SADAR HOSPITAL BOKARO
CAMP 2 BOKARO

Registration No : 20240038427
Visit No : 2/ Last Visit Date : 19/06/2024 12.00 AM / Token No : 22
Room No : Main Building A,OPD Block,Ground,G.Medicine OPD 9

Dr. A K Jha
Medicine OPD

Name : **Mr. Jay Prakash Mishra**
Sex/Age : **52Y 1M 1D / M**
Department : Medicine

1956

Registration Amount : **Rs. 5**
Mobile No : **7250748507**
Address :SECTOR - 9,BOKARO(JHARKHAND)
Date of Registration : 20/07/2024 10.29 AM
MLC Patient : NO

Patient Type : General
Guardian Name : LT CHANDRA SHEKHAR MISHRA(Father)

Last Complete Collection Date/Amount : 19/06/2024 05.07 PM/Rs. 5

CBS - 120
20/7/24

HCV
HBSAG

Report for Blood Examn
HIV - Non-Reactive.

20/7/24.

Prepared By: Ms. Nisha Rani

Date Time: 20/07/2024 10.29 AM

PROCESSED AT :
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2nd Floor, Saluja Tower,
Plot No.1789, PP compound,
Main Road, Ranchi-834001

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9 out of 10 Doctors Trust that Thyrocare Reports are Accurate & Reliable

NAME : JAY PRAKASH MISHRA (52Y/M)
REF. BY : SELF
TEST ASKED : HBA PROFILE,HEMOGRAM

SAMPLE COLLECTED AT :
(8270130176),PEOPLES PATHOLOGY ,Chira Chas near Sbi Bank Bokaro, Bokaro Steel City, Jharkhand 827013, India,827013

TEST NAME	METHODOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL LEUCOCYTES COUNT (WBC)	HF & FC	7.92	X 10^3 / µL	4.0 - 10.0
NEUTROPHILS	Flow Cytometry	71.4	%	40-80
LYMPHOCYTE	**Flow Cytometry**	**18.7**	**%**	**20-40**
MONOCYTES	Flow Cytometry	4.8	%	2-10
EOSINOPHILS	Flow Cytometry	4.2	%	1-6
BASOPHILS	Flow Cytometry	0.6	%	0-2
IMMATURE GRANULOCYTE PERCENTAGE(IG%)	Flow Cytometry	0.3	%	0-0.5
NEUTROPHILS - ABSOLUTE COUNT	Calculated	5.65	X 10^3 / µL	2.0-7.0
LYMPHOCYTES - ABSOLUTE COUNT	Calculated	1.48	X 10^3 / µL	1.0-3.0
MONOCYTES - ABSOLUTE COUNT	Calculated	0.38	X 10^3 / µL	0.2 - 1.0
BASOPHILS - ABSOLUTE COUNT	Calculated	0.05	X 10^3 / µL	0.02 - 0.1
EOSINOPHILS - ABSOLUTE COUNT	Calculated	0.33	X 10^3 / µL	0.02 - 0.5
IMMATURE GRANULOCYTES(IG)	Calculated	0.02	X 10^3 / µL	0-0.3
TOTAL RBC	**HF & EI**	**2.79**	**X 10^6/µL**	**4.5-5.5**
NUCLEATED RED BLOOD CELLS	Calculated	0.01	X 10^3 / µL	0.0-0.5
NUCLEATED RED BLOOD CELLS %	Flow Cytometry	0.01	%	0.0-5.0
HEMOGLOBIN	**SLS-Hemoglobin Method**	**8**	**g/dL**	**13.0-17.0**
HEMATOCRIT(PCV)	**CPH Detection**	**27.9**	**%**	**40.0-50.0**
MEAN CORPUSCULAR VOLUME(MCV)	Calculated	100	fL	83.0-101.0
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	Calculated	28.7	pq	27.0-32.0
MEAN CORP.HEMO.CONC(MCHC)	**Calculated**	**28.7**	**g/dL**	**31.5-34.5**
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	**Calculated**	**59.6**	**fL**	**39-46**
RED CELL DISTRIBUTION WIDTH (RDW-CV)	**Calculated**	**16.4**	**%**	**11.6-14**
PLATELET COUNT	**HF & EI**	**140**	**X 10^3 / µL**	**150-410**

Remarks : Alert!!!RBCs: Mild anisopoikilocytosis. Predominantly normocytic normochromic with macroovalocytes.Platelets: Mildly reduced in smear. Macro platelets are seen.

Clinical history is asked for all the relevant abnormalities detected and in absence / failure of receiving of clinical history, results are rechecked twice and released. Advised clinical correlation.
Method : Fully automated bidirectional analyser (6 Part Differential SYSMEX XN-1000)
(Reference : *FC- flowcytometry, *HF- hydrodynamic focussing, *EI- Electric Impedence, *Hb- hemoglobin, *CPH- Cumulative pulse height)

— End of report —

Sample Collected on (SCT) : 16 Jul 2024 16:04
Sample Received on (SRT) : 17 Jul 2024 14:38
Report Released on (RRT) : 17 Jul 2024 17:15
Sample Type : EDTA Whole Blood
Labcode : 1707086128/AN740
Barcode : CO835348

Dr Anupama Sinha MD(Path)

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NEUTROPHILS	Flow Cytometry	71.4	%	40-80
LYMPHOCYTE	**Flow Cytometry**	**18.7**	**%**	**20-40**
MONOCYTES	Flow Cytometry	4.8	%	2-10
EOSINOPHILS	Flow Cytometry	4.2	%	1-6
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TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c - (HPLC)			
	H.P.L.C	**5.9**	**%**

Bio. Ref. Interval. :

Bio. Ref. Interval.: As per ADA Guidelines	Guidance For Known Diabetics
Below 5.7% : Normal 5.7% - 6.4% : Prediabetic >=6.5% : Diabetic	Below 6.5% : Good Control 6.5% - 7% : Fair Control 7.0% - 8% : Unsatisfactory Control >8% : Poor Control

Method : Fully Automated H.P.L.C method

AVERAGE BLOOD GLUCOSE (ABG)	**CALCULATED**	**123**	**mg/dL**

Bio. Ref. Interval. :

90 - 120 mg/dl : Good Control
121 - 150 mg/dl : Fair Control
151 - 180 mg/dl : Unsatisfactory Control
> 180 mg/dl : Poor Control

Method : Derived from HBA1c values

Please correlate with clinical conditions.

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TEST ASKED : AAROGYAM C PRO WITH UTSH

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TEST NAME	TECHNOLOGY	VALUE	UNITS
EST. GLOMERULAR FILTRATION RATE (eGFR)	**CALCULATED**	**< 15**	**mL/min/1.73 m2**

Bio. Ref. Interval. :-

> = 90 : Normal
60 - 89 : Mild Decrease
45 - 59 : Mild to Moderate Decrease
30 - 44 : Moderate to Severe Decrease
15 - 29 : Severe Decrease

Clinical Significance

The normal serum creatinine reference interval does not necessarily reflect a normal GFR for a patient. Because mild and moderate kidney injury is poorly inferred from serum creatinine alone. Thus, it is recommended for clinical laboratories to routinely estimate glomerular filtration rate (eGFR), a "gold standard" measurement for assessment of renal function, and report the value when serum creatinine is measured for patients 18 and older, when appropriate and feasible. It cannot be measured easily in clinical practice, instead, GFR is estimated from equations using serum creatinine, age, race and sex. This provides easy to interpret information for the doctor and patient on the degree of renal impairment since it approximately equates to the percentage of kidney function remaining. Application of CKD-EPI equation together with the other diagnostic tools in renal medicine will further improve the detection and management of patients with CKD.

Reference

Levey AS, Stevens LA, Schmid CH, Zhang YL, Castro AF, 3rd, Feldman HI, et al. A new equation to estimate glomerular filtration rate. Ann Intern Med. 2009;150(9):604-12.

Please correlate with clinical conditions.
Method:- CKD-EPI Creatinine Equation

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Labcode : 1607113716/AN740
Barcode : BZ634513

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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL TRIIODOTHYRONINE (T3)	C.M.I.A	73	ng/dL	58-159
TOTAL THYROXINE (T4)	C.M.I.A	7.82	µg/dL	4.87-11.72
TSH - ULTRASENSITIVE	**C.M.I.A**	**7.461**	**µIU/mL**	**0.35-4.94**

The Biological Reference Ranges is specific to the age group. Kindly correlate clinically.

Method :

T3,T4,USTSH - Fully Automated Chemi Luminescent Microparticle Immunoassay

Disclaimer : Results should always be interpreted using the reference range provided by the laboratory that performed the test. Different laboratories do tests using different technologies, methods and using different reagents which may cause difference. In reference ranges and hence it is recommended to interpret result with assay specific reference ranges provided in the reports. To diagnose and monitor therapy doses, it is recommended to get tested every time at the same Laboratory.

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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
UREA (CALCULATED)	**CALCULATED**	**96.51**	**mg/dL**	**Adult : 17-43**
BLOOD UREA NITROGEN (BUN)	**PHOTOMETRY**	**45.1**	**mg/dL**	**7.94 - 20.07**
UREA / SR.CREATININE RATIO	CALCULATED	9.78	Ratio	< 52
CREATININE - SERUM	**PHOTOMETRY**	**9.87**	**mg/dL**	**0.72-1.18**
BUN / SR.CREATININE RATIO	**CALCULATED**	**4.57**	**Ratio**	**9:1-23:1**
CALCIUM	**PHOTOMETRY**	**8.6**	**mg/dL**	**8.8-10.6**
URIC ACID	PHOTOMETRY	6.9	mg/dL	4.2 - 7.3
SODIUM	I.S.E	139	mmol/L	136 - 145
CHLORIDE	I.S.E	105	mmol/L	98 - 107

Please correlate with clinical conditions.

Method :

UREAC - Derived from BUN Value.
BUN - Kinetic UV Assay.
UR/CR - Derived from UREA and Sr.Creatinine values.
SCRE - Creatinine Enzymatic Method
B/CR - Derived from serum Bun and Creatinine values
CALC - Arsenazo III Method, End Point.
URIC - Uricase / Peroxidase Method
SOD - ION SELECTIVE ELECTRODE
CHL - ION SELECTIVE ELECTRODE

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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interv
ALKALINE PHOSPHATASE	PHOTOMETRY	56	U/L	45-129
BILIRUBIN - TOTAL	PHOTOMETRY	0.46	mg/dL	0.3-1.2
BILIRUBIN -DIRECT	PHOTOMETRY	0.08	mg/dL	< 0.3
BILIRUBIN (INDIRECT)	CALCULATED	0.38	mg/dL	0-0.9
GAMMA GLUTAMYL TRANSFERASE (GGT)	PHOTOMETRY	18	U/L	< 55
SGOT / SGPT RATIO	CALCULATED	0.82	Ratio	< 2
ASPARTATE AMINOTRANSFERASE (SGOT)	PHOTOMETRY	15.28	U/L	< 35
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	18.62	U/L	< 45
PROTEIN - TOTAL	PHOTOMETRY	6.62	gm/dL	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	3.73	gm/dL	3.2-4.8
SERUM GLOBULIN	CALCULATED	2.89	gm/dL	2.5-3.4
SERUM ALB/GLOBULIN RATIO	CALCULATED	1.29	Ratio	0.9 - 2

Please correlate with clinical conditions.

Method :

ALKP - Modified IFCC method
BILT - Vanadate Oxidation
BILD - Vanadate Oxidation
BILI - Derived from serum Total and Direct Bilirubin values
GGT - Modified IFCC method
OT/PT - Derived from SGOT and SGPT values.
SGOT - IFCC* Without Pyridoxal Phosphate Activation
SGPT - IFCC* Without Pyridoxal Phosphate Activation
PROT - Biuret Method
SALB - Albumin Bcg¹method (Colorimetric Assay Endpoint)
SEGB - DERIVED FROM SERUM ALBUMIN AND PROTEIN VALUES
A/GR - Derived from serum Albumin and Protein values

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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval
TOTAL CHOLESTEROL	PHOTOMETRY	110	mg/dL	< 200
HDL CHOLESTEROL - DIRECT	PHOTOMETRY	45	mg/dL	40-60
HDL / LDL RATIO	CALCULATED	0.86	Ratio	> 0.40
LDL CHOLESTEROL - DIRECT	PHOTOMETRY	52	mg/dL	< 100
TRIG / HDL RATIO	CALCULATED	1.33	Ratio	< 3.12
TRIGLYCERIDES	PHOTOMETRY	60	mg/dL	< 150
TC/ HDL CHOLESTEROL RATIO	**CALCULATED**	**2.5**	**Ratio**	**3 - 5**
LDL / HDL RATIO	**CALCULATED**	**1.2**	**Ratio**	**1.5-3.5**
NON-HDL CHOLESTEROL	CALCULATED	65.08	mg/dL	< 160
VLDL CHOLESTEROL	CALCULATED	11.95	mg/dL	5 - 40

Please correlate with clinical conditions.

Method :

CHOL - Cholesterol Oxidase, Esterase, Peroxidase
HCHO - Direct Enzymatic Colorimetric
HD/LD - Derived from HDL and LDL values.
LDL - Direct Measure
TRI/H - Derived from TRIG and HDL Values
TRIG - Enzymatic, End Point
TC/H - Derived from serum Cholesterol and Hdl values
LDL/ - Derived from serum HDL and LDL Values
NHDL - Derived from serum Cholesterol and HDL values
VLDL - Derived from serum Triglyceride values

***REFERENCE RANGES AS PER NCEP ATP III GUIDELINES:**

TOTAL CHOLESTEROL	(mg/dl)	HDL	(mg/dl)	LDL	(mg/dl)	TRIGLYCERIDES	(mg/dl)
DESIRABLE	<200	LOW	<40	OPTIMAL	<100	NORMAL	<150
BORDERLINE HIGH	200-239	HIGH	>60	NEAR OPTIMAL	100-129	BORDERLINE HIGH	150-199
HIGH	>240			BORDERLINE HIGH	130-159	HIGH	200-499
				HIGH	160-189	VERY HIGH	>500
				VERY HIGH	>190		

Alert !!! 10-12 hours fasting is mandatory for lipid parameters. If not, values might fluctuate.

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TEST NAME	TECHNOLOGY	VALUE	UNITS
IRON	**PHOTOMETRY**	**55.6**	**µg/dL**
Bio. Ref. Interval. : Male : 65 - 175 Female : 50 - 170 **Method :** Ferrozine method without deproteinization			
TOTAL IRON BINDING CAPACITY (TIBC)	PHOTOMETRY	226	µg/dL
Bio. Ref. Interval. : Male: 225 - 535 µg/dl Female: 215 - 535 µg/dl **Method :** Spectrophotometric Assay			
% TRANSFERRIN SATURATION	CALCULATED	24.6	%
Bio. Ref. Interval. : 13 - 45 **Method :** Derived from IRON and TIBC values			
UNSAT.IRON-BINDING CAPACITY(UIBC)	PHOTOMETRY	170.4	µg/dL
Bio. Ref. Interval. : 162 - 368 **Method :** SPECTROPHOTOMETRIC ASSAY			

Please correlate with clinical conditions.

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TEST NAME	TECHNOLOGY	VALUE	UNITS
TESTOSTERONE	C.L.I.A	468.08	ng/dL

Bio. Ref. Interval. :-

Adult Male
21 - 49 Yrs : 164.94 - 753.38 || 50 - 89 Yrs : 86.49 - 708.22
Adult Female
Pre-Menopause : 12.09 - 59.46 || Post-Menopause: < 7.00 - 48.93
Boys
2-10 Years : < 7.00 - 25.91
11 Years : < 7.00 - 341.53
12 Years : < 7.00 - 562.59
13 Years : 9.34 - 562.93
14 Years : 23.28 - 742.46
15 Years : 144.15 - 841.44
16-21 Years : 118.22 - 948.56
Girls
2-10 Years : < 7.00 - 108.30
11-15 Years : < 7.00 - 48.40
16-21 Years : 17.55 - 50.41

Clinical Significance: Clinical evaluation of serum testosterone, along with serum LH, assists in evaluation of Hypogonadal males. Major causes of lowered testosterone in males include Hypogonadotropic hypogonadism, testicular failure Hyperprolactinema, Hypopituitarism some types of liver and kidney diseases and critical illness.

Specifications: Precision: Intra assay (%CV): 8.5 %, Inter assay (%CV): 12.6%; Sensitivity: 7 ng/dL.

Kit Validation Reference: Kicklighter EJ, Norman RJ. The gonads. In: Kaplan LA, Pesce AJ, eds. Clinical Chemistry: Theory, Analysis, Correlation. 2nd ed. St. Louis: CV Mosby; 1989:657-662.

Please correlate with clinical conditions.
Method:- COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY

Sample Collected on (SCT) : 16 Jul 2024 16:04
Sample Received on (SRT) : 17 Jul 2024 00:20
Report Released on (RRT) : 18 Jul 2024 09:42
Sample Type : SERUM
Labcode : 1607113716/AN740
Barcode : BZ634513

Dr Anupama Sinha MD(Path)

PROCESSED AT :
Thyrocare
2nd Floor, Saluja Tower,
Plot No.1789, PP compound,
Main Road, Ranchi-834001

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Thyrocare Technologies Limited, D-37/3, TTC MIDC, Turbhe, Navi Mumbai - 400703 98708 66333 wellness@thyrocare.com

Trust that Thyrocare Reports are Accurate & Reliable

NAME	: JAY PRAKASH MISHRA (52Y/M)	**SAMPLE COLLECTED AT :**	
REF. BY	: SELF	(8270130176),PEOPLES PATHOLOGY ,Chira Chas near Sbi Bank Bokaro, Bokaro Steel City, Jharkhand 827013, India,827013	
TEST ASKED	: AAROGYAM C PRO WITH UTSH		

TEST NAME	TECHNOLOGY	VALUE	UNITS
HIGH SENSITIVITY C-REACTIVE PROTEIN (HS-CRP)	IMMUNOTURBIDIMETRY	0.85	mg/L

Bio. Ref. Interval. :-

< 1.00 - Low Risk
1.00 - 3.00 - Average Risk
>3.00 - 10.00 - High Risk
> 10.00 - Possibly due to Non-Cardiac Inflammation

Disclaimer: Persistent unexplained elevation of HSCRP >10 should be evaluated for non-cardiovascular etiologies such as infection , active arthritis or concurrent illness.

Clinical significance:
High sensitivity C- reactive Protein (HSCRP) can be used as an independent risk marker for the identification of individuals at risk for future cardiovascular Disease. A coronary artery disease risk assessment should be based on the average of two hs-CRP tests, ideally taken two weeks apart.

Kit Validation Reference:
1.Clinical management of laboratory date in medical practice 2003-3004, 207(2003).
2.Tietz : Textbook of Clinical Chemistry and Molecular diagnostics :Second edition :Chapter 47:Page no.1507- 1508.

Please correlate with clinical conditions.
Method:- FULLY AUTOMATED LATEX AGGLUTINATION - BECKMAN COULTER

Sample Collected on (SCT)	: 16 Jul 2024 16:04
Sample Received on (SRT)	: 17 Jul 2024 00:20
Report Released on (RRT)	: 18 Jul 2024 09:42
Sample Type	: SERUM
Labcode	: 1607113716/AN740
Barcode	: BZ634513

Dr Anupama Sinha MD(Path)

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9 out of 10 Doctors Trust that Thyrocare Reports are Accurate & Reliable

NAME	: JAY PRAKASH MISHRA (52Y/M)	**SAMPLE COLLECTED AT :**	
REF. BY	: SELF	(8270130176),PEOPLES PATHOLOGY ,Chira Chas near Sbi Bank Bokaro, Bokaro Steel City, Jharkhand 827013, India,827013	
TEST ASKED	: AAROGYAM C PRO WITH UTSH		

TEST NAME	TECHNOLOGY	VALUE	UNITS
25-OH VITAMIN D (TOTAL)	**C.L.I.A**	**21.48**	**ng/mL**

Bio. Ref. Interval. :
DEFICIENCY : <20 ng/ml || INSUFFICIENCY : 20-<30 ng/ml
SUFFICIENCY : 30-100 ng/ml || TOXICITY : >100 ng/ml

Clinical Significance:

Vitamin D is a fat soluble vitamin that has been known to help the body absorb and retain calcium and phosphorous; both are critical for building bone health. Decrease in vitamin D total levels indicate inadequate exposure of sunlight, dietary deficiency, nephrotic syndrome. Increase in vitamin D total levels indicate Vitamin D intoxication.

Specifications: Precision: Intra assay (%CV):5.3%, Inter assay (%CV):11.9% ; Sensitivity:3.2 ng/ml.

Kit Validation Reference: Holick MF. Vitamin D Deficiency. N Engl J Med. 2007;357:266-81.

Method : Fully Automated Chemi Luminescent Immuno Assay

VITAMIN B-12	**C.L.I.A**	**1601**	**pg/mL**

Bio. Ref. Interval. :

Normal : 211 - 911 pg/ml

Clinical significance :
Vitamin B12 or cyanocobalamin, is a complex corrinoid compound found exclusively from animal dietary sources, such as meat, eggs and milk. It is critical in normal DNA synthesis, which in turn affects erythrocyte maturation and in the formation of myelin sheath. Vitamin-B12 is used to find out neurological abnormalities and impaired DNA synthesis associated with macrocytic anemias. For diagnostic purpose, results should always be assessed in conjunction with the patients medical history, clinical examination and other findings.

Specifications: Intra assay (%CV):5.0%, Inter assay (%CV):9.2 %;Sensitivity:45 pg/ml

Kit Validation reference:
Chen IW, Sperling MI, Heminger LA. Vitamin B12. In: Pesce AJ, Kaplan LA, eds. Methods in Clinical Chemistry. St. Louis: CV Mosby; 1987:569-73.

Method : COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY

Please correlate with clinical conditions.

Sample Collected on (SCT)	:16 Jul 2024 16:04
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Dr Anupama Sinha MD(Path)