

Name : MR. AVTAR SINGH SAGGU (MEDZONE HEALTH) Age/Sex : 57 Years / Male  
 Ref. By : SELF Reg. Date : 22/05/2022  
 Reg No. : 29379 8674 Collected At : NKH LAB

## INVESTIGATION REPORT

### HEALTH PROFILE

TEST	RESULT	UNIT	BIOLOGICAL REF RANGE	TEST METHOD
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#### Glucose - FBS & PLBS

Sample Type : PLASMA - NaF

Blood Glucose - Fasting	: 155	mg/dl	70 - 110	GOD-POD
Blood Glucose - Post Prandial	: 236.95	mg/dl	100 - 140	GOD-POD

#### TSH (Thyroid Stimulating Hormone)

Sample Type : SERUM

TSH (Thyroid Stimulating Hormone)	: 2.04	μIU/mL	0.37 - 4.8 : Adults	ECL
			0.46 - 8.1 : 1mon-5 Yrs	
			0.52 -16.0 : 1 – 30 Days	

Thyroid-stimulating hormone (TSH, thyrotropin) is a glycoprotein having a molecular weight of approx. 30,000 daltons and consisting of two subunits. The beta-subunit carries the TSH-specific immunological and biological information, whereas the alpha-chain carries species-specific information and has an identical amino acid sequence to the alpha-chains of LH, FSH and hCG. TSH is formed in specific basophil cells of the anterior pituitary and is subject to a circadian secretion sequence. The hypophyseal release of TSH (thyrotropic hormone) is the central regulating mechanism for the biological action of thyroid hormones. TSH has a stimulating action in all stages of thyroid hormone formation and secretion; it also has a proliferative effect. The determination of TSH serves as the initial test in thyroid diagnostics. Even very slight changes in the concentrations of the free thyroid hormones bring about much greater opposite changes in the TSH level. Accordingly, TSH is a very sensitive and specific parameter for assessing thyroid function and is particularly suitable for early detection or exclusion of disorders in the central regulating circuit between the hypothalamus, pituitary and thyroid. Roche Cobas TSH employs monoclonal antibodies specifically directed against human TSH. The antibodies labeled with ruthenium complex\* consist of a chimeric construct from human and mouse-specific components. As a result, interfering effects due to HAMA (human anti-mouse antibodies) are largely eliminated.

METHOD: One-step sandwich and competitive FEIA

INSTRUMENT: TOSHO AIA-360 JAPAN

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<b><u>LFT (Liver Function Test)</u></b>				
<b>Sample Type</b>	<b>: SERUM</b>			
Bilirubin Total	: 0.83	mg/dl	Adults : 0.1 - 1.2 New born : 0.1 - 12.6	Diazotized Sulfanilic
Bilirubin Direct	: 0.42	mg/dl	Upto 0.4	Diazotized Sulfanilic
Bilirubin Indirect	: 0.41	mg/dl	0.3 - 1.0	
Aspartate Amino Transferase (SGOT)	: 90.51	U/L	Upto 41	IFCC without pyridoxal phosphate
Alanine Amino Transferase (SGPT)	: 84.21	U/L	Upto 40	IFCC without pyridoxal phosphate
Alkaline Phosphatase	: 102.48	U/L	1 month to 9 yrs : 82 - 383 10 yrs to 15 yrs : 42 - 390 16 yrs to 18 yrs : 52 - 171 Adults : 53 - 141	Diethanolamine buffer
Serum Protein	: 8.05	gm/dl	6.0 - 8.3	Biuret
Serum Albumin	: 4.10	gm/dl	3.5 - 5.2	Bromocresol green
Serum Globulin	: 3.95	gm/dl	2.5 - 3.5	
Alb/Glo Ratio	: 1.04		1-2	

**LFT:** Liver Function tests are a measurement of blood components that provide a lead to the existence, the extent and the type of liver damage.

**BILIRUBIN:** Bilirubin levels may rise due to hemolysis, failure of conjugating mechanism in the liver, obstruction in the biliary system.

**ALKALINE PHOSPHATASE:** \*Increase in ALP activity is an index of cholestasis, a blockage of bile flow. \*Increase may also occur in infiltrative diseases of the liver and cirrhosis

**TRANSAMINASES (AST & ALT):** \*The serum transaminases activities are a measure of the integrity of liver cells. \*They are elevated in acute damage to hepatocytes irrespective of etiology. \*The causes include – hepatitis, toxic injury, drug overdose, shock, severe hypoxia.

**SERUM TOTAL PROTEINS:** A decrease in serum total proteins indicates a decrease in the liver's synthetic capacity and thus indicates the severity of the liver disease.

**METHOD:** Spectrophotometry

**INSTRUMENT:** BS-400 Fully Automated Chemistry Analyser

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<b>Lipid Profile</b>				
Sample Type	: SERUM			
Cholesterol Total	: 223.9	mg/dl	Desirable : < 200 Moderate Risk : 200 - 239 High Risk : > 240	CHOD-PAP
Cholesterol HDL	: <b>38.13</b>	mg/dl	Desirable : > 37 Moderate Risk : 25 - 37 High Risk : < 12 - 18	Direct Clearance
Cholesterol LDL	: 153.16	mg/dl	Desirable : < 130 Moderate Risk : 130 - 159 High Risk : > 160	Direct Clearance
Cholesterol VLDL	: 32.61	mg/dl	6 - 40	
Triglycerides	: 163.07	mg/dl	< 160 : Normal 160 - 400 : Slightly Elevated 400 - 600 : Elevated > 600 : Highly Elevated	GPO
T.Chol / HDL Chol Ratio	: <b>5.87</b>		2.9 - 5.1	
LDL / HDL Ratio	: <b>4.02</b>		1.7 - 3.5	

#### NOTE : Lipid Profile RANGES AS PER NCEP-ATP III are:

Serum cholesterol (Total) :

Desirable : < 200 mg/dl, Borderline : 200 - 239 mg/dl, Elevated : >= 240 mg/dl

Serum high density lipoprotein cholesterol(HDL) :

Desirable : > 60 mg/dl, Borderline : 40- 60 mg/dl, Elevated : 40 mg/dl

Total cholesterol : HDL cholesterol ratio :

Low risk : 3.3-4.4, Average risk : 4.4-7.1, Moderate risk : 7.1-11.0, High risk : >11.0

Serum low density lipoprotein (LDL) cholesterol :

Desirable : 100 mg/dl, Borderline : 100- 159 mg/dl, Elevated : >= 160 mg/dl

Triglycerides :

Desirable : 150 mg/dl, Borderline : 150- 199 mg/dl, High : 200 - 499 mg/dl, Very High : >= 500 mg/dl

HDL measurement done by Direct HDL clearance method (CDC approved).

As per the Friedwald Equation, VLDL & LDL values are not applicable for triglyceride values above 400 mg/dl.

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### RENAL FUNCTION TEST

Sample Type : SERUM

Blood urea	: 23.57	mg/dl	10-40	Urease UV
Serum Creatinine	: 1.08	mg/dl	0.6-1.4	Alkaline Picrate
Blood Urea Nitrogen	: 11.01	mg/dl	7-21	
Serum Sodium	: 148.0	meq/l	125-155	ISE
Serum Potassium	: 4.10	meq/l	3.5-5.6	ISE
chloride	: 105			
ionized calcium	: 1.20	Meq/L	1.10-1.35	

--- End Of Report ---

Sample Registered On : May 22, 2022 3:29 pm

Sample Received On : May 22, 2022 3:42 pm

Report Released On : May 22, 2022 6:32 pm

Sample Barcode :



Checked By: gulzar

Dr VANDANA CHANDANI

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#### CUE (Complete Urine Examination)

Sample Type : URINE

#### PHYSICAL EXAMINATION :

Color : PALE YELLOW  
Appearance : CLEAR  
Reaction (pH) : 6.0 4.8-7.6  
Specific Gravity : 1.010 1.002-1.030

#### CHEMICAL EXAMINATION :

Proteins : ABSENT  
Sugar : TRACE

#### MICROSCOPIC EXAMINATION :

Pus (WBC) Cells : 2-3  
Epithelial Cells. : 1-2  
R.B.C : ABSENT  
Casts : ABSENT  
Crystals : ABSENT

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#### Blood Grouping (A,B,O) and Rh factor

Sample Type : WB - EDTA

Blood Group : "B"

Rh(D) Type : POSITIVE

#### CBP (Complete Blood Picture)

Sample Type : WB - EDTA

Haemoglobin	: 15.3	gm%	12.0 - 18.0	
Total Erythrocyte Count	: 5.55	M/cmm	4.0 - 6.2	Cell Counter
Hematocrit (PCV)	: 44.2	Vol %	35.0 - 50.0	
Mean Corpuscular Volume	: 79.5	fL	80 - 100	
Mean Corpuscular Hemoglobin	: 27.5	PG	26 - 34	
MCHC	: 34.6	g/L	31 - 35	
RDW	: 12.0	%	11.5 - 14.5	
Total Leucocyte Count.	: 9430	/cumm	4000 - 11000	

#### DIFFERENTIAL COUNT :

Neutrophils	: 52	%	40 - 75	
Lymphocytes.	: 40	%	20 - 40	Cell Counter
Monocytes.	: 03	%	2 - 10	Cell Counter
Eosinophils	: 05	%	1 - 6	Cell Counter
Basophils	: 0	%	0 - 1	Cell Counter
Platelet Count	: 146000	/cmm	150000 - 450000	

#### ESR (Erythrocyte Sedimentation Rate)

Sample Type : PLASMA -Na Citrate

ESR (Erythrocyte Sedimentation Rate) : 11 mm/hr 0 - 15 :1st Hour Sedimentation me

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