Dr. Saraswat's Pathology

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113/2B, Friends Colony, Swaroop Nagar, Kanpur (Main Branch)

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Booking No.	:	COL211222022	**Booking Date**	:	22/12/2021
Patient	:	MR. JAI LOHIA	**Sample Date**	:	22/12/2021
Sex/Age	:	Male / 24 yrs	**Report Date**	:	22/12/2021
Referred by	:	DR. .	**Center**	:	HOME COLLECTION
			Corporate	:	GENERAL

Test	Observed Value	Units	Ref. Range
HAEMATOLOGY			
C.B.C (COMPLETE BLOOD COUNT)*			
HAEMOGLOBIN * Automated (whole blood)	14.2	Gm.%	13 - 17
T.L.C. * Automated (whole blood)	7100	/cub.mm.	4000 - 10000
NEUTROPHILS	58	%	40 - 80
LYMPHOCYTES	34	%	20 - 40
EOSINOPHILS	04	%	1 - 6
MONOCYTES	04	%	2 - 10
OTHER CELLS	00		
NEUTROPHIL / LYMPHOCYTE RATIO Calculated.	1.71		< 3.5
PLATELET COUNT Rechecked by manual method (whole blood)	2.75 Lacs	/cub.mm.	150000 - 450000
RBC COUNT Automated (whole blood)	4.98	million/cub. mm.	4.4 - 5.5
PCV/HCT Automated (whole blood)	42.9	%	38 - 54
MCV Automated (whole blood)	86.1	Fl	80 - 99.9
MCH Automated (whole blood)	28.5	Pg	27 - 31
MCHC Automated (whole blood)	33.1	G/dl	32 - 36
ABSOLUTE NEUTROPHIL COUNT	4.12	10^3/cub.mm.	2 - 7
ABSOLUTE LYMPHOCYTE COUNT	2.41	10^3/cub.mm.	1 - 3
ABSOLUTE EOSINOPHIL COUNT	0.28	10^3/cub.mm.	0.02 - 5

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Test	Observed Value	Units	Ref. Range
ABSOLUTE MONOCYTE COUNT	**0.28**	10^3/cub.mm.	0.02 - 0.1

GBP (GENERAL BLOOD PICTURE)

RBC are normocytic-normochromic. WBC picture is as mentioned above.
Platelets are adequate. No immature cells seen.

BIOCHEMISTRY

FASTING PLASMA GLUCOSE *	99	mg/dl	Normal : < 110 Impaired Glucose Tolrence: 110-125
GOD POD, Plasma			

RFT/KFT

CREATININE*	1.02	mg/dl	0.8 - 1.4
ALKALINE PICRATE, Serum			
BLOOD UREA*	23	mg/dl	10-45
UV KINETIC (GLDH), Serum			
BLOOD UREA NITROGEN(BUN)*	11	mg/dl	5-20
UV KINETIC (GLDH), Serum			
URIC ACID*	5.0	mg/dl	3.4 - 7.0
PEROXIDASE, Serum			
PHOSPHORUS *	4.8	mg/dl	2.5 - 5
Phosphomolybdate Formation.			
SODIUM *	141	meq/L	138 - 148
POTASSIUM *	4.2	meq/L	3.7 - 5.2
IONIZED CALCIUM *	**3.65**	mg/dl	4.0 - 5.2
I.S.E. (Serum)			

LFT (LIVER FUNCTION TEST)

BILIRUBIN TOTAL*	**1.5**	mg/dl	0.1 - 1
DCA, (E.P.), Serum			
DIRECT*	**0.3**	mg/dl	0 - 0.25

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Test	Observed Value	Units	Ref. Range
DCA, (E.P.) Serum			
BILIRUBIN INDIRECT*	**1.2**	mg/dl	
Calculated			
S.G.P.T (ALT)*	24	IU/L	Upto 40
IFCC (KINETIC), Serum			
S.G.O.T (AST)*	22	IU/L	Upto 40
IFCC (KINETIC), Serum			
ALKALINE PHOSPHATASE*	60	IU/L	0 - 258
AMP BUFFER, Serum			
TOTAL PROTEINS*	6.7	Gm/dl	6.6 - 8.2
BIURET REACTION, END POINT, Serum			
ALBUMIN*	4.4	Gm/dl	3.5 - 5.0
BCG DYE, Serum			
GLOBULIN	2.3	Gm/dl	2.3 - 3.5
A/G RATIO	**1.91:1**		1.4 : 1 - 1.6 : 1
G.G.T.P (GAMMA GT)*	17	IU/L	9 - 52
IFCC, Serum			
LIPID PROFILE			
CHOLESTEROL*	193	mg/dl	Desired Level : < 200 (Low Risk) Borderline Level : 200 - 239 (Moderate Risk) Elevated Level : > 240
Method : CHOD-PAP, (Serum)			
TRIGLYCERIDES*	133	mg/dl	Normal : <150 Borderline Level : 150-199 High : 200-499 Very High : 500
GPO, Trinder Method.			

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Test	Observed Value	Units	Ref. Range
LDL CHOLESTEROL(DIRECT ENZYMATIC DETERMINATION)*	127	mg/dl	Desired Level : < 130 (Low Risk) Borderline Level : 130 - 159 (Moderate Risk) Elevated Level : > 160 (High Risk)
Direct Enzymatic.			
HDL CHOLESTEROL(DIRECT ENZYMATIC DETERMINATION)*	**41**	mg/dl	Desired Level : > 60 (Low Risk) Borderline Level : 35 - 60 (Moderate Risk) Low Level : < 35 (High Risk)
Direct Enzymatic.			
V.L.D.L.	25	mg/dl	9 - 33
Calculated.			
TOTAL CHOLESTEROL/HDL RATIO	**4.7**		Recommended ratio : 2.6 - 3.5 Low risk : 3.3 - 4.4 Average risk : 4.4 - 7.1 Moderate risk : 7.1 - 11.0 High risk : > 11.0
LDL /HDL RATIO	**3.1**		Below Average Risk : Below 2.3 Average Risk : 2.3 - 4.9 Moderate Risk : 4.9 - 7.1 High Risk : 7.2 & Above.

INTERPRETATION :-
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1) IT IS IMPORTANT TO NOTE THAT TRIGLYCERIDES ARE ONLY REALLY ACCURATELY MEASURED AFTER 12 HRS. OF FAST.

2) LOW LEVEL OF HDL (LESSTHAN 35 MG/DL.) IS CONSIDERED AS A RISK FACTOR EVEN IF TOTAL CHOLESTEROL IS WITHIN NORMAL LIMITS. FOREACH 1 MG/DL INCREASE IN HDL THERE IS 2-4 % REDUCTION IN THE RISK OF HEART DISEASE.

3) TOTAL CHOLESTEROL / HDL RATIO SHOULD BE LESSTHAN 4.

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Test	Observed Value	Units	Ref. Range
HbA1c			
GLYCOSYLATED HB (HbA1c) *	5.0	%	Action Suggested : > 8.0 Goal : < 7.0 Non diabetic level : < 6.0
MEAN BLOOD GLUCOSE (MBG)	81	mg.%	
HPLC, BIORAD, USA			
SEROLOGY			
H.S. C.R.P. (High Sensitive)	0.02	mg/dl	Low Risk : < 0.1 Average Risk : 0.1 - 0.3 High Risk : > 0.3
SPECIAL TESTS (ELISA)			
THYROID PROFILE			
FREE T3 *	5.27	p.mol/L	3 - 8.3
FREE T4 *	18.94	p.mol/L	9 - 20
T.S.H. *	2.45	micro-U/ml	0.25 - 5
ELECTROCHEMILUMINSCENCE IMMUNOASSAY, ECLIA			

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Test	Observed Value	Units	Ref. Range

INTERPRETATION:-

FT3 (FREE TRIIODOTHYRONINE) IS ONE OF THE THYROID HORMONES WHICH REGULATE METABOLISM. DETERMINATION OF THIS HORMONE CONCENTRATION IS IMPORTANT FOR THE DIAGNOSTIC DIFFERENTIATION OF EUTHYROID, HYPERTHYROID AND HYPOTHYROID STATES. THE MAJOR PROTION OF TOTAL T3 IS BOUND TO TRANSPORT PROTEINS (TBG, PREALBUMIN & ALBUMIN). FT3 IS THE PHYSIOLOGICALLY ACTIVE FORM OF TOTAL T3. SO DETERMINATION OF FT3 HAS THE ADVANTAGE OF BEING INDEPENDENT OF CHANGES IN CONCENTRATION OF BINDING PROTEINS, THEREFORE DETERMINATION OF T-UPTAKE OR TBG IS NOT REQUIRED.

FT4 : THE THYROID HORMONE THYROXINE (T4) IS PHYSIOLOGICALLY PART OF THE REGULATING CIRCUIT OF THE THYROID GLAND AND HAS AN EFFECT ON GENERAL METABOLISM. THE MAJOR FRACTION OF TOTAL THYROXINE IS BOUND TO TRANSPORT PROTEINS (TBG, PREALBUMIN, AND ALBUMIN). THE FREE THYROXINE (FT4) IS PHYSIOLOGICALLY ACTIVE THYROXINE COMPONENT. FT4 IS MEASURED WITH TSH WHEN THYROID FUNCTION DISORDER ARE SUSPECTED OR IN CASE OF MONITORING THYROSUPPRESSIVE THERAPY. THE DETERMINATION OF FT4 HAS THE ADVANTAGE OF BEING INDEPENDENT OF CHANGES IN THE CONCENTRATIONS AND BINDING PROPERTIES OF THE BINDING PROTEINS.

TSH : THYROID-STIMULATING HORMONE (TSH, THYROTROPIN) - A GLYCOPROTEIN, IS FORMED BY ANTERIOR PITUITARY AND IS SUBJECT TO A CIRCARDIAN SECRETION SEQUENCE. THE DETERMINATION OF TSH SERVES AS THE INITIAL TEST IN THYROID DIAGNOSTICS. EVEN VERY SLIGHT CHANGES IN THE CONCENTRATION OF FREE THYROID HORMONES BRING ABOUT MUCH GREATER OPPOSITE CHANGES IN THE TSH LEVEL. THERE FORE, TSH IS A VERY SENSITIVE AND SPECIFIC PARAMETER FOR ASSESSING THYROID FUNCTION.

VITAMIN B12	195	pg/ml	191 - 663
Eectrochemiluminescence (ECLIA)			
VITAMIN D3-25 HYDROXY	39.38	ng/ml	30 - 74
Eectrochemiluminescence (ECLIA)			

End of Report

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