

SRF ID :

**Registration No.: 12208270**

Patient Name: Mr. AVINASH RANJAN

Age/Sex: 24 Yrs 10 Months 8 Days

ID Card No.: 10012549

Referred By: JYOTI PURI

Referring Hosp.: CGHS

Mobile No.: 9818044900

Registration Dt./Tm.: 05/01/2021 11:17:22

Sample Col. Dt./Tm.: 05/01/2021 11:20:31

Sample Acc. Dt./Tm.: 05/01/2021 11:20:36

Report Dt./Tm.: 05/01/2021 17:32:10

### Investigations

### Result

### Biological Ref. Intervals

### **Haematology**

#### **Complete Haemogram (CBC with ESR), Whole Blood EDTA**

Haemoglobin (Hb) Whole Blood EDTA, Cyanmethaemoglobin Method	14.7	13.0 - 17.0	g/dL
RBC Count Whole Blood EDTA, Electrical Impedance	4.95	4.50 - 5.50	millions/cu.mm
PCV (Haematocrit) Whole Blood EDTA, Pulse Height Detection Method	46.0	40.0 - 50.0	%
MCV Whole Blood EDTA, Calculated	92.9	83.0 - 101.0	fL
MCH Whole Blood EDTA, Calculated	29.7	27.0 - 32.0	Picogram
MCHC Whole Blood EDTA, Calculated	32.0	31.5 - 34.5	gm/dL
TLC (Total Leukocyte Count) Whole Blood EDTA, Electrical Impedance	8.8	4.0 - 10.0	X10^3/uL

#### **Differential Leukocyte Count (DLC)**

Neutrophils Whole Blood EDTA, Microscopic	53	40 - 80	%
Lymphocytes Whole Blood EDTA, Microscopic	39	20 - 40	%
Eosinophils Whole Blood EDTA, Microscopic	04	01 - 06	%
Monocytes Whole Blood EDTA, Microscopic	04	02 - 10	%
Basophils Whole Blood EDTA, Microscopic	00	00 - 02	%
RDW-CV Whole Blood EDTA, Calculated	13.2	11.5 - 14.5	%
<b>Platelet Count</b> Whole Blood EDTA, Electric Impedance/Microscopy	<b>115</b>	150 - 410	X10^3/uL
ESR (Erythrocyte Sedimentation Rate) Whole Blood EDTA, Manual	<b>23</b>	00 - 10	mm/1st hr
HbA1c (Glycated Haemoglobin), Whole Blood EDTA Whole Blood EDTA, HPLC	<b>6.0</b>	4.0 - 5.6	%

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**Investigations**

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**Biological Ref. Intervals**

Hemoglobin A1c (HbA1c) is a result of the nonenzymatic attachment of a hexose molecule to the N-terminal amino acid of the hemoglobin molecule. The attachment of the hexose molecule occurs continually over the entire life span of the erythrocyte and is dependent on blood glucose concentration and the duration of exposure of the erythrocyte to blood glucose. Therefore, the HbA1c level reflects the mean glucose concentration over the previous period (approximately 8-12 weeks, depending on the individual) and provides a much better indication of long-term glycemic control than blood and urinary glucose determinations.

When using HbA1c to diagnose diabetes, an elevated HbA1c should be confirmed with a repeat measurement, except in those individuals who are symptomatic and also have an increased plasma glucose >200 mg/dL. Patients who have an HbA1c between 5.7 and 6.4 are considered at increased risk for developing diabetes in the future.

Diabetes: HbA1c > or = 6.5%

Falsely low HbA1c results may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.

Therapeutic goals for glycemic control (ADA)

-Adults:

- Goal of therapy: <7.0% HbA1c
- Action suggested: >8.0% HbA1c

-Pediatric patients:

- Toddlers and preschoolers: <8.5% (but >7.5%)
- School age (6-12 years): <8%
- Adolescents and young adults (13-19 years): <7.5%





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## Investigations

## Result

## Biological Ref. Intervals

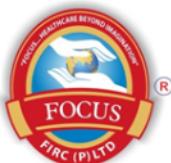
### Biochemistry

#### Kidney Function Test (KFT)

Urea, Serum Serum, Urease Glutamate Dehydrogenase	22	17 - 43	mg/dL
Creatinine, Serum Serum, Jaffes	1.03	0.70 - 1.30	mg/dL
Uric Acid, Serum Serum, Uricase	6.50	3.50 - 7.20	mg/dL
Calcium , Serum Serum, Arsenazo III	9.8	8.8 - 10.6	mg/dL

**Dr. Sudhir Vatsa**  
MBBS, MD (Pathology)  
Senior Consultant Pathologist  
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## Investigations

## Result

## Biological Ref. Intervals/Units

### Lipid Profile

Total Cholesterol, Serum Serum, Enzymatic	<b>243</b>	120 - 200	mg/dL
Triglycerides, Serum Serum, Enzymatic POD	<b>658</b>	60 - 150	mg/dL
HDL Cholesterol, Serum Serum, Enzyme chromogen	<b>29</b>	40 - 60	mg/dL
VLDL Cholesterol, Serum Serum, Calculated	<b>132</b>	10 - 30	mg/dL
LDL Cholesterol, Serum Serum, Calculated	82	30 - 100	mg/dL
Total / HDL Cholesterol Ratio Serum, Calculated	<b>8.38</b>	0.00 - 4.97	Ratio

### Biological Reference Range(s)

Determine lipoprotein levels—obtain complete lipoprotein profile after 9- to 12-hour fast.

#### LDL Cholesterol (mg/dL)

< 100	Optimal
100 - 129	Near optimal/above optimal
130 - 159	Borderline high
160 - 189	High
≥ 190	Very high

#### Total Cholesterol (mg/dL)

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### **Investigations**

### **Result**

### **Biological Ref. Intervals**

< 200	Desirable
200 - 239	Borderline High
≥ 240	High

#### HDL Cholesterol (mg/dL)

< 40	Borderline High
≥ 60	High

#### Serum Triglycerides (mg/dL)

< 150	Normal
150 - 199	Borderline High
200 - 499	High
≥ 500	Very High

#### VLDL Cholesterol (mg/dL)

< 30 mg/dL

Age	Apolipoprotein A (mg/dL)	Apolipoprotein B (mg/dL)	Apolipoprotein B/A1 ratio
>18 years (Males)	> or =120	Desirable: <90 Above Desirable: 90-99 Borderline high: 100-119 High: 120-139 Very high: > or =140	Lower Risk: <0.7 Average Risk: 0.7-0.9 Higher Risk: >0.9
>18 years (Female)	> or =140	Desirable: <90 Above Desirable: 90-99 Borderline high: 100-119 High: 120-139 Very high: > or =140	Lower Risk: <0.6 Average Risk: 0.6-0.8 Higher Risk: >0.8

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**Investigations**

**Result**

**Biological Ref. Intervals**

**Liver Function Test (LFT)**

**SGOT/AST (Aspartate Amino-transferase) 55.0**  
Serum, IFCC, Without P-S-P      0.0 - 50.0      IU/L

**SGPT/ALT (Alanine Amino-transferase) 127.3**  
Serum, IFCC, Without P-S-P      0.0 - 50.0      IU/L

**ALP (Alkaline Phosphatase)**  
Serum, Kinetic, IFCC      85.3      U/L

<b>Adults(&gt;18 yrs)</b>	<b>Male</b>	<b>Female</b>	<b>Biological Reference Range :</b>
	56-119 U/L	53-141 U/L	

**Children**

1-30 d	75-316	48-406	-
30 d-1 y	82-383	124-341	-
1-3 y	104-345	108-317	-
4-6 y	93-309	96-297	-
7-9 y	86-315	69-325	-
10-12 y	42-362	51-332	-
13-15 y	74-390	50-162	-
16-18 y	52-171	47-119	-

**Comment:**

An Alkaline phosphatase (ALP) test measures the amount of the enzyme ALP in the blood. ALP is made mostly in the liver and in bone with some made in the intestines and kidneys. It also is made by the placenta of pregnant women. Higher than normal levels of ALP may indicate liver damage or disease, such as blocked bile duct, or certain bone diseases. It is also high at the time of rapid bone growth, Vitamin D deficiency & hyperparathyroidism.

**Bilirubin, Total, Serum**  
Serum, DPD      0.8      0.3 - 1.2      mg/dL

**Bilirubin, Direct, Serum**  
Serum, DPD      0.19      0.00 - 0.20      mg/dL

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### Investigations

### Result

### Biological Ref. Intervals

Bilirubin, Indirect , Serum  
Serum, Calculated

**0.61**

0.10 - 0.50

mg/dL

**Dr. Sudhir Vatsa**  
MBBS, MD (Pathology)  
Senior Consultant Pathologist  
DMC Reg No.: 32570

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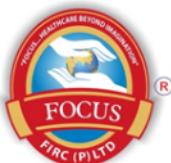
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**Result**

**Biological Ref. Intervals**

Blood Glucose Fasting BSF, GOD-PAP	98	72 - 108	mg/dL
---------------------------------------	----	----------	-------

**Blood glucose levels in diagnosing diabetes**

Plasma glucose test	Normal	Predabetes	Diabetes
Random	Below 200mg/dL	N/A	≥ 200mg/dL
Fasting	70 – 100 mg/dL	100 – 125 mg/dL	≥ 126 mg/dL
2 hour post-prandial	< 140 mg/dL	140 – 199 mg/dL	≥ 200 mg/dL

With no symptoms diagnosis should not be based on a single glucose determination but requires confirmatory plasma venous determination. At least one additional glucose test result on another day with a value in the diabetic range is essential, either fasting, from a random sample or from the two hour post glucose load. If the fasting random values are not diagnostic the two hour value should be used.

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**Investigations****Result****Biological Ref. Intervals****Immunoassay**TSH (Thyroid Stimulating Hormone)  
Serum  
Serum, (CMIA)

5.03 0.35 - 5.50 uIU/mL

**Interpretation:****TSH      T3/FT3      T4/FT4**

High	Normal	Normal
Low	Normal	Normal
High	High	High
Low	High/Normal	High/Normal
Low	Low	Low

**Interpretation**

Subclinical Hypothyroidism
Subclinical Hyperthyroidism
Secondary Hyperthyroidism
Hyperthyroidism
Non Thyroidal illness/ Secondary Hypothyroidism

Reference Range Age related

Age	TSH
0-1 day / (Cord)	1.0 - 17.4
Blood)	
2day - 4days	1.0 - 39.0
2wks - 20wks	1.7 - 9.1
5mths - 24mths	0.8 - 8.2

Reference Range Pregnancy

Pregnancy	TSH
1st Trimester	0.05 - 3.70
2st Trimester	0.31 - 4.35
3st Trimester	0.41 - 5.18

2yrs - 7yrs      0.7 - 5.7

8yrs - 21yrs      0.7 - 5.7

Adults (&gt;21 yrs ) 0.35 -5.50

**Comments**

TSH Levels are subjected to circadian variation, rising several hours before the onset of sleep, reaching peak levels between 11 pm and 6 am. Nadir concentrations are observed during the afternoon. Diurnal variation in TSH levels is approx 50% +/-, hence time of the day can influence the measured serum concentration.

Vitamin B12 (Cyanocobalamin), Serum  
Serum, CMIA

215.80 75.00 - 807.00 pg/mL

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**ON PANEL: CGHS, MCD, ESI, ECHS, DGEHS**

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SRF ID :

**Registration No.: 12208270**

Patient Name: Mr. AVINASH RANJAN

Age/Sex: 24 Yrs 10 Months 8 Days

ID Card No.: 10012549

Referred By: JYOTI PURI

Referring Hosp.: CGHS

Mobile No.: 9818044900

Registration Dt./Tm.: 05/01/2021 11:17:22

Sample Col. Dt./Tm.: 05/01/2021 11:20:31

Sample Acc. Dt./Tm.: 05/01/2021 11:20:36

Report Dt./Tm.: 06/01/2021 11:30:13

## Investigations

## Result

## Biological Ref. Intervals

### Comments:

Vitamin B 12 along with folate is essential for DNA synthesis and myelin formation. Vitamin B 12 deficiency can be because of nutritional deficiency, malabsorption and other gastrointestinal causes. The test is ordered primarily to help diagnose the cause of macrocytic/ megaloblastic anemia. Decreased levels are seen in anaemia, normal near term pregnancy, vegetarianism, partial gastrectomy/ ileal damage, celiac disease, with oral contraceptive use, parasitic competition, pancreatic deficiency, treated epilepsy, smoking , hemodialysis and advancing age. Serum methylmalonic acid and homocysteine levels are also elevated in vitamin B12 deficiency states. Increased levels are seen in renal failure, hepatocellular disorders, myeloproliferative disorders and at times with excess supplementation of vitamins pills.

**Vitamin D, 25-Hydroxy,Serum**  
Serum, Chemiluminescent Microparticle Immunoassay(CMIA)

**18.0**

30.0 - 100.0

ng/mL

Deficient <20  
Insufficiency 20-30  
Sufficiency 30-100

### COMMENTS :

25-Hydroxyvitamin D2 and D3 (25-OH-VitD) are steroid hormones that require 1-alpha-hydroxylation before expressing biological activity. Vitamin D compounds are derived from dietary ergocalciferol (from plants, VitD2) or cholecalciferol (from animals, VitD3), or by conversion of 7-dihydrocholesterol to VitD3 in the skin upon ultraviolet exposure. VitD2 and VitD3 are subsequently 25-hydroxylated in the liver to 25-OH-VitD. 25-OH-VitD represents the main body reservoir and transport form of vitamin D, being stored in adipose tissue and tightly bound by a transport protein while in circulation. A fraction of circulating 25-OH-VitD is converted to its active metabolites 1,25-dihydroxy vitamin D2 and D3 (1,25-OH-VitD), mainly by the kidneys. This process is regulated by parathyroid hormone (PTH), which increases 1,25-OH-VitD synthesis at the expense of the alternative, biologically inactive hydroxylation product 24,25-OH-VitD. Like other steroid hormones, 1,25-OH-VitD binds to a nuclear receptor, influencing gene transcription patterns in target organs.

Reasons for suboptimal 25-OH-VitD levels include lack of sunshine exposure; inadequate intake; malabsorption (eg, due to Celiac disease); depressed hepatic vitamin D 25-hydroxylase activity, secondary to advanced liver disease; and enzyme-inducing drugs, in particular many antiepileptic drugs, including phenytoin, phenobarbital, and carbamazepine, that increase 25-OH-VitD metabolism.

Increased levels are seen with prolonged intake of Vit D supplement & in renal failure.

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Report Dt./Tm.: 05/01/2021 17:32:10

### Investigations

### Result

### Biological Ref. Intervals

#### **Clinical Pathology**

#### **Urine Examination (Routine)**

##### Physical Examination, Urine

Colour Urine,	Pale Yellow	Pale Yellow
Appearance Urine,	Hazy	Clear
pH Urine, Double indicators test	6.0	4.6-8.0 6.5- 8.0 5.0 5.5 6.0 6.5 7.0 7.5 8.0 8.5 9.0 4.6-8.0 5.0-8.0
Specific Gravity Urine, Hydrogenous ionogen reaction	1.030	1.001-1.035

##### Chemical Examination, Urine

Urine Protein Urine, Protein Ionization	Nil	Nil
Urine Glucose Urine, Oxidation reaction	Nil	Nil
Ketone Urine, LEGAL'S method	Negative	Negative
Nitrite Urine, Diazotized reaction	Negative	
Blood Urine, Peroxidase reaction	Nil	Nil
Urobilinogen Urine, p-aminobenzoic acid and phenazopyridine reaction	Not Increased	Not Increased
Bilirubin, Urine Urine, Dichlorobenze diazonium reaction	Nil	Nil

##### Microscopic Examination, Urine

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Report Dt./Tm.: 05/01/2021 17:32:10

### **Investigations**

### **Result**

### **Biological Ref. Intervals**

Red Blood Cells Urine, Microscopy	Nil	/hpf
Pus Cells Urine, Microscopy	2 - 4	/hpf
Epithelial Cells Urine, Microscopy	2-3	/hpf
Casts Urine, Microscopy	Nil	Nil
Crystals Urine, Microscopy	Calcium Oxalate	Nil
Bacteria Urine,	Nil	Nil
Yeast Urine,	Nil	Nil
Others Urine,	Nil	
Amorphous Material Urine,	Nil	Nil
Microscopic Urine Urine,	.	Nil

### **Sample Not Collected : Glucose-PP**

**Dr. Sudhir Vatsa**  
MBBS, MD (Pathology)  
Senior Consultant Pathologist  
DMC Reg No.: 32570

