Patient Name	**: Mr. RAGHU RAI**	Specimen Drawn ON	: 02/Jul/2024 12:46PM
Age/Gender	: 56 YRS /M	Specimen Received ON	: 02/Jul/2024 02:34PM
UHID/MR No	: APRJ.0000046077	Report Date	: 02/Jul/2024 04:25PM
Visit ID	**: MPRJ46412**	Client Code	: UP413MH
Ref Doctor	: Dr.KALVIN HOSPITAL	Barcode No	: B6286655
Client Name	: PATHO CARE PATHOLOGY	Ref Customer	: SELF

DEPARTMENT OF HAEMATOLOGY

BIOT D PLUS BCY

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C				
Sample Type : WHOLE BLOOD EDTA				
HbA1c (ngsp)	**8.1**	%	Non diabetic adults >=18 years <5.7~At risk (Prediabetes) 5.7 - 6.4~Diagnosing Diabetes >= 6.5	HPLC
HbA1c (IFCC)	64.85	mmol/mol		HPLC
Estimated Average Glucose	185.8	mg/dl		Calculated

Interpretation:

As per American Diabetes Association (ADA)	
Reference Group	HbA1c in %
Non diabetic adults >=18 years	<5.7
At risk (Prediabetes)	5.7 – 6.4
Diagnosing Diabetes	>=6.5

Note:
1, Since HbA1c reflects long term fluctuation in the blood glucose concentration , a diabetic patient who is recently under good control may still have a high concentration of HbA1c . Converse is true for a diabetic previously under good control but now proply controlled.
2, Target goals of <7.0% may be beneficial in patients with short duration of diabetes , long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes ,limit life expectancy or extensive co-morbid conditions, targeting a goal of <7.0 % may not be appropriate.

Comment :
HBA1c provides an index of average blood glucose levels over the past 8 – 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

Pathocare Pathology
431, Bahadurganj, Allahabad
M. 8840129903, 980717-4426

DR.AKANSHA SINGH
M.B.B.S ,M.D.(PATH)
CONSULTANT PATHOLOGIST
UPMC NO.654987

DR. ANIL GUPTA
M.B.B.S , M.D.(PATH)
SR, CONSULTANT PATHOLOGIST
REGD.NO.5015

DR. PAWAN KUMAR
Phd. BIOCHEMISTRY
CONSULTANT BIOCHEMIST

QR CODE

CRL DIAGNOSTICS PVT. LTD.
Plot No. 10, Avtar Enclave, Opp. Metro Pillar No. 227, Rohtak Road, Paschim Vihar, New Delhi-110063
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BIOT D PLUS BCY

Test Name	Result	Unit	Bio. Ref. Range	Method

Chromatogram Report

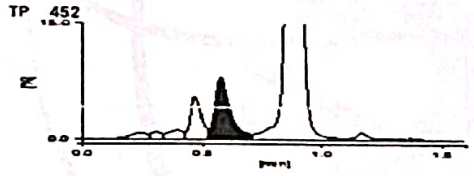
HLC723G2 VS 29 12345 2024/07/02 16:15:15
ID B6286655
Sample No. 019 SL 0002 - 09
Patient ID
Name
Comment

CALIB Y =1.1746X + 0.5690

Name	%	Time	Area
A1A	0.6	0.24	9.00
A1B	0.5	0.31	6.54
F	0.8	0.39	11.79
LA1C+	3.1	0.47	42.70
SA1C	8.1	0.57	87.29
A0	89.5	0.88	1241.42
H-V0			
H-V1			
H-V2			

Total Area 1398.74

HbA1c 8.1 %
HbA1 9.2 %
HbF 0.8 %



7/2/2024 4:15:16 PM CRL 1 / 1

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C-O- MADNANI HOSPITAL, 236-B BARRAH BANGALIA
LUKERGANJ,PRAYAGRAJ PIN-211001

Pathocare Pathology
431, Bahadurganj, Allahabad
M. 8840129903, 9807174426

DR.AKANSHA SINGH
M.B.B.S ,M.D.(PATH)
CONSULTANT PATHOLOGIST
UPMC NO.654987

DR. ANIL GUPTA
M.B.B.S , M.D.(PATH)
SR, CONSULTANT PATHOLOGIST
REGD.NO.5015

DR. PAWAN KUMAR
Phd. BIOCHEMISTRY
CONSULTANT BIOCHEMIST

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Age/Gender	: 56 YRS /M	Specimen Received ON	: 02/Jul/2024 02:34PM
UHID/MR No	: APRJ.0000046077	Report Date	: 02/Jul/2024 03:41PM
Visit ID	**: MPRJ46412**	Client Code	: UP413MH
Ref Doctor	: Dr.KALVIN HOSPITAL	Barcode No	: B6286655
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DEPARTMENT OF HAEMATOLOGY

BIOT D PLUS BCY

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE BLOOD COUNT(CBC)23				
R.B.C	**2.69**	Millions/cumm	4.5-5.5	Impedance variation
Haemoglobin	**7.5**	g/dl	13-17	Spectrophotometry
Packed Cell Volume	**22.50**	%	40.0-50.0	Analogical Integration
MCV	83.64	fL	80-100	
MCH	27.88	pg	27.0-32.0	Calculated
MCHC	33.33	g/dL	27.0-48.0	Calculated
RDW-CV	**17.4**	%	11.5-14.0	Calculated
Platelet Count	**130**	x1000/uL	150-450	Impedance Variation
Total WBC Count	7200	/cumm	4000-10000	Impedance Variation
MPV	11.60	%	9.1-11.9	Calculated
PCT	**0.10**	%	0.18-0.39	Calculated
PDW	**24.80**	%	9.0-15.0	Calculated
Differential Leucocyte Count				
Neutrophil	74	%	40.0-80.0	flow cytometry/manual
Lymphocyte	**18**	%	20.0-40.0	flow cytometry/manual
Monocytes	06	%	2-10	flow cytometry/manual
Eosinophils	02	%	01-06	Flow cytometry/manual
Basophils	00	%	0-1	Flow cytometry/manual
Absolute Neutrophils	5.33	1000/µL	2.00-7.00	
Absolute Lymphocytes	1.30	1000/µL	1.00-3.00	
Absolute Monocytes	0.43	1000/µL	0.20-1.00	
Absolute Eosinophils	0.14	1000/µL	0.02-0.50	
Neutrophil-Lymphocyte Ratio	4.11			Calculated
Lymphocyte-Monocyte Ratio	3			Calculated
Platelet-Lymphocyte Ratio	7			Calculated

Pathocare Pathology
431, Bahadurganj, Allahabad
M. 8840129903, 9807174420

DR.AKANSHA SINGH
M.B.B.S ,M.D.(PATH)
CONSULTANT PATHOLOGIST
UPMC NO.654987

DR. ANIL GUPTA
M.B.B.S , M.D.(PATH)
SR, CONSULTANT PATHOLOGIST
REGD.NO.5015

DR. PAWAN KUMAR
Phd. BIOCHEMISTRY
CONSULTANT BIOCHEMIST

QR CODE

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Visit ID	**: MPRJ46412**	Client Code	: UP413MH
Ref Doctor	: Dr.KALVIN HOSPITAL	Barcode No	: B6286654
Client Name	: PATHO CARE PATHOLOGY	Ref Customer	: SELF

DEPARTMENT OF BIOCHEMISTRY

BIOT D PLUS BCY

Test Name	Result	Unit	Bio. Ref. Range	Method
KIDNEY FUNCTION TEST (KFT)				
Sample Type : SERUM				
Urea	102	mg/dl	13.0-43.0	Spectro-photometry
Creatinine	7.88	mg/dL	0.70-1.40	Spectro-photometry
Uric Acid	6.40	mg/dl	4.40-7.60	Spectro-photometry
Sodium (NA+)	125.00	mmol/L	135.0-145.0	Ion Selective Electrode
Potassium (K+)	4.99	mmol/L	3.50-5.50	Ion Selective Electrode
Chloride	99.00	mmol/L	98-109	Ion Selective Electrode

Please correlate clinically.

Interpretation :- Kidney blood tests, or Kidney function tests, are used to detect and diagnose disease of the Kidney.

The higher the blood levels of urea and creatinine, the less well the kidneys are working.
The level of creatinine is usually used as a marker as to the severity of kidney failure. (Creatinine in itself is not harmful, but a high level indicates that the kidneys are not working properly. So, many other waste products will not be cleared out of the bloodstream.) You normally need treatment with dialysis if the level of creatinine goes higher than a certain value.
Dehydration can also be a come for increases in urea level.
Before and after starting treatment with certain medicines. Some medicines occasionally cause kidney damage (Nephrotoxic Drug) as a side-effect. Therefore, kidney function is often checked before and after starting treatment with certain medicines.

Pathocare Pathology
431, Bahadurganj, Allahabad
M. 8840123903, 980717 ,426

DR.AKANSHA SINGH
M.B.B.S ,M.D.(PATH)
CONSULTANT PATHOLOGIST
UPMC NO.654987

DR. ANIL GUPTA
M.B.B.S , M.D.(PATH)
SR, CONSULTANT PATHOLOGIST
REGD.NO.5015

DR. PAWAN KUMAR
Phd. BIOCHEMISTRY
CONSULTANT BIOCHEMIST

QR CODE

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Plot No. 10, Avtar Enclave, Opp. Metro Pillar No. 227, Rohtak Road, Paschim Vihar, New Delhi-110063
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DEPARTMENT OF BIOCHEMISTRY

BIOT D PLUS BCY

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT)-EXTENDED				
Sample Type : SERUM				
Bilirubin Total	**1.16**	mg/dl	<1.1	Diazotized Sulfanilic
Bilirubin Direct	**0.42**	mg/dl	0-0.3	Diazotized Sulfanilic
Bilirubin Indirect	0.74	mg/dl	0.30-1.00	Calculated
SGOT (AST)	22.9	U/L	<31.0	IFCC without pyridoxal phosphate
SGPT (ALT)	27.0	U/L	<33.0	IFCC without pyridoxal phosphate
Alkaline Phosphatase (ALP)	**166.5**	U/L	40-129	Spectrophotometry
Gamma Glutamyl Transferase (GGT)	56.0	U/L	15-60	L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate
Protein Total	7.37	g/dL	6.6-8.7	Biuret
Albumin (Serum)	3.66	g/dL	3.5-5.5	Bromo Cresol Green (BCG)
Globulin	**3.71**	g/dL	2.50-3.50	Calculated
A/G Ratio	**0.99**		1.5-2.5	Calculated

Interpretation:- Liver blood tests, or liver function tests, are used to detect and diagnose disease or inflammation of the liver. Elevated aminotransferase (ALT, AST) levels are measured as well as alkaline phosphatase, albumin, and bilirubin. Some diseases that cause abnormal levels of ALT and AST include hepatitis A, B, and C, cirrhosis, iron overload, and Tylenol liver damage. Medications also cause elevated liver enzymes. There are less common conditions and diseases that also cause elevated liver enzyme levels.: Liver blood tests, or liver function tests, are used to detect and diagnose disease or inflammation of the liver. Elevated aminotransferase (ALT, AST) levels are measured as well as alkaline phosphatase, albumin, and bilirubin. Some diseases that cause abnormal levels of ALT and AST include hepatitis A, B, and C, cirrhosis, iron overload, and Tylenol liver damage. Medications also cause elevated liver enzymes.There are less common conditions and diseases that also cause elevated liver enzyme levels.

Pathocare Pathology
451, Bahadurganj, Allahabad
M. 8840129903, 9807174426

DR.AKANSHA SINGH
M.B.B.S ,M.D.(PATH)
CONSULTANT PATHOLOGIST
UPMC NO.654987

DR. ANIL GUPTA
M.B.B.S , M.D.(PATH)
SR, CONSULTANT PATHOLOGIST
REGD.NO.5015

DR. PAWAN KUMAR
Phd. BIOCHEMISTRY
CONSULTANT BIOCHEMIST

QR CODE

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Client Name	: PATHO CARE PATHOLOGY	Ref Customer	: SELF

DEPARTMENT OF BIOCHEMISTRY

BIOT D PLUS BCY

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE BASIC				
Sample Type : SERUM				
Total Cholesterol	88.6	mg/dL	<200.00 mg/dL	Enzymatic Colorimetric
Triglyceride	43.9	mg/dL	0.0-150 :Normal 151-199 :Border Line >=200 :High 200.0-499.0 High => 500 Very High	Enzymatic Colorimetric
HDL Cholesterol	18.6	mg/dL	40-60	Direct (PVS/PEGME precipitation & Trinder reaction)
Non HDL Cholesterol	70.00	mg/dL	< 130 mg/dL	Calculated
VLDL Cholesterol	8.8	mg/dL	2.00-30.00	Calculated
LDL Cholesterol	61.22	mg/dL	0-130 :Normal~131-155 :Borderline~>=160 :High	Direct (PVS/PEGME precipitation & Trinder reaction)
Cholesterol/HDL Ratio	4.76	Ratio	<4.00	Calculated
LDL / HDL Cholestrol Ratio	3.29	Ratio	<3.50	Calculated
HDL/LDL Cholesterol Ratio	0.30	Ratio	<3.50	Calculated

Total Cholesterol (mg/dL) <200 – Desirable 200-239 -Borderline high >240 – High
HDL Cholesterol (mg/dL), <40 – Low >60 – High
LDL Cholesterol (mg/dL) <100 Optimal
[Primary Target of Therapy] 100-129 Near optimal /above optimal, 130-159 Borderline high,160-189 High,>190 Very high Serum Triglycerides (mg/dL) <150 Normal,150-199 Borderline high,200-499 High,>500 Very high
NCEP recommends lowering of LDL Cholesterol as the primary therapeutic target with lipid lowering agents, however, if triglycerides remain >200 mg/dL after LDL goal is Reached, seti secondary goal for non-HDL cholesterol (total minus HDL) 30 mg/dL higher than LDL goal

Risk Category	LDL Goal (mg/dL)	Non-HDL Goal (mg/dL)
CHD and CHD Risk Equivalent	<100	<130
(10-year risk for CHD >20%)		
Multiple (2+) Risk Factors and	<130	<160
10-year risk <20%		
0-1 Risk Factor	<160	<190

Pathocare Pathology
431, Baheduripur, Allahabad
M. 8840129003, 9807174428

DR.AKANSHA SINGH
M.B.B.S ,M.D.(PATH)
CONSULTANT PATHOLOGIST
UPMC NO.654987

DR. ANIL GUPTA
M.B.B.S , M.D.(PATH)
SR. CONSULTANT PATHOLOGIST
REGD NO.5015

DR. PAWAN KUMAR
Phd. BIOCHEMISTRY
CONSULTANT BIOCHEMIST

QR CODE

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Plot No. 10, Avtar Enclave, Opp. Metro Pillar No. 227, Rohtak Road, Paschim Vihar, New Delhi-110063
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DEPARTMENT OF IMMUNOASSAY

BIOT D PLUS BCY

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE				
Sample Type : SERUM				
Triiodothyronine Total (T3)	**0.74**	ng/mL	0.81-1.81	Chemiluminescence Immunoassay (CLIA)
Thyroxine Total (T4)	5.3	ug/dL	4.6-10.5	Chemiluminescence Immunoassay (CLIA)
TSH (4th Generation)	3.860	uIU/mL	0.40-4.20	Chemiluminescence Immunoassay (CLIA)

PREGNANCY	REFERENCE RANGE for TSH IN uIU/mL (As per Amencan Thyroid Association)
1st Trimester	0.10-2.50 uIU/mL
2nd Trimester	0.20-3.00 uIU/mL
3rd Trimester	0.30-3.00 uIU/mL

INTERPRETATION-

1. Pnmary hyperthyroidism is accompanied by elevated serum T3 & T4 values along with depressed TSH level.
2. .Primary hypothyroidism is accompanied by depressed serum T3 and T4 values & elevated serum TSH levels.
3. Normal T4 levels accompanied by high T3 levels and low TSH are seen in patients with T3 thyrotoxicosis.
4. Normal or low T3 & high T4 levels indicate T4 thyrotoxicosis (problem is conversion of T4 to T3)
5. Normal T3 & T4 along with low TSH indicate mild / subclinical HYPERTHYROIDISM .
6. Normal T3 & low T4 along with high TSH is seen in HYPOTHYROIDISM .
7. Normal T3 & T4 levels with high TSH indicate Mild / Subclinical HYPOTHYROIDISM .
8. Slightly elevated T3 levels may be found in pregnancy and in estrogen therapy while depressed levels may be encountered in severe illness , malnutrition , renal failure and during therapy with drugs like propanolol.
9. Although elevated TSH levels are nearly always indicative of primary hypothroidism , rarely they can result from TSH secreting pituitary tumours (seconday hyperthyroidism)

TSH IS DONE BY ULTRASENSITIVE 4th GENERATION CHEMIFLEX ASSAY

COMMENTS:

Assay results should be interpreted in context to the clinical condition and associated results of other investigations. Previous treatment with corticosteroid therapy may result in lower TSH levels while thyroid hormone levels are normal. Results are invalidated if the client has undergone a radionuclide scan within 7-14 days before the test. Abnormal thyroid test findings often found in critically ill clients should be repeated after the cntical nature of the condition is resolved.The production, circulation, and disintegration of thyroid hormones are altered throughout the stages of pregnancy.

NOTE:TSH levels are subject to circardian variation,reaching peak levels between 2 AM and minimum between 6-10 PM. The variation is the order of 50% hence time of the day has influence on the measures serum TSH concentration.Dose and time of drug intake also influence the test result. Reference ranges are from Tests fundamental of clinical chemistry 7th ed.

***** End Of Report *****

Pathocare Pathology
431, Bahadurganj, Allahabad
M. 8640129903, 980717 ,426

DR.AKANSHA SINGH
M.B.B.S ,M.D.(PATH)
CONSULTANT PATHOLOGIST
UPMC NO.654987

DR. ANIL GUPTA
M.B.B.S , M.D.(PATH)
SR, CONSULTANT PATHOLOGIST
REGD.NO.5015

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CONSULTANT BIOCHEMIST

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