



Patient Name: NAYAN SINGH	Patient ID: LAB/1220	Reg. Date : 02-05-2025
Patient Age : 37Y/0M/0D	Gender : Male	Receiving Date : 02-05-2025
Ref. By : BAJAJ LIFE / HEALTH INDIA	Reg. No : 1220	Date of Report : 11-05-2025

## DEPARTMENT OF BIO CHEMISTRY

TEST NAME	RESULT	UNIT	NORMAL RANGE
<b>GLYCOSYLATED HAEMOGLOBIN</b>			
HBA1c	5.2	%	Non-Diabetic : <6 %   Pre-Diabetic : 6-7 %  Good Control : 7-8 %  Fair Control : 8-9 %  Poor Control : >9 %
Estimated Average Glucose	102	mg/dl	Excellent Control : 90-120   Good Control : 120-150   Fair Control : 150-180   Action suggested : 181-200

**NOTE : Clinical Significance :** Hemoglobin A1c (HbA1c) level reflects the mean glucose concentration over the previous period (approximately 8-12 weeks) and provides a much better indication of long-term glycemic control than blood and urinary glucose determinations. American Diabetes Association (ADA) include the use of HbA1c to diagnose diabetes, using a cutpoint of 6.5%. The ADA recommends measurement of HbA1c 3-4 times per year for type 1 and poorly controlled type 2 diabetic patients, and 2 times per year for well-controlled type 2 diabetic patients) to assess whether a patient's metabolic control has remained continuously within the target range. Falsely low HbA1c results may be seen in conditions that shorten erythrocyte life span. and may not reflect glycemic control in these cases accurately.

----- The end of report -----



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## DEPARTMENT OF HAEMATOLOGY

TEST NAME	RESULT	UNIT	NORMAL RANGE
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### COMPLETE BLOOD COUNT

#### R.B.C. INDICES

Hemoglobin	13.4	gm/dL	11.5-20
RBC Count	4.6	Mill/cumm	4.0-5.5
PCV-Packed Cell Volume (Hematocrit)	41.5	%	36 - 48.5
MCV (Mean corpuscular volume)	90.22	fL	80 - 95
MCH (Mean corpuscular hemoglobin)	29.13	pg	26 - 32
MCHC (Mean corpuscular hb conc.)	32.29	g/dl	32 - 36
RDW-cv	13.4	%	11.5 - 14.6
RDW-SD	46.2	fL	40-55
PDW	26.2	%	8.32-56.6

#### TOTAL LEUCOCYTE & DIFFERENTIAL COUNT

Total Leucocyte Count (WBC)	8200	/cumm	4000 - 11000
Neutrophils	60	%	40 - 75
Lymphocytes	35	%	20 - 52
Eosinophils	01	%	00-06
Monocytes	04	%	02 - 10
Basophils	00	%	0 - 1

#### PLATELET INDICES

Platelet Count	288	10 <sup>3</sup> /cum	150-450
MPV	7.8	fl	7.0 - 11.0
PCT	0.23	ng/ml	0.22-0.24
P-LCR	15.0	%	13 - 43
ESR	05	after 1 hr	0 - 15

Advice

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## DEPARTMENT OF BIO CHEMISTRY

TEST NAME	RESULT	UNIT	NORMAL RANGE
<b>LIPID PROFILE</b>			
Serum Cholesterol (Total )	170	mg/dl	Desirable : <200 Borderline :200 - 239 High : >=240
Serum Triglycerides	128	mg/dl	<150 : Normal 150-199 : Borderline - High 200-499 : High >500 : Very High
Serum HDL cholesterol	39.2	mg/dl	<40 : Low 40-60 :Optimal >60 : Desirable
Serum LDL cholesterol	105.20	mg/dl	<100 : Normal 100-129 : Desirable 130-159 : Borderling-High 160-189 : High >190 : Very High
Serum VLDL cholesterol	25.60	mg/dl	07-40
LDL/HDL Ratio	2.68	ratio	0 - 3.5
Cholesterol/HDL Ratio	4.34	ratio	0 - 5.0
LDL / VLDL Ratio	4.11		0 - 5

**NOTE : Clinical Significance :** Total Cholesterol Serum cholesterol is elevated in hereditary hyperlipoproteinemias and in other metabolic diseases. Moderate-to-markedly elevated values are also seen in cholestatic liver disease, risk factor for cardiovascular disease. Low levels of cholesterol may be seen in disorders like hyperthyroidism, malabsorption, and deficiencies of apolipoproteins. Triglycerides Increased serum triglyceride levels are a risk factor for atherosclerosis. Hyperlipidemia may be inherited or may be due to conditions like biliary obstruction, diabetes mellitus, nephrotic syndrome, renal failure,certain metabolic disorders or drug induced. LDL Cholesterol (Direct) - LDL Cholesterol is directly associated with increased incidence of coronary heart disease, familial hyperlipidemias, fat rich diet intake, hypothyroidism, Diabetes mellitus, multiple myeloma and porphyrias. Decreased LDL levels are seen in hypolipoproteinemias, hyperthyroidism, chronic anaemia,and Reye's sy

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## DEPARTMENT OF CLINICAL PATHOLOGY

TEST NAME	RESULT	UNIT	NORMAL RANGE
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### URINE EXAMINATION

#### PHYSICAL EXAMINATION

Quantity	30	ml	0-40
Colour	Pale Yellow		Pale Yellow
Appearance	Clear		Clear
Specific Gravity	1.005		1.005-1.030
Deposit	Absent		Absent

#### CHEMICAL EXAMINATION

Reaction	Acidic		
pH	6.0		5.0-8.0
Protein (Albumin)	Absent		Absent
sugar	Absent		Absent
Ketone bodies	Absent		Absent
Bile Salt	Negative		Negative
Bile Pigment	Negative		Negative
Urobilinogen	Normal		Normal
Phosphates	Absent	-	Absent
Blood	Absent		Absent
Other	Absent		Absent

#### MICROSCOPIC EXAMINATION

Pus cells	1-2	/HPF	Nil
RBC	Nil	/HPF	Nil
Epithelial cells	2-3	/HPF	Nil
Crystals	Nil		Nil
Casts	Nil		Nil
Yeast Cell	Nil		Nil
Bacteria	Nil		Nil
Others	Nil		Nil

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## DEPARTMENT OF BIO CHEMISTRY

TEST NAME	RESULT	UNIT	NORMAL RANGE
<b>LIVER FUNCTION TEST</b>			
Bilirubin - Total	0.65	mg/dl	0 - 1.0
Bilirubin - Direct	0.14	mg/dl	0 - 0.3
Bilirubin - Indirect	0.51	mg/dl	<1.0
SGOT (AST)	32	U/L	5 - 40
SGPT (ALT)	27	U/L	5 - 37
Alkaline phosphatase (ALP)	95	U/L	40 - 129
Total Proteins	7.5	g/dl	6 - 8
Albumin	4.1	g/dl	3.7 - 5.3
Globulin	3.40	g/dl	2.3 - 3.6
A/G Ratio	1.21		1.0 - 2.3
GGT (Gamma GT)	24	U/L	5 - 61

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## DEPARTMENT OF BIO CHEMISTRY

TEST NAME	RESULT	UNIT	NORMAL RANGE
Serum Creatinine	0.67	mg %	0.60 - 1.20
Uric Acid	4.1	mg/dl	3.4 - 7.0
FASTING BLOOD SUGAR	79	mg / dL	70 - 110
Blood Urea Nitrogen (BUN)	14	mg/dl	07-20
RANDOM BLOOD SUGAR		mg/dl	70 - 140

## DEPARTMENT OF SEROLOGY

TEST NAME	RESULT	UNIT	NORMAL RANGE
HBsAg (Spot)	NON REACTIVE		NON REACTIVE
HIV I & II ELISA	NON REACTIVE	S/Co	Cut off Value >0.539

## DEPARTMENT OF SPECIAL PATHOLOGY

TEST NAME	RESULT	UNIT	NORMAL RANGE
URINE COTININE	NEGATIVE		NEGATIVE

----- The end of report -----



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