMMENT-

-Homocysteine is a sulfhydryl-containing amino acid formed by the demethylation of methionine.
 -Elevated levels of Homocysteine have been linked with increased risk of premature coronary artery disease, stroke and thromboembolism, even when cholesterol levels are within range.
 -Abnormal homocysteine levels appear to contribute to atherosclerosis through causing endothelial injury by direct toxic effect, interference with clotting factors & Oxidation of low density lipoproteins (LDL).
 -Causes for moderate increase in Homocysteine are often related to inadequate dietary intake of Folic Acid, Vitamin B6 &/or Vitamin B12. While marked increase (above 50 umol/L) may be associated with MTHFR gene mutations.

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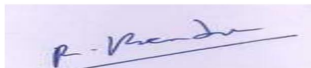
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Sample ID	: 2595995-03	Result No.	: DG-19-126475
Name	: KAPOOR SOHIT	Result Date / Time	: 14/10/2019 / 12:38:00
Age / Sex	: 39 Years / M	Collection Date / Time	: 14/10/2019 / 09:39:00
Referred By	:	Specimen	: BLOOD-F
MR No / IP No	: JH191177163 /		
Room /Bed	: 04-01		

BLOOD SUGAR FASTING

Investigation	Result	Normal Range
BLOOD SUGAR FASTING (Hexokinase)	89.2	Non Diabetic : 70 - 100 mg/dl Impaired Tolerance : 100-125 Diabetes Mellitus : >126 (On More than One Occasion)

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Sample ID	: 2595995-02	Result No.	: DG-19-126517
Name	: KAPOOR SOHIT	Result Date / Time	: 14/10/2019 / 12:46:00
Age / Sex	: 39 Years / M	Collection Date / Time	: 14/10/2019 / 09:39:00
Referred By	:	Specimen	: SERUM / PLASMA
MR No / IP No	: JH191177163 /		
Room /Bed	: 161701		

HIGH SENSITIVITY CRP

Investigation	Result	Normal Range
HS-CRP (Immunoturbidimetry)	1.08	1.00 - 3.00 mg/L

Interpretation-

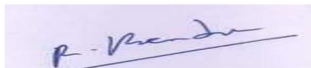
1.C-reactive protein (CRP) is a biomarker of inflammation and increase rapidly in response to tissue injury or inflammation as an acute phase reactant.

2.High-sensitivity CRP(hs-CRP) is more precise in measuring range of 1 to 3 mg/L.

3.hs-CRP has been endorsed by many guidelines as a biomarker of atherosclerotic cardiovascular disease risk as follows-

Low Relative Risk- Below 1.0, Moderate Relative Risk- Between 2 to 3 & High Relative Risk- Above 3.0 mg/L.

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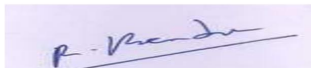
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Sample ID : 2595995-02
Name : KAPOOR SOHIT
Age / Sex : 39 Years / M
Referred By :
MR No / IP No : JH191177163 /
Room /Bed : 04-01

Result No. : DG-19-126521
Result Date / Time : 14/10/2019 / 12:46:00
Collection Date / Time : 14/10/2019 / 09:39:00
Specimen : SERUM / PLASMA

Investigation	Result	Normal Range
BUN (Kinetic UV)	7.4	6 - 20 mg/dL
CREATININE (Jaffe Enzymatic)	0.86	0.7 - 1.2 mg/dL
PANEL	LIPID PROFILE	
SERUM CHOLESTEROL (CHOD POD)	139.1	Desirable : Below 200 mg/dl Borderline High : 200 - 240 High : Above 240
HDL CHOLESTEROL (PEG-CHOD)	43.4	35 - 65 mg/dL
CHOL/HDL RATIO (Calculated)	3.21	2 - 4.5
LDL (Calculated)	80.64	Optimal : < 100 Near Optimal : 100-129 BorderLine High : 130-159 High : 160 - 189 Very High : > 190
VLDL (Calculated)	15.1	5 - 30 mg/dL
SERUM TRIGLYCERIDES (GPO-PAP)	75.3	Desirable : < 150 mg/dl Borderline High : 150-199 High : 200-499 Very High : > 500

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Sample ID	: 2595995-07	Result No.	: DG-19-126565
Name	: KAPOOR SOHIT	Result Date / Time	: 14/10/2019 / 13:02:00
Age / Sex	: 39 Years / M	Collection Date / Time	: 14/10/2019 / 09:39:00
Referred By	:	Specimen	: BLOOD-ESR
MR No / IP No	: JH191177163 /		
Room /Bed	: 140201		

E.S.R.

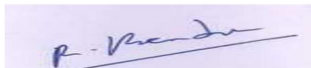
Investigation	Result	Normal Range
E.S.R.	03	0.00 - 15.00 mm/hr

Method : Westergren

Interpretation:H-101/CS

- 1.ESR indicates presence and intensity of a systemic inflammatory process but is never diagnostic of a specific disease.Serial estimation with rising trend is more significant than a single abnormal result.
- 2.ESR is also increased in pregnancy,menstruation.
- 3.ESR is a prognostic test and used to monitor the course or response to treatment of diseases like - Infective(tuberculosis, bacterial endocarditis), acute rheumatic fever,Autoimmune disease(rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis),multiple myeloma.

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Sample ID : 2595995-06
Name : KAPOOR SOHIT
Age / Sex : 39 Years / M
Referred By :
MR No / IP No : JH191177163 /
Room / Bed :

Result No. : DG-19-126579
Result Date / Time : 14/10/2019 / 13:08:00
Collection Date / Time : 14/10/2019 / 09:39:00
Specimen : BLOOD


CBC (COMPLETE BLOOD COUNT)

Investigation	Result	Reference Value	Graphs
HEMOGLOBIN	14.3	13 - 17 g/dL	
P. C.V.	42.4	40 - 51 %	
M.C.H.C	33.7	30 - 35 %	
RDW-CV	13.0	11.6 - 14.4 %	
RBC	4.86	4.55 - 5.75 Millions/L	
MCV	87.2	75 - 95 fL	
MCH	29.4	25 - 32 pg	
PLATELET COUNT	235	140 - 440 10 ³ /uL	
W B C TOTAL	4960	3700 - 9700 /cmm	
DIFFERENTIAL COUNT			
BLASTS			
PROMYELOCYTES			
MYELOCYTES			
METAMYELOCYTES			
BAND FORMS			
NEUTROPHILS	55.5	50 - 78 %	
EOSINOPHILS	4.2	0 - 6 %	
LYMPHOCYTES	33.9	14 - 46 %	
VARIANT/ATYPICAL LYMPHOCYTES			
MONOCYTES	5.6	1 - 10 %	
BASOPHILS	0.8	0 - 1 %	
R B C COMMENT			
W B C COMMENT			
PLATELET COMMENT	Adequate On Smear		

METHOD : EDTA whole blood, test done on Automated five part cell counter. Hb(SLS method), RBC & Plt. Count (Impedance Method). WBC & Differential count (flow cytometry) based on 10,000 cells. All hemograms reviewed and confirmed microscopically.

H 101
PAB

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Sample ID	: 2595995-08	Result No.	: DG-19-126782
Name	: KAPOOR SOHIT	Result Date / Time	: 14/10/2019 / 15:34:00
Age / Sex	: 39 Years / M	Collection Date / Time	: 14/10/2019 / 09:39:00
Referred By	:	Specimen	: BLOOD
MR No / IP No	: JH191177163 /		
Room /Bed	: 131503		

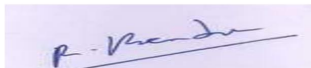
THYROID STIMULATING HORMONE -TSH

Investigation	Result	Normal Range
T.S.H. (Serum, Ultrasensitive ECLIA)	0.964	0.27 - 4.20 uIU/ml

Interpretation:

- 1.TSH results between 4.2 to 15.0 show considerable physiologic & seasonal variation,suggest clinical correlation.
- 2.TSH results between 0.1 to 0.2 require correlation with patient age & clinical symptoms. As with increasing age,there is an increased prevalence of subclinical thyroid diseases.
- 3.TSH values may be transiently altered because of non-thyroidal illness like systemic infections,liver disease,renal and heart failure,burns, trauma and surgery.
- 4.In Pregnancy- recommended ranges as per American thyroid association are-
First trimester- 0.1-2.5 uIU/ml, Second Trimester-0.2-3.0 uIU/ml, Third Trimester-0.3-3.0 uIU/ml.

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