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MR MANJURATE ON

MH005108961 Registration No

H01000117988 Patient Episode

16 Dec 2023 09:00 Receiving Date

Age

30 Yr(s) Sex :Male

Lab No 22231205863

Collection Date: 16 Dec 2023 08:00

Reporting Date: 16 Dec 2023 10:17

BIOCHEMISTRY

TEST RESULT

HC MHW

UNIT

BIOLOGICAL REFERENCE INTERVAL

GLUCOSE-Fasting

Referred By

Specimen: Plasma

Plasma GLUCOSE-Fasting (Hexokinase)

95

mg/dl

[70-100]

PLASMA GLUCOSE - PP

Specimen:Plasma

Plasma GLUCOSE - PP (Hexokinase)

132

[70-140]

mg/dl

Note : Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying,

brisk glucose absorption , post exercise

Specimen: Serum

SERUM SODIUM 137.0 mmol/1 [136.0-145.0] SERUM POTASSIUM 5.00 mmol/1 [3.50-5.10] SERUM CHLORIDE 103.1 mmol/L [98.0-107.0]

Method: Indirect ISE

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Registration Id: 1652960012

: CISCO

Registration Date/Time :21/01/2015 / 08:36AM

Patient Name: Mr. Fredrick Antony 855519 Referred By

Reporting Date / Time :21/01/2015 / 12:04PM

Collection Date / Time :21/01/2015 / 08:37AM

Age /Sex

: 44 Years / Male

Thyroid Function Test

Sample Type: SERUM

TEST Total T3 (Tri-iodothyronine) **OBSERVED VALUE**

<u>UNITS</u> Reference Range

92.1

ng/dl

58 - 159

Method: CMIA)

Total T4 (Thyroxine)

4.87 - 11.72

Method : CMIA)

4.98

1.90

ug/dl

uIU/ml

Euthyroid: 0.5 to 5.0

Ultrasensitive TSH, Serum Method : CMIA)

- Primary hyperthyroidism (eg: Grave-s disease, nodular goiter) is associated with high levels of thyroid hormones and depressed or undetectable levels of TSH.

** END OF REPORT **

JISHA G Verified By

Page 6 of 6

Dr. Sangeeta Sharma **Pathologist**

☐ Mumbai - Jn of 14th and 33rd Rd, Khar (W), Mumbai - 52. Tel : 91-22-4342 8888 Fax : 91-22-4342 8880

☐ Pune - Fortaleza, Central Avenue, Kalyani Nagar, Pune - 06 Tel : 91-20-2660 0505 Fax : 91-20-2660 0506

☐ Bangalore - Corporate Block-A, Airport Road, Bangalore - 08. Tel : 91-80-4046 6464 Fax : 91-80-4046 6465

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⁻ In cases of primary hypothyroidism, T3 and T4 levels are low and TSH is significantly elevated. In the case of pituatary dysfunction, either due to intrinsic hypothalamic or pituatary disease i.e central hypothyroidism, normal or marginally elevated basal TSH levels are often seen despite significant reduction in T4 and T3 levels.

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MR MANIPPATHO

Registration No

MH005108961

Patient Episode

H01000117988

Referred By

: HC MHW

Receiving Date

TEST

16 Dec 2023 09:00

Age

30 Yr(s) Sex :Ma

Lab No

22231205863

Collection Date:

16 Dec 2023 08:00

Reporting Date:

16 Dec 2023 10:17

TERVAL

BIOCHEMISTRY

	ESULT		UNIT	BIOLOGICAL REFERENCE IN
LIPID PROFILE TOTAL CHOLESTEROL (CHOD/POD)	202	#	Specimen:	Serum [<200] Moderate risk:200-239
TRIGLYCERIDES (GPO/POD)	227	#	mg/dl	High risk:>240 [<150] Borderline high:151-199
HDL - CHOLESTEROL (Enzymatic) VLDL - Cholesterol (Calculated) LDL- CHOLESTEROL (Enzymatic)	45 45 130		mg/dl mg/dl mg/dl	High: 200 - 499 Very high:>500 [30-60] [10-40] [<100]
T.Chol/HDL.Chol ratio (Calculated)	4.0			Near/Above optimal-100-129 Borderline High:130-159 High Risk:160-189 <4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio (Calculated)	3.0			<3 Optimal 3-4 Borderline >6 High Risk

Note:

Reference ranges based on ATP III Classifications.
Recommended to do fasting Lipid Profile after a minimum of 8 hours of overnight fasting.

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MR MANEESTHO ...

Registration No

MH005108961

Patient Episode

H01000117988

Referred By

: HC MHW

Receiving Date

TEST

16 Dec 2023 09:00

Age

30 Yr(s) Sex :Ma

Lab No

22231205863

Collection Date :

16 Dec 2023 08:00

Reporting Date:

16 Dec 2023 10:17

BIOLOGICAL REFERENCE INTERVAL

BIOCHEMISTRY

UNIT

KIDNEY PROFILE -		Specimen: Serum	
BUN (Urease/GLDH)	7.00	mg/dl	[6.00-20.00]
SERUM CREATININE (mod. Jaffe)	0.92	mg/dl	[0.90-1.30]
SERUM URIC ACID (mod.Uricase)	6.4	mg/dl	[3.5-7.2]
SERUM CALCIUM (Arsenazo III)	10.10	mg/dl	[8.60-10.20]
SERUM PHOSPHORUS (Molybdate, UV)	4.4	mg/dl	[2.5-4.5]
SERUM SODIUM (Indirect ISE)	137.0	mmol/l	[136.0-145.0]
SERUM POTASSIUM (Indirect ISE)	5.00	mmol/l	[3.50-5.10]
SERUM CHLORIDE (Indirect ISE)	103.1	mmol/L	[98.0-107.0]
eGFR (calculated) Technical Note	111.2	ml/min/1.73sq.m	[>60.0]

RESULT

eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized tol.73 sq.m BSA and is not applicable to individuals below 18 years. eGFR tends to be less accurate when Serum Creatinine estimation is indeterminate e.g. patients at extremes of muscle mass, on unusual diets etc. and samples with severe Hemolysis / Icterus / Lipemia.

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HC MHW

Registration No MH005108961

Patient Episode H01000117988

Referred By 16 Dec 2023 09:13 Receiving Date

Age

30 Yr(s) Sex :1

Lab No 28231202325

Collection Date: 16 Dec 2023 08:00

Reporting Date: 16 Dec 2023 11:10

(Pale Yellow - Yellow)

(NIL-TRACE)

(NIL)

(NIL)

(NIL)

(NORMAL)

(NEGATIVE)

CLINICAL PATHOLOGY

ROUTINE URINE ANALYSIS (Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

Colour (Visual) PALE YELLOW Appearance (Visual) CLEAR Reaction[pH] (Strip Double Indicator) 5.0

(4.6 - 8.8)Specific Gravity(Ionic Concentration) 1,010 (1.015-1.025)

CHEMICAL EXAMINATION

Protein/Albumin(Tetrabromophenol strip, NIL

Protein indicator) Glucose (Strip, Glucose oxidase)

Ketone Bodies (Strip, sodium prusside Reaction) NIL Urobilinogen(Strip, Ehrlich reaction) Normal Bile Salts (Hay's Test- Manual) NIL Bile Pigments (Strip, Diazo test) NIL NEGATIVE NEGATIVE

Nitrite(Strip Method) Leukocytes BLOOD (Guaiac Test)

MICROSCOPIC EXAMINATION (Auto image evaluation/Visual)

WBC/Pus Cells OCCASIONAL /hpf (4-6)Red Blood Cells NIL (1-2)Epithelial Cells NIL (2-4)Casts NIL (NIL) Crystals NIL (NIL) Bacteria NIL

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-----END OF REPORT-----



Dr Bani Ojha

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: MR MANILINATH G

Registration No

MH005108961

Patient Episode

H01000117988

Referred By

: HC MHW

Receiving Date

16 Dec 2023 08:52

Age

30 Yr(s) Sex :N

Lab No

23231204625

Collection Date:

16 Dec 2023 08:00

Reporting Date:

16 Dec 2023 09:25

HAEMATOLOGY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

WBC Count (TC) (Coulter principle) 5700 /cu.mm [4400-1 RBC Count (Electrical impedance) 4.78 million/cu.mm [4.50-5	
Haemoglobin (Photometric method) 14.5 g/dl [13.0-1	.50]
Haematocrit (Calculated) 42.2 % [40.0-5 MCV (Calculated) 88.3 fl [83.0-1	0.0]
MCHC (Calculated) 34.4 g/dl [31.5-34] Platelet Count (Electrical impedance) 302000 / cu.mm [150000-44]	4.5]
RDW (CV) (Calculated) 14.7 # % [11.6-14] DIFFERENTIAL COUNT (VCS technology & Microscopy)	1.0]
Neutrophils 43.8 % [40.0-78] Lymphocytes 43.7 % [20.0-45]	1976
Monocytes 8.4 % [2.0-10 Eosinophils 3.2 % [0.0-7 Basophils 0.9 % [0.0-1.	0]

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