



Dr. Saraswat's Pathology

7/199, Anand Bazar, (Opp. Hallet Hospital), Swaroop Nagar, Kanpur • Ph. : 9839031141, 0512-2550219, 3249669

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

Consultant Pathologist :

Dr. PRAVEEN SARASWAT

M.B.B.S., M.D., (Pathology)

E-mail : info@saraswatpathology.com

Web Site : www.saraswatpathology.com

Booking No. : COL190820014

Patient : MR. VIJAY LOHIA

Sex/Age : Male / 53 yrs

Referred by : DR. .

Booking Date : 20/08/2019

Sample Date : 20/08/2019

Report Date : 20/08/2019

Center : HOME COLLECTION

Corporate : GENERAL

<u>Test</u>	<u>Observed Value</u>	<u>Units</u>	<u>Ref. Range</u>
HAEMATOLOGY			
<u>C.B.C (COMPLETE BLOOD COUNT)*</u>			
<u>HAEMOGLOBIN *</u>	14.1	Gm.%	13 - 17
Automated (whole blood)			
<u>T.L.C. *</u>	6,300	/cub.mm.	4000 - 10000
Automated (whole blood)			
<u>NEUTROPHILS</u>	56	%	40 - 80
<u>LYMPHOCYTES</u>	38	%	20 - 40
<u>EOSINOPHILS</u>	04	%	1 - 6
<u>MONOCYTES</u>	02	%	2 - 10
<u>ABNORMAL IMMATURE CELLS</u>	00	%	
<u>PLATELET COUNT</u>	2.21 Lacs	/cub.mm.	150000 - 450000
Rechecked by manual method (whole blood)			

GBP (GENERAL BLOOD PICTURE)

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

<u>E.S.R. (WESTERGREN'S METHOD) *</u>	26	mm.	5 - 10
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BIOCHEMISTRY

<u>FASTING PLASMA GLUCOSE *</u>	101	mg/dl	Normal : < 110 Impaired Glucose Tolrence: 110-125
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GOD POD, Plasma

RFT/KFT

<u>CREATININE*</u>	0.97	mg/dl	0.8 - 1.4
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ALKALINE PICRATE, Serum

<u>BLOOD UREA*</u>	20	mg/dl	10-45
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UV KINETIC (GLDH), Serum

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Dr. Shivali Budhiraja
M.D. (Path)

ADMIN

Praveen

Dr. Praveen Saraswat
M.D.(Path)



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<u>BLOOD UREA NITROGEN(BUN)*</u>	09	mg/dl	5-20
UV KINETIC (GLDH), Serum			
<u>URIC ACID*</u>	4.7	mg/dl	3.4 - 7.0
PEROXIDASE, Serum			
<u>LFT (LIVER FUNCTION TEST)</u>			
<u>BILIRUBIN TOTAL*</u>	1.1	mg/dl	0.1 - 1
DCA, (E.P.), Serum			
<u>DIRECT*</u>	0.3	mg/dl	0 - 0.25
DCA, (E.P.) Serum			
<u>BILIRUBIN INDIRECT*</u>	0.8	mg/dl	
Calculated			
<u>S.G.P.T (ALT)*</u>	24	IU/L	Upto 40
IFCC (KINETIC), Serum			
<u>S.G.O.T (AST)*</u>	22	IU/L	Upto 40
IFCC (KINETIC), Serum			
<u>ALKALINE PHOSPHATASE*</u>	94	IU/L	0 - 258
AMP BUFFER, Serum			
<u>TOTAL PROTEINS*</u>	6.5	Gm/dl	6.6 - 8.2
BIURET REACTION, END POINT, Serum			
<u>ALBUMIN*</u>	4.6	Gm/dl	3.5 - 5.0
BCG DYE, Serum			
<u>GLOBULIN</u>	1.9	Gm/dl	2.3 - 3.5
<u>A/G RATIO</u>	2.42:1		1.4 : 1 - 1.6 : 1

LIPID PROFILE

<u>CHOLESTEROL*</u>	150	mg/dl	Desired Level : < 200 (Low Risk) Borderline Level : 200 - 239 (Moderate Risk) Elevated Level : > 240
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Method : CHOD-PAP, (Serum)

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<u>TRIGLYCERIDES*</u>	157	mg/dl	Normal : <150 Borderline Level : 150-199 High : 200-499 Very High : 500
GPO, Trinder Method.			
<u>LDL CHOLESTEROL(DIRECT ENZYMATIC DETERMINATION)*</u>	90	mg/dl	Desired Level : < 130 (Low Risk) Borderline Level : 130 - 159 (Moderate Risk) Elevated Level : > 160 (High Risk)
Direct Enzymatic.			
<u>HDL CHOLESTEROL(DIRECT ENZYMATIC DETERMINATION)*</u>	32	mg/dl	Desired Level : > 60 (Low Risk) Borderline Level : 35 - 60 (Moderate Risk) Low Level : < 35 (High Risk)
Direct Enzymatic.			
<u>V.L.D.L.</u>	28	mg/dl	9 - 33
Calculated.			
<u>TOTAL CHOLESTEROL/HDL RATIO</u>	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
<u>LDL /HDL RATIO</u>	2.8		Below Average Risk : Below 2.3 Average Risk : 2.3 - 4.9 Moderate Risk : 4.9 - 7.1 High Risk : 7.2 & Above.

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INTERPRETATION :-

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

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

3) TOTAL CHOLESTEROL / HDL RATIO SHOULD BE LESS THAN 4.

ELECTROLYTES & OTHER IONS

SODIUM *

136

meq/L

138 - 148

POTASSIUM *

3.9

meq/L

3.7 - 5.2

IONIZED CALCIUM *

4.64

mg/dl

4.0 - 5.2

I.S.E. (Serum)

HbA1c

GLYCOSYLATED HB (HbA1c) *

5.5

%

Action Suggested : > 8.0

Goal : < 7.0

Non diabetic level : < 6.0

MEAN BLOOD GLUCOSE (MBG)

97

mg.%

HPLC, BIORAD, USA

SPECIAL TESTS (ELISA)

THYROID PROFILE

FREE T3 *

5.46

p.mol/L

3 - 8.3

FREE T4 *

17.38

p.mol/L

9 - 20

T.S.H. *

2.66

micro-U/ml

0.25 - 5

ELECTROCHEMILUMINESCENCE IMMUNOASSAY, ECLIA

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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-UP TAKE 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

569

pg/ml

191 - 663

Electrochemiluminescence (ECLIA)

VITAMIN D3-25 HYDROXY

42.6

ng/ml

30 - 74

Electrochemiluminescence (ECLIA)

End of Report

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