

RAM MILAN PANDEY
Male/65 Years

Reg. Date : **14/01/2023**
Lab. No **127607-18**
Sample No
7890

Ref. Dr.
C/o. VIBRANT HOSPITAL
VIBRANT HOSPITAL VAP1

H E M A T O L O G Y R E P O R T

Test	Result	Unit	Ref. Range
Haemoglobin:	13.2	g/dL	13.0 - 17.0 g/dL
Total Leucocyte Count:	5270	X 10 ³ / μ L	4000 - 10000 /uL
Differential Count			
Neutrophils:	58	%	40-80
Eosinophils:	07	%	1.0-6.0
Basophils:	00	%	<1-2
Lymphocytes:;	23	%	M: 20-40; F: 20-40
Monocytes:	<u>12</u>	%	2-10
Neutrophils Absolute Count:	3.08	X 10 ³ / μ L	2.0-7.0
Eosinophils Absolute Count:	0.36	X 10 ³ / μ L	0.02-0.50
Basophils Absolute Count:	0.05	X 10 ³ / μ L	0.02-0.10
Lymphocytes Absolute Count:	1.11	X 10 ³ / μ L	1.0-3.0
Monocytes Absolute Count:	0.67	X 10 ³ / μ L	0.2-1.0
Total RBC Count:	<u>4.41</u>	X 10 ⁶ / μ L	M: 4.5-5.5; F: 3.9-4.8
Hematocrit (HCT):	<u>39.4</u>	%	42 - 52 %
MCV:	89.5	fL	83 - 101
MCH:	30.1	pg	27-32
MCHC:	33.6	g/dL	31.5 - 34.5
RDW-SD:	<u>47.8</u>	fL	39 - 46
RDW-CV:	12.9	%	11.6 - 14.0
Platelets Count:	156000	/ μ L	150000 - 400000
Plateletcrit (PCT):	0.193	%	
Mean Platelet Volume	12.3	fL	
Malariaial Parasite	M.P. are not seen		

Method: Fully automated bidirectional interfaced analyser (6 Part Differential **SYSMEX XN-1000**).

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Dr. Mehul SOLANKY
M.D.(Path & Bact)

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SERUM ELECTROLYTES

Test	Result	Unit	Ref. Range
S. Sodium :	141.6	mmol/L	135 - 145 mmol/L
S. Potassium :	4.85	mmol/L	3.5 - 5.3 mEq/L
S. Chloride :	102.8	mmol/L	97 - 110 mmol/L

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BIOCHEMISTRY REPORT

Test	Result	Unit	Ref. Range
SERUM BILIRUBIN Total:	0.77	mg/dL	1.0
Direct:	0.19	mg/dL	0.0 - 0.4
Indirect:	0.58	mg/dL	0.0 - 0.6 mg/dL
S.G.O.T. (AST):	23.39	IU/L	10 - 40 U/L
S.G.P.T. (ALT):	29.88	IU/L	10 - 40 IU/L
Alkaline Phosphatase:	144.5	U/L	30 - 115 U/L
S.Creatinine:	1.10	mg/dL	0.60 - 1.30 mg/dL

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GLYCOSYLATED HAEMOGLOBIN REPORT

Test	Result	Unit	Ref. Range
HbA1c-GLYCOSYLATED HEMOGLOBIN A1c	6.69	%	4.8 - 6.0 %

Note

Method : DCCT/NGSP Standardised
HPLC on BIORAD D10

MEAN PLASMA GLUCOSE (eAG) 145.30 mg/dL

REFERENCE RANGE

NORMAL HEALTHY PEOPLE : 4.0 -6.0 %
GOOD DIABETIC CONTROL : 6.0 - 7.0 %
FAIR DIABETIC CONTROL : 7.0 - 8.0 %
POOR DIABETIC CONTROL : MORE THEN 8%

INTERPRETATION

- * **GLUCOSE** combines with **HEMOGLOBIN** continuously & nearly irreversibly during lifespan of **RBC** (120 days); Thus GHb will be proportional to the mean plasma glucose level during 6 - 12 weeks.
- * The HbA1c levels correlate well the mean glucose concentration prevailing in the course of Patient's recent history (apprx 6-8 weeks) & therefore provides much more reliable information for glycaemia control then the blood glucose or urinary glucose.
- * This Methodology is the REFERENCE METHODOLOGY, better then the routine chromatographic methods & also for the daibetic pts.having HEMOGLBINOPATHIES OR UREMIA as Hb varaints and uremia dose not INTERFERE with the results in this methodology.
- * It is recommended that HbA1c levels be performed at 4 - 8 weeks during therapy in uncontrolled DM pts.& every 3 - 4 months in well controlled daibetics .
- * Mean blood glucose (MBG) in first 30 days (0-30)before sampling for HbA1c contributes 50% whereas MBG in 90 - 120 days contribute 10% in final HbA1c levels

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BLOOD GLUCOSE REPORT

Test	Result	Unit	Ref. Range
Fasting Blood Sugar(FBS) :	96	mg/dl	70 - 110 mg/dl
Urine Glucose :	Present (++)		
Urine Acetone :	Nil		
Post Prandial Blood Sugar(PP2BS) :	261	mg/dl	70 - 140 mg/dl
Urine Glucose :	Present (+++)		
Urine Acetone :	Nil		

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THYROID FUNCTION TEST

Test	Result	Unit	Ref. Range
TSH (Thyroid Stimulating Hormone)	1.05	uIU/mL	0.3 - 5.0 uIU/mL

THYROID FUNCTION TESTS BY ELECTROCHEMILUMINESCENCE (ECLIA) ON ELECSYS 2010.

T3 And T4 Are The Hormones Synthesised & Secreted By Throid Gland,Plays Important Role In Body's metabolism.TSH Is Synthesised & Secreted By Anterior Pitutary Gland In Response To Thyrotropin Releasing Hormone (trh) Secreted By Hypothalamus.The Secretion Of T3 & T4 Is Regulated By Negative Feedback Mechanism Involving Thyroid Gland,Pitutary gland & Hypothalamus.

In The Circulation 99.7% Of T3 & 99.95% Of T4 Is Reversibly Bound To Transport Proteins Primarily, Thyroxine Binding Globulin (TBG) & Thyroxine Binding Prelalbumin (TBPA),are Metabolically Inactive. Free T3 & Free T4 Are Metabolically Active Hormones Responsible For The Actions Hence Reflects The Thyroid Metabolic Status Better Then Total T3 & T4.

TBG Concentration Remains Relative Constant In Healthy Individuals.however Pregnancy,excess estrogens, androgens,anabolic Steroids & Gluco Corticodis Are Known To Alter TBG Levels & May Cause False Values For Thyroid Function TestS,T3 And T4 Levels May Not Accurately Reflect Thyroid Status.

Primary Malfuction Of The Thyroid Gland May Result In Excessive (hyper) Or Below Normal (hypo) Release of T3 & T4.In Addition TSH Directly Effects Thyroid Function.Malfuction Of The Pitutary Or The Hypothalamus Influences The Thyroid Gland Acitvity.

Disease In Any Portion Of The Thyroid - Pitutary - Hypothalamic System May Influence The Levels Of T3 & T4 In The Blood.The TSH Level Is Important In Evaluating Thyroid Function Especially For The Differential Diagnosis Of Primary (thyoid) From Secondary (pitutary) And Tertiary (hypothalamus) Hypo Thyroidism.

In Primary Hypothyroidism TSH Levels Are Significatly Elevated, While In Secondary & Tertiary Hypothyroidism TSH Levels Are Low.In Addition In The Euthyroid Sick Syndrome Multiple Alterations In Thyroid Function Tests Findings Have Been Recognised In Patiens With A Wide Variely Of Non Thyroidal Illnesses Withouth Evidence Of Pre-existing Thyroid Or Hypothalamic Pitutary Disease.

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IMMUNO-DIAGNOSTIC & PATHOLOGY LABORATORY

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Valsad-396 001. Ph.: (02632) 243280. Mo.: 99250 49280**RAM MILAN PANDEY**
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C/o. VIBRANT HOSPITAL
VIBRANT HOSPITAL VAP1**SERUM TOTAL PROTEINS**

Test	Result	Unit	Ref. Range
S.Protein :			
Total Protein:	7.57	gm/dl	5.5 - 8.0 g/dL
Albumin:	4.23	gm/dl	3.2 - 5.2 g/dL
Globulin:	3.34	gm/dl	2.0 - 3.5 gms/dl
Albumin Globulin Ratio:	1.27		

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