PATIENT TEST REPORT

Patient Name	: **MR. ABHISHEK SHARMA**	Registered On	: **01-09-2024 01:38PM**
Lab No.	: **JPB1290459**	Collected On	: **01-09-2024 01:52PM**
Age/Gender	: **32 YEARS / MALE**	Authorized On	: **01-09-2024 02:23PM**
Ref. Doctor	:	Printed On	: **01-09-2024 02:23PM**
Date of Birth	:	Barcode	: *JPB1290459*
Passport No	:	LIS Number	: **2301290459**
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Client Name	: **General Debtors**		Page 1 of 13

HAEMATOLOGY

Parameter	Value	Unit	Biological Reference Range
COMPLETE BLOOD COUNT			
Haemoglobin (HB)	14.80	g/dl	13-17
R.B.C Total	5.37	10^6/uL	4.5-5.5
Haematocrit (HCT)	44.80	%	40-50
Mean Corpuscular Volume(MCV)	83.40	fL	83-101
Mean Corpuscular Hemoglobin(MCH)	27.70	pg	27-32
Mean Corpuscular Hemoglobin Concentration(MCHC)	33.20	g/dl	31.5-34.5
RDW-CV	13.40	%	11-14
W.B.C Total	7.39	10^3/uL	4-10
Neutrophils..	62.00	%	55-75
Lymphocyte..	24.00	%	20-45
Eosinophils..	**10.00**	%	1-6
Monocyte..	4.00	%	1-8
Basophils..	0.00	%	0-1
Neutrolphils(Abs)	4.58	10^3/uL	2.0-7.0
Lymphocytes (Abs)	1.77	10^3/uL	0.8-4.0
Eosinophils (Abs)	**0.74**	10^3/uL	0.02-0.5
TOTAL PLATELET COUNT	173	10^3/uL	150-410

RBC,WBC, Platelet-Electrical Impedance, HB-Colorimetric non cyn, HCT-RBC Pulse height detection, MCV, MCH, MCHC & RDW-CV-Calculated and DLC-Flowcyto

Dr. G.N. Gupta
M.D. Pathology
RMC NO: 005841/12949

Dr.Nidhi P.Chanchlani
DNB Pathology
RMC NO:023892/25547

Dr. Syeda Firdos Jamil
DNB Pathology
RMC NO. 33899/20345

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HAEMATOLOGY

Parameter	Value	Unit	Biological Reference Range
E.S.R	10.00	mm/hr	0-10

Westergren

Erythrocyte sedimentation rate (ESR), is a blood test that can reveal inflammatory activity in body & help in diagnose or monitor the progress of an inflammatory disease.

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M.D. Pathology
RMC NO: 005841/12949

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HAEMATOLOGY

Parameter	Value	Unit	Biological Reference Range
RBC(PBF)	RBCs are normocytic normochromic. No nucleated red cells are seen. No parasite seen		
WBC (PBF)	Counts are within normal range with mild eosinophilia .No immature cell seen.		
Platelets	Are adequate in number		

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BIOCHEMISTRY

Parameter	Value	Unit	Biological Reference Range
HAEMOGLOBIN GLYCOSYLATED BLOOD (HBA1C)			
HBA1C	5.60	%	0-6.0
Averge Plasma Blood Glucose level	122.06	mg/dL	90 - 120 Very Good Control 121 - 150 Adequate Control 151 - 180 Suboptimal Control 181 - 210 Poor Control >211 Very Poor Control

Ion exchange H.P.L.C. with EDTA

Ion exchange H.P.L.C. with EDTA

Interpretation:

Hemoglobin A1c % Degree of Glucose Control
>8 Action Suggested
<7 Goal
<6 Non-Diabetic Level
NOTE : Average blood glucose level done by calculation.

Clinical Information:Glycated hemoglobin testing is recommended for both (a) checking blood sugar control in people who might be pre-diabetic and (b) monitoring blood sugar control in patients with more elevated levels, termed diabetes mellitus. The American Diabetes Association guidelines suggest that the glycosylated hemoglobin test be performed at least two times a year in patients with diabetes that are meeting treatment goals (and that have stable glycemic control) and quarterly in patients with diabetes whose therapy has changed or that are not meeting glycemic goals. Glycated hemoglobin measurement is not appropriate where there has been a change in diet or treatment within 6 weeks. Hence, people with recent blood loss, hemolytic anemia, or genetic differences in the hemoglobin molecule (hemoglobinopathy) such as sickle-cell disease and other conditions, as well as those that have donated blood recently, are not suitable for this test.

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M.D. Pathology
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BIOCHEMISTRY

Parameter	Value	Unit	Biological Reference Range
GLUCOSE FASTING TEST			
Glucose Fasting	**119.50**	mg/dL	74-106

Method: Hexokinase with plasma fluoride

Dr. G.N. Gupta
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BIOCHEMISTRY

Parameter	Value	Unit	Biological Reference Range
LIVER FUNCTION TEST			
SGOT	31.30	U/L	<50 New born: 25-75 Infant: 15-60
SGPT	23.90	U/L	<50 New born/Infant: 13-45
SGOT/SGPT RATIO	1.31	U/mL	
ALK-Phosphatase	106.00	U/L	30-120
Bilirubin Total	0.77	mg/dL	Adults: 0.3-1.2 Children (0-1 day): 1.4-8.7 (1-2 days) : 3.4-11.5 (3-5 days) 1.5-12
Bilirubin Direct	0.14	mg/dL	0-0.20
Bilirubin Indirect	0.63	mg/dL	0.12-1
Total Proteins	7.40	g/dl	Adults: 6.6-8.3 Children (1-18 Years): 5.7-8.0 New born (1-30 days) : 4.1-6.3
Albumin	4.64	g/dl	Adults: 3.5-5.2 Newborn(0-4 days) : 2.8-4.4
Globulin	2.76	gm/dL	1.5-3.5
A/G Ratio	1.68		1.5-2.5

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BIOCHEMISTRY

Parameter	Value	Unit	Biological Reference Range

[Methodology: SGOT, SGPT: IFCC without PDP; ALKP: IFCC with AMP; TBI,DBI:Diazo;TP:Biuret; ALB, GLB:BCG with Serum]

1.Mildly elevated ALT level (less than 1.5 times normal) Alcoholic hepatitis :ALT value could be normal for gender, ethnicity or body mass index.Consider muscle Laboratory can appear cholestatic, and symptoms can mimic cholecystitis.Minimal elevations of AST and ALT AST and ALT often occur.

2.AST level greater than 500 U per L: The AST elevation is unlikely to result from alcohol intake alone. In a heavy drinker,toxicity. **3. Common bile duct stone**: Condition can simulate acute hepatitis AST and ALT become elevated immediately, but elevation of AP and GGT is delayed.

4.Isolated elevation of syndrome or hemolysis unconjugated bilirubin level: Consider Gilbert syndrome or hemolysis.

5.Low albumin level malnutrition : Low albumin is most often caused by acute or chronic inflammation, urinary loss severe or liver disease; it is sometimes caused by gastrointestinal loss Normal values are lower in pregnancy.

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BIOCHEMISTRY

Parameter	Value	Unit	Biological Reference Range
RENAL FUNCTION TEST			
Urea	34.60	mg/dL	Adult: 17-43 Newborn: 8.4-25.8 Child: 10.8-38.4
B.U.N	16.17	mg/dL	7.94-20.0
Creatinine	**1.31**	mg/dL	0.72-1.18 Neonate: 0.26-1.01 Infant (2 months- <3 Years): 0.15-0.37 Child (3-<15 Years): 0.24-0.73
Method: Enzymatic with Serum			
Bun/creatinine Ratio	12.34	mg/dL	10-20
Uric Acid	5.62	mg/dL	3.5-7.2
Calcium	10.10	mg/dL	Adult: 8.8-10.6 Children 0-10 day: 7.6-10.4 10 day-2 Year: 9.0-11.0 2-12 Year: 8.8-10.8
ELECTROLYTE PANEL			
Sodium	140.50	mmol/L	137-145
Potassium	4.10	mmol/L	3.5-5.1
Chloride	104.20	mmol/L	98-107

[Methodology: UREA:Urease-GLDH; CREAT:Enzymatic; UA:Uricase-PAP; CA:Arsenazo III; ELECTROLYTES:ISE Indirect with Serum]

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BIOCHEMISTRY

Parameter	Value	Unit	Biological Reference Range
LIPID PROFILE			
Total Cholesterol	152.00	mg/dL	Desirable: <200 Borderline High:200–239 High >240
H.D.L Cholesterol	40.00	mg/dL	40-60
L.D.L. Cholestrol	106.00	mg/dL	Optimal:<100 Near optimal:100-129 Borderline high: 130-159 High: 160-189 Very high: >190
Triglycerides	148.30	mg/dL	Normal: <150 Borderline high:150–199 High: 200–499 Very high: ≥ 500
Non HDL Cholesterol	112.00	mg/dL	0-160
Chol/HDL Ratio	3.80		3.3-4.4
[calculated]			
LDL/HDL RATIO	2.65	mg/dL	0.50-3.00
Very Low Density Lipoprotein	29.66	mg/dL	10-50
[calculated]			

[Methodology: TC: CHOD-PAP; HDL-C, LDL-C: PEGME; TRIG: GPO-POD with Serum]

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Hormones & Markers

Parameter	Value	Unit	Biological Reference Range
THYROID PROFILE			
Triodothyronine (T3)	1.19	ng/mL	0.70-2.04
Thyroxine (T4)	8.65	ug/dL	4.82-13.29
TSH	1.880	µIU/mL	0.38-5.33

Method - Chemiluminescence with Serum

NOTE: In pregnancy total T3,T4 increase to 1.5 times the normal range.

Reference Range (T3): Premature Infants 26-30 Weeks ,3-4 days 0.24 - 1.32 ng/ml
Full-Term Infants 1-3 days 0.89 - 4.05 ng/ml
1 Week 0.91 - 3.00 ng/ml
1- 11 Months 0.85 - 2.50 ng/ml
Prepubertal Children 1.19 - 2.18 ng/ml

Reference Ranges (T4): Premature Infants 26-30 weeks ,3-4 days 2.60 - 14.0 ug/dl
Full -Term Infants 1-3 days 8.20 - 19.9 ug/dl
1 weeks 6.00 - 15.9 ug/dl
1-11 Months 6.10 - 14.9 ug/dl
Prepubertal children 12 months-2yrs 6.80 - 13.5 ug/dl
Prepubertal children 3-9 yrs 5.50 - 12.8 ug/dl

Reference Ranges (TSH): Premature 28-36 Weeks: 0.7-27 µIU/mL,
Children
Birth 4 Days: 1.0-39 µIU/mL
2-20 weeks: 1.7-9.1 µIU/mL
21 weeks -20 years: 0.7-64 µIU/mL

Pregnancy First Trimester 0.3 - 4.5 µIU/mL
Second Trimester 0.5 - 4.6 µIU/mL
Third Trimester 0.8 - 5.2 µIU/mLl

Reference for Biological Reference Interval: Tietz sixth edition

Primary malfunction of the thyroid gland may result in hyper or low release of T3 or T4 In additional as TSH directly affect thyroid function malfunction of the pituitary or the hypothalamus influences the thyroid gland activity. Disease in any portion of the thyroid pituitary hypothalamus system may influence the level of T3 and T4 in the blood in Primary hypo thyroidism TSH levels are significantly elevated while in secondary and tertiary hypothyrodism TSH levels may be low.

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Hormones & Markers

Parameter	Value	Unit	Biological Reference Range
VITAMIN - B12			
B12	**100**	pg/mL	120 - 914

Method - Chemiluminescence with Serum

Interpretation:
Reduced levels of vitamin B 12 may indicate the presence of vitamin dependant anemia.Elevated of Vitamin B 12 have been associated with pregnancy, the use of oral contraceptives and multi-vitamins and in myoproliferative disease such as chronic granulocytic leukamia and mylomonocytic leukamia .An elevated level of Vit. B 12 is not known to clinical problems.Measurement of Vitamin B 12 is intended to identify and monitor Vitamin B 12 deficiency.This can arise from the following :
? Defect in secretion of intrinsic factor,resulting in inadequate absorption from food (pernicious anemia).
? Gastrectromy and malabsorptiondue to surgical resection and
? A variety of bacterial or inflammatory disease affecting the small intestine.

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Hormones & Markers

Parameter	Value	Unit	Biological Reference Range
25-HYDROXYVITAMIN D3			
25 Oh Vitamin D3	**14.25**	ng/mL	DEFICIENT <20 INSUFFICIENT 20 - 30 SUFFICIENT 30 - 100 UPPER SAFETY LIMIT >100

Method - Chemiluminescence with Serum

Clinical Information :Vitamin D deficiency is a cause of secondary hyperparathyroidism and diseases related to impaired bone metabolism.Reduced 25-OH vitamin D concentration in blood (vitamin D insufficiency) have been associated with anvincreasing risk of many chronic illnesses ,including common cancers, autoimmune or infectious diseases or cardiovascularvproblems. The major storage form of vitamin D is 25 -OH vitamin D and is present in blood at up to 1000 fold higher concentration compared to the active 125 (OH) - vitamin D .

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Hormones & Markers

Parameter	Value	Unit	Biological Reference Range
TESTOSTERONE (TOTAL)			
Testosterone	375.21	ng/dL	Adult -175-781

Method - Chemiluminescence with Serum

Clinical Information: Testosterone is produced by adrenals, the theca cell in the ovary and the leydingcellsin the testes. As much as 97% of circulating testosterone is bound to serum proteins such as sex hormone binding globulin (SHBG). In the male testerone stimulates the maturation of gentile and secondary sexual characteristics and its measurement is used to investigate sexual dysfunction in juveniles and adults. In females testosterone levels are much lower and an elevated level may indicate polycystic ovarian syndrome among other conditions. Clinical symptoms of testosterone excess in females include infertility, amenorrhea, obesity and hirustism.

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

Results relate only to the sample as received. Kindly correlate with clinical condition

Note : If the test results are alarming or unexpected, Client is advised to contact the Physician immediately for possible remedial action.

Processing Center - Reliable Diagnostic Centre Pvt. Ltd. , C- 314 A, Hari Marg , Malviya nagar, Jaipur- 302017

MC-2971

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M.D. Pathology
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