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Name	:	**MR. G.MAHESH**	Bill Number	:	**M2294**
Age/Gender	:	**34YEARS/MALE**	Bill Date	:	16-Jun-2024 08:19 AM
Sample Type	:	**WB EDTA**	Sample Collection	:	16-Jun-2024 08:30 AM
Reff By	:	**DR.P.GIRI**	Sample Received	:	16-Jun-2024 08:31 AM
TypedBy	:	Md Masud Ansari	Reporting Date	:	16-Jun-2024 06:22 PM

COMPLETE BLOOD PICTURE (CBP)

INVESTIGATION	RESULT	UNITS	NORMAL RANGE
HAEMOGRAM			
HAEMOGLOBIN (Method: Cell Counter)	14.5	gm/dL	13 -18
RBC Count (Method: Cell Counter)	**5.3**	Millions/Cumm	3.8 - 4.8
WBC Count (Method: Cell Counter)	8,300	Cells/Cumm	4,000 - 11,000
RDW	12.0	%	11.0 - 16.0
DIFFERENTIAL COUNT			
NEUTROPHILS (Method: Cell Counter)	59	%	40 - 75
LYMPHOCYTES (Method: Cell Counter)	34	%	20 - 40
EOSINOPHILS (Method: Cell Counter)	03	%	01 - 06
MONOCYTES (Method: Cell Counter)	04	%	02 - 10
BASOPHILS (Method: Cell Counter)	00	%	00 - 00
PCV (Haematocrit) (Method: Cell Counter)	43	%	35 - 45
MCV (Method: Cell Counter)	86	FL	83 - 101
MCH (Method: Cell Counter)	29	PG	27 - 32
MCHC (Method: Cell Counter)	35	%	32 - 35
PLATELET COUNT (Method: Cell Counter)	2.39	Lakhs/Cumm	1.5 - 4.5
PERIPHERAL SMEAR			
RBCs	NORMOCYTIC NORMOCHROMIC		
WBCs	WITHIN NORMAL LIMITS		

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PLATELETS	ADEQUATE

Sugessted Clinical Correlation If necesarry Kindly Discuss.

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Age/Gender	:	**34YEARS/MALE**	Bill Date	:	16-Jun-2024 08:19 AM
Sample Type	:	**Citrate Blood**	Sample Collection	:	16-Jun-2024 08:30 AM
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ERYTHROCYTE SEDIMENTATION RATE(ESR)

INVESTIGATION	RESULT	UNITS	NORMAL RANGE
FIRST HOUR (Method: Westergrens)	**19**	mm/hr	1 - 50 YRS < 10 mm/hr 51 - 60 YRS < 12 mm/hr 61 - 70 yrs < 14 mm/hr > 70 yrs < 30 mm/hr

Method: *Westergren*

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BLOOD GROUPING & Rh TYPING

INVESTIGATION	RESULT
BLOOD GROUPING (Method: Slide Agglutination)	" A "
RH TYPING	POSITIVE

Method: *METHOD:SLIDE/TUBE AGGLUTINATION (Forward &Reverse Grouping*

Reconfirm the Blood Group and Rh Type(DU Test)& Cross-match before blood transfusion.

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TypedBy	:	Md Masud Ansari			

DEPARTMENT OF RADIOLOGY

X - RAY CHEST PA VIEW

Trachea is in midline.

Both hila normal in density.

Cardiac silhouette maintained.

Both CP angles are clear.

Both lung parenchyma are normal.

Bony cage and soft tissues are normal.

IMPRESSION: **NORMAL STUDY.**

Suggested Clinical Correlation If necessary Kindly Discuss.

----------End of the Report----------

Dr. DIVESH SARVAIYA DMRD

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TypedBy	:	Md Masud Ansari	Reporting Date	:	17-Jun-2024 07:15 PM

THYROID PROFILE (TFT)

INVESTIGATION	RESULT	UNITS	NORMAL RANGE
TOTAL TRIIODOTHYRONINE (T3) (Method: CLIA)	1.32	ng/ml	0.87 - 1.78
TOTAL THYROXINE (T4) (Method: CLIA)	6.95	ug/dL	4.82 - 11.72
THYROID STIMULATING HORMONE (TSH) (Method: CLIA)	4.10	uIU/mL	0.34 - 5.60

Pregnancy Reference Ranges for TSH:

1st Trimester : 0.10 - 2.50

2nd Trimester : 0.20 - 3.0

3rd Trimester : 0.20 - 3.0

(Ref: Guidelines of American Association for the diagnosis and management of Thyroid Disease during pregnancy and Postpartum, Thyroid, 2011,21:1-46).

Primary malfunction of the thyroid gland may result in excessive (Hyper) or below normal (Hypo) release of T3 or T4. In Addition, as thyroid function is directly affected by TSH. Diagnostically, T3 concentration in serum changes faster and more markedly than T4, the T3 level is also an exellent indicator of the ability of the thyroid to respond to both stimulatory and suppressive tests. Under conditions of strong thyroid stimulation, the T3 level offers a good. It is expecially useful in the differential diagnosis of primary (Thyroid) from secondary (Pituitary) and tertiary (Hypothalamus)hypothyroidism. In primary Hypothyroidism, TSH levels are significantly elevated, While in secondary and tertiary hypothyroidism, TSH levels are low. A TSH level between 6-12 miu/L with normal T4 may represent sbclinical or compensated Hypothyroidis. Supressed TSH may be seen in elderly patients who do not have thyrotoxcosis (Since the T3 is low or normal). TSH may also be suppressed in depression.

*A synchronous diurnal rhythm is found in serum TSH with low levels in the day time and higher levels at night. The variation is of the order of 50%, hence time of the day has influence on the measured serum TSH Concentrations.

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Age/Gender	:	**34YEARS/MALE**	Bill Date	:	16-Jun-2024 08:19 AM
Sample Type	:	**URINE**	Sample Collection	:	16-Jun-2024 08:30 AM
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CUE(COMPLETE URINE EXAMINATION)

INVESTIGATION	RESULT	NORMAL RANGE
PHYSICAL EXAMINATION		
QUANTITY	20 ml	
COLOUR	PALE YELLOW	
APPEARANCE	SLIGHTLY TURBID	
REACTION (PH)	6.0	4.6 - 8.0
SPECIFIC GRAVITY	1.020	1.005 - 1.030
CHEMICAL EXAMINATION		
ALBUMIN	TRACE	NEGATIVE
SUGAR	NIL	NIL
UROBILINOGEN	NEGATIVE	NEGATIVE
BILE SALT	NEGATIVE	NEGATIVE
BILE PIGMENT	NEGATIVE	NEGATIVE
KETONE BODIES	NEGATIVE	NEGATIVE
MICROSCOPIC EXAMINATION		
PUS CELLS	3 - 4 / HPF	0 - 5 / HPF
RBC	NIL	NIL
EPETHILIAL CELLS	1 - 2 / HPF	0 - 5 / HPF
CRYSTALS	NIL	NIL
CASTS	NIL	NIL

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OTHERS	NIL	NIL

Method: *Multi Reagent Strip / Chemical / Microscopy*

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Age/Gender	:	**34YEARS/MALE**	Bill Date	:	16-Jun-2024 08:19 AM
Sample Type	:	**SERUM**	Sample Collection	:	16-Jun-2024 08:30 AM
Reff By	:	**DR.P.GIRI**	Sample Received	:	16-Jun-2024 08:31 AM
TypedBy	:	Md Masud Ansari	Reporting Date	:	17-Jun-2024 07:17 PM

CLINICAL BIOCHEMISTRY

RENAL FUNCTION TEST (RFT)

INVESTIGATION	RESULT	UNITS	NORMAL RANGE
Blood Urea (Method: Urease-GLDH)	40	mg/dl	13 - 45
Serum Creatinine (Method: Alkaline Picrate)	0.9	mg/dl	Male: 0.9 - 1.4 Female: 0.9 - 1.3
Serum Calcium (Method: Arsenazo)	10.1	mg/dl	8.6 - 10.3
Serum Uric Acid (Method: Uricase)	6.9	mg/dl	Male: 3.6 - 7.7 Female: 2.5 - 6.8
Serum Electrolytes			
Sodium (Na) (Method: Alkaline Picrate)	138	mmol/L	135 - 145
Potassium (K) (Method: I S E-Direct)	4.0	mmol/L	3.5-5.3
Chloride (CL) (Method: I S E)	100	mmol/L	98 - 107

Sugessted Clinical Correlation If necesarry Kindly Discuss.

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Sample Type	:	**SERUM**	Sample Collection	:	16-Jun-2024 08:30 AM
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TypedBy	:	Md Masud Ansari	Reporting Date	:	17-Jun-2024 07:18 PM

LIVER FUNCTION TEST (LFT)

INVESTIGATION	RESULT	UNITS	NORMAL RANGE
TOTAL BILIRUBIN (Method: Jendrassik and Grof)	0.6	mg/dl	0.4 - 1.2
DIRECT BILIRUBIN (Method: Modified Jendrassik)	0.1	mg/dl	Up to 0.25
INDIRECT BILIRUBIN (Method: Calculated)	0.5	mg/dl	up to 1
SGPT(ALT) (Method: Kinetic: IFCC)	38	U/L	Male :Upto 40 Female :Upto 31
SGOT(AST) (Method: Kinetic IFCC)	24	U/L	Male: Upto 37 Female: Upto 31
ALKALINE PHOSPHATASE(ALP) (Method: PNPP AMP Buffer)	110	U/L	Adults : 30-120 Children: 47 - 406
TOTAL PROTEINS (Method: Biuret)	7.3	gm/dl	6.4 - 8.3
ALBUMIN (Method: BCG)	4.1	gm/dl	3.8 - 4.4 gm/dL
GLOBULIN (Method: Calculated)	3.2	gm/dl	2.6 - 3.9
A/G Ratio (Method: Calculated)	1.2		1.2-2.2

Total Bilirubin reference range in case of Premature neonates is :0 - 1day: 1.0 - 8.0, 1 - 2day: 6.0 - 12.0, 3 - 5day: 10.0 - 14.0

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Age/Gender	:	**34YEARS/MALE**	Bill Date	:	16-Jun-2024 08:19 AM
Sample Type	:	**Fluoride Plasma**	Sample Collection	:	16-Jun-2024 08:30 AM
Reff By	:	**DR.P.GIRI**	Sample Received	:	16-Jun-2024 08:30 AM
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FASTING BLOOD SUGAR (FBS)

INVESTIGATION	RESULT	UNITS	NORMAL RANGE
FASTING BLOOD SUGAR (Method: GOD/POD)	108	mg/dl	70 - 110
POST LUNCH BLOOD SUGAR (Method: GOD/POD)	139	mg/dl	80 - 160

NOTE:

The discordant post prandial blood glucose levels are observed in some of the conditions related to defective absorption,insufficient dietery intake,endocrine disorders,hypoglycemic drug overdose and reactive hypoglycemia etc...

Sugessted Clinical Correlation If necesarry Kindly Discuss.

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Sample Type	:	**WB EDTA**	Sample Collection	:	16-Jun-2024 08:30 AM
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Glycosylated Haemoglobin (HbA1c)

INVESTIGATION	RESULT	UNITS	NORMAL RANGE
GLYCATED HAEMOGLOBIN (HBA1C) (Method: HPLC)	5.8	%	Below 6.0% - Normal value 6.0 - 7.0 % Good control 7.0 - 8.0 % Fair Control 8.0 - 10.0 % Unsatisfactory Control > 10.0 % Poor Control
AVERAGE BLOOD GLUCOSE (Method: Calculated)	119.76	mg/dl	90 - 120 mg/dl - Excellent control 121 - 150 mg/dl - Good Control 151 - 180 mg/dl - Average Contro 181 - 210 mg/dl - Action Suggeste > 211 mg/dl - Panic Value.

INTERPRETATION:

- Monitor diabetic patients compliance with therapetic regime and long term blood glucose level control.
- It is useful in evaluating the initial 1 - 2 months of diabetic control in a newly pregnant diabetic female.
- In differentiating stress induced transient glucose intolerance from true diabetic.
- It also confirms discrepancies between blood glucose sellf monitoring results produced by the patients and actual degree of overall control.
- Increased in chronic renal failure, iron deficiency anemia, splenectomy,and alcohol.
- Decreased in shortended RBC life span in presence of HbS, HbC after transfusion, pregnancy etc.
- Average Blood Glucose value is calculated from HBA1C value and it indicates Average Blood Sugar level over past three months.

Sugessted Clinical Correlation If necesarry Kindly Discuss.

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Sample Type	:	**SERUM**	Sample Collection	:	16-Jun-2024 08:30 AM
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LIPID PROFILE

INVESTIGATION	RESULT	UNITS	NORMAL RANGE
TOTAL CHOLESTROL (Method: CHOD/POD)	181	mg/dl	Desirable Level: < 200 Borderline : 200 - 239 Undesirable : Above 239
HDL CHOLESTROL (Method: DIRECT/ENZYME ASSAY)	36	mg/dl	Desirable : > 60 Optimal : 40-59 Undesirable : < 40
LDL CHOLESTROL (Method: Calculated)	**123**	mg/dl	Optimal : < 100 Near Optimal : 100 - 129 Borderline High : 130 - 159 High : 160 - 189 Very High : Above 190
VLDL CHOLESTROL (Method: Calculated)	22	mg/dl	< 30
TRIGLYCERIDES (Method: GPO-PAP)	111	mg/dl	Desirable Level : < 150 Borderline High : 150 - 199 High : 200 - 499 Very High : >= 500
CHOL/HDL RATIO (Method: Calculated)	5.0		Low Risk:3.3-4.4 Average Risk :4.5-7.1 Moderate Risk :7.2-11.0

*National Cholesterol Education Programme Adult Treatment Panel III Guidelines (US)

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WIDAL

INVESTIGATION	RESULT
SALMONELLA TYPHI‘ O ‘	1 in 160 DILUTION
SALMONELLA TYPI ‘ H ‘	1 in 80 DILUTION
SALMONELLA PARA TYPHI‘ AH‘	1 in 20 DILUTION
SALMONELLA PARA TYPHI‘ BH‘	1 in 20 DILUTION
BIOLOGICAL REFERENCE	1:80 and above titers considered as positive

Method: *SEMI QUANTITAVE SLIDE AGGLUTINATION*

Demonstration of a rise in the titer of antibodies by testing two or more serum samples is more meaningful than a single test. Sample taken late in disease instead of rise in titer, fall in titer may be seen in some cases. Agglutination more than or equal to 1:80 is significant . Immunised person or patients who had prior infection may develop anamnestic response.

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C - REACTIVE PROTEINS (CRP)

INVESTIGATION	RESULT	UNITS	NORMAL RANGE
C – REACTIVE PROTEINS (Method: Immunoturbidimetry)	**13.6**	mg/L	0.0 - 6.0
INERPRETAION	POSITIVE		

Note :

1.The CRP test is a sensitive indicator of inflammatory processes.

2.The determination of the CRP level can be used in therapy control

3.As with all the diagnostic methods, the final diagnosis should not be based on the result of a single test, but on a correlation of test results with other clinical findings.

4.The strength of agglutination is not indicative of the CRP concentration in the samples tested.

Please Corelate With Clinical Findings If Necessary Discuss

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