

Patient Name	: Ms.KANTI DEVI	Visit No	: CHA250046209
Age/Gender	: 55 Y/F	Registration ON	: 16/Mar/2025 10: 22AM
Lab No	: 10143504	Sample Collected ON	: 16/Mar/2025 10: 26AM
Referred By	: Dr.ZENITH HOSPITAL	Sample Received ON	: 16/Mar/2025 10: 26AM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 16/Mar/2025 12: 42PM
Doctor Advice	: 2D ECHO,CHEST PA,USG WHOLE ABDOMEN,URINE C/S,URINE COM. EXMAMINATION,HBA1C (EDTA),PHOS,IONIC CALCIUM,CALCIUM,PROTEIN ,Albumin,LIPID-PROFILE,T3T4TSH,BLOOD GROUP,BTCT,CREATININE,DLC,GBP,HB,HBsAg (QUANT		



PRE SURGICAL (RD1)				
Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP				
Blood Group	"A"			
Rh (Anti -D)	POSITIVE			

HBA1C				
Glycosylated Hemoglobin (HbA1c)	5.4	%	4 - 5.7	HPLC (EDTA)

NOTE:-

Glycosylated Hemoglobin Test (HbA1c) is performed in this laboratory by the Gold Standard Reference method, ie: HPLC Technology (High performance Liquid Chromatography D10) from Bio-Rad Laboratories, USA.

EXPECTED (RESULT) RANGE :

Bio system	Degree of normal
4.0 - 5.7 %	Normal Value (OR) Non Diabetic
5.8 - 6.4 %	Pre Diabetic Stage
> 6.5 %	Diabetic (or) Diabetic stage
6.5 - 7.0 %	Well Controlled Diabet
7.1 - 8.0 %	Unsatisfactory Control
> 8.0 %	Poor Control and needs treatment

IONIC CALCIUM				
IONIC CALCIUM	1.00	mmol/L	1.13 - 1.33	

INTERPRETATION:

-Calcium level is increased in patients with hyperparathyroidism, Vitamin D intoxication, metastatic bone tumor, milk-alkali syndrome, multiple myeloma, Paget's disease.
-Calcium level is decreased in patients with hemodialysis, hypoparathyroidism (primary, secondary), vitamin D deficiency, acute pancreatitis, diabetic Keto-acidosis, sepsis, acute myocardial infarction (AMI), malabsorption, osteomalacia, renal failure, rickets.

SERUM CALCIUM				
CALCIUM	8.2	mg/dl	8.8 - 10.2	dapta / arsenazo III

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DR. NISHANT SHARMA PATHOLOGIST
DR. SHADAB PATHOLOGIST
DR. ADITI D AGARWAL PATHOLOGIST

Signature

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PRE SURGICAL (RD1)				
Test Name	Result	Unit	Bio. Ref. Range	Method
PHOSPHORUS				
Phosphorus Serum	5.20	mg/dl	2.68 - 4.5	Phosphomolybdate

INTERPRETATION:

-Approximately 80% of the phosphorus in the human body is found in the calcium phosphate salts which make up the inorganic substance of bone. The remainder is involved in the esterification of carbohydrate metabolism intermediaries and is also found as component of phospholipids. Phosphoproteins, nucleic acids and nucleotides.
-Hypophosphatemia can be caused by shift of phosphate from extracellular to intracellular spaces, increased renal loss (renal tubular defects, hyperparathyroidism) or gastrointestinal loss (diarrhea, vomiting) and decreased intestinal absorption.

LIMITATIONS:

-Interferences: bilirubin (up to 20 mg/dL) hemolysis (haemoglobin up to 1000 mg/dL) and lipemia (triglycerides up to 1000 mg/dL) do not interface. Other drugs and substances may interface.
-Clinical diagnosis should no be made on the findings of a single test result, but should integrate both clinical laboratory data.

PROTEIN				
Test Name	Result	Unit	Bio. Ref. Range	Method
PROTEIN Serum	4.90	mg/dl	6.8 - 8.5	

SERUM ALBUMIN				
Test Name	Result	Unit	Bio. Ref. Range	Method
ALBUMIN	2.0	gm/dl	3.20 - 5.50	Bromcresol Green (BCG)

LIPID-PROFILE				
Test Name	Result	Unit	Bio. Ref. Range	Method
Cholesterol/HDL Ratio	2.14	Ratio		Calculated
LDL / HDL RATIO	0.82	Ratio		Calculated
			Desirable / low risk - 0.5 -3.0	
			Low/ Moderate risk - 3.0-6.0	
			Elevated / High risk - >6.0	
			Desirable / low risk - 0.5 -3.0	
			Low/ Moderate risk - 3.0-6.0	
			Elevated / High risk - > 6.0	



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PRE SURGICAL (RD1)				
Test Name	Result	Unit	Bio. Ref. Range	Method
PT/PC/INR				
PROTHROMBIN TIME	13 Second		13 Second	Clotting Assay
Prothromin concentration	100 %		100 %	
INR (International Normalized Ratio)	1.00		1.0	

HBsAg (HEPATITIS B SURFACE ANTIGEN)				
HEPATITIS B SURFACE ANTIGEN	NON REACTIVE		< 1.0 : NON REACTIVE~> (Sandwich Assay)	1.0 : REACTIVE

HIV				
HIV-SEROLOGY	NON REACTIVE		<1.0 : NON REACTIVE	>1.0 : REACTIVE

HCV				
Anti-Hepatitis C Virus Antibodies.	NON REACTIVE		< 1.0 : NON REACTIVE	Sandwich Assay
			> 1.0 : REACTIVE	

URINE EXAMINATION REPORT				
Colour-U	STRAW		Light Yellow	
Appearance (Urine)	CLEAR		Clear	
Specific Gravity	1.015		1.005 - 1.025	
pH-Urine	Acidic (6.0)		4.5 - 8.0	
PROTEIN	100 mg/dl	mg/dl	ABSENT	Dipstick
Glucose	Absent			
Ketones	Absent		Absent	
Bilirubin-U	Absent		Absent	
Blood-U	PRESENT		Absent	
Urobilinogen-U	0.20	EU/dL	0.2 - 1.0	
Leukocytes-U	PRESENT		Absent	
NITRITE	Absent		Absent	
MICROSCOPIC EXAMINATION				
Pus cells / hpf	8-10	/hpf	< 5/hpf	
Epithelial Cells	Occasional	/hpf	0 - 5	
RBC / hpf	12-15		< 3/hpf	



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PRE SURGICAL (RD1)				
Test Name	Result	Unit	Bio. Ref. Range	Method
BT/CT				
BLEEDING TIME (BT)	3 mint 15 sec	mins	2 - 8	
CLOTTING TIME (CT)	6 mint 30 sec		3 - 10 MINS.	



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Test Name	Result	Unit	Bio. Ref. Range	Method
HAEMOGLOBIN				
Hb	9.3	g/dl	12 - 15	Non Cyanide

Comment:

Hemoglobin screening helps to diagnose conditions that affect RBCs such as anemia or polycythemia.

TLC				
TOTAL LEUCOCYTES COUNT	7720	/cmm	4000 - 10000	Floctometry

DLC				
NEUTROPHIL	74	%	40 - 75	Flowcytometry
LYMPHOCYTE	22	%	20-40	Flowcytometry
EOSINOPHIL	2	%	1 - 6	Flowcytometry
MONOCYTE	2	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry

PLATELET COUNT				
PLATELET COUNT	263,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	263000	/cmm	150000 - 450000	Microscopy .

COMMENTS:

Platelet counts vary in various disorders; acquired, (infections-bacterial and viral), inherited, post blood transfusion, autoimmune and idiopathic disorders.

GENERAL BLOOD PICTURE (GBP)				
Peripheral Blood Picture	:			

BLOOD SUGAR RANDOM				
BLOOD SUGAR RANDOM	109.3	mg/dl	70 - 170	Hexokinase

NA+K+				
SODIUM Serum	136.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.2	MEq/L	3.5 - 5.5	ISE Direct

BLOOD UREA				
BLOOD UREA	20.40	mg/dl	15 - 45	Urease, UV, Serum

SERUM CREATININE				
CREATININE	1.20	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic



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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.41	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.06	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.35	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	201.50	U/L	30 - 120	PNPP, AMP Buffer
SGPT	27.0	U/L	5 - 40	UV without P5P
SGOT	28.0	U/L	5 - 40	UV without P5P

LIPID-PROFILE				
TOTAL CHOLESTEROL	149.40	mg/dL	Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High:>/=240 mg/dl	CHOD-PAP
TRIGLYCERIDES	110.50	mg/dL	Normal: <150 mg/dl Borderline-high:150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Serum, Enzymatic, endpoint
H D L CHOLESTEROL	69.80	mg/dL	30-70 mg/dl	CHER-CHOD-PAP
L D L CHOLESTEROL	57.50	mg/dL	Optimal:<100 mg/dl Near Optimal:100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High:>/= 190 mg/dl	CO-PAP
VLDL	22.10	mg/dL	10 - 40	Calculated



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Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	1.97	nmol/L	1.49-2.96	ECLIA
T4	168.12	n mol/l	63 - 177	ECLIA
TSH	6.69	uIU/ml	0.47 - 4.52	ECLIA

Note

- (1) Patients having low T3 & T4 levels but high TSH levels suffer from primary hypothyroidism,cretinism,juvenile mysedema or autoimmune disorders.
- (2) Patients having low T3 & T4 levels but high TSH levels suffer from grave~s disease, toxic adenoma or sub-acute thyroiditis.
- (3) Patients having either low or normal T3 & T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.
- (4) Patients having high T3 & T4 levels but normal TSH levels may suffer from toxic multinodular goitre. This condition is mostly asymptomatic and may cause transient hyperthyroidism but no persistent symptoms.
- (5) Patient with high or normal T3 & T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 Toxicosis respectively.
- (6) In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the cacabolic state and may revert tonormal when the patient recovers.
- (7) There are many drugs for eg.Glucocorticoids ,dopamine,Lithium,iodides ,oral radiographic dyes,ets.Which may affect the thyroid function tests.
- (8) Generally when total T3& T4 results are indecisive then Free T3 & Free T4 test are recommended for further confirmation along with

(1 Beckman Dxi-600 2. ELECTRO-CHEMILUMINISCENCE TECHINIQUE BY ELECSYSYS -E411)

*** End Of Report ***

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