ADVANCE DIAGNOSTICS CENTRE
C1-C2/17A, NEAR NIHARIKA TALKIES
KORBA- 495677
PH-09228333 MOBILE-9300888178

NAME	: MR DEEPAK KUMAR	41	Years / Male	Reg No.	: 21722
Ref. By	: DR. PANDEY SANJAY(MD MED.)			Reg. Date	: 01/09/2022 09:39AM
Address	:			Collected At	: MedZone Center

INVESTIGATION REPORT

CLINICAL BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REF RANGE	TEST METHOD
Uric Acid				
Sample Type	: SERUM			
Uric Acid	: 6.4	mg/dl	3.5 - 7.2	Fully Automated Roche E311
LFT (Liver Function Test)				
Sample Type	: SERUM			
Bilirubin Total	: 0.75	mg/dl	Adults : 0.1 - 1.2 New born : 0.1 - 12.6	Diazoted Sulfanilic
Bilirubin Direct	: 0.32	mg/dl	Upto 0.4	Diazoted Sulfanilic
Bilirubin Indirect	: 0.43	mg/dl	0.3 - 1.0	
Aspartate Amino Transferase (SGOT)	: 22.1	U/L	Upto 41	IFCC without pyridoxal phosphate
Alanine Amino Transferase (SGPT)	: 31.5	U/L	Upto 40	IFCC without pyridoxal phosphate
Alkaline Phosphatase	: 71.6	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	: 7.4	gm/dl	6.0 - 8.3	Biuret
Serum Albumin	: 4.8	gm/dl	3.5 - 5.2	Bromocresol green
Serum Globulin	: 2.6	gm/dl	2.5 - 3.5	
Alb/Glo Ratio	: 1.85		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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CLINICAL BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REF RANGE	TEST METHOD
Lipid Profile				
Sample Type	: SERUM			
Cholesterol Total	: 162.3	mg/dl	Desirable : < 200 Moderate Risk : 200 - 239 High Risk : > 240	CHOD-PAP
Cholesterol HDL	: **43.02**	mg/dl	Desirable : > 37 Moderate Risk : 25 - 37 High Risk : < 12 - 18	Direct Clearance
Cholesterol LDL	: 83.3	mg/dl	Desirable : < 130 Moderate Risk : 130 - 159 High Risk : > 160	Direct Clearance
Cholesterol VLDL	: 35.98	mg/dl	6 - 40	
Triglycerides	: 179.9	mg/dl	< 160 : Normal 160 – 400 : Slightly Elevated 400 – 600 : Elevated > 600 : Highly Elevated	GPO
T.Chol / HDL Chol Ratio	: 3.77		2.9 - 5.1	
LDL / HDL Ratio	: 1.94		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/dll, 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/dll, Elevated : >/= 160 mg/dl
Triglycerides :
Desirable : 150 mg/dl, Borderline : 150- 199 mg/dll, 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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CLINICAL BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REF RANGE	TEST METHOD
Thyroid Profile				
Sample Type	: SERUM			
Tri Iodothyronine (T3)	: 1.24	ng/mL	0.6-2.7 : 1 - 10 Years 0.6-1.81 : Adults Pregnancy 0.9 - 3.0 : Ist Trimester 0.9 - 3.6 : 2nd & 3rdTr	ECL
Total Thyoxine (T4)	: **7.73**	µg/dL	7.8 - 16.5 : 1 - 12 Months 4.6 - 11.6 : Adults 9.1 - 14.0 : Pregnancy (15 - 40 Weeks)	ECL
Thyroid Stimulating Hormone (TSH)	: 4.87	µIU/mL	0.52 - 16.0 : 1 - 30 Days 0.46 - 8.10 : 1 Mn - 5 Yrs 0.37 - 4.8 : Adults Cord blood : 2.3 - 13.2	ECL

Three common ways in which there may be inadequate amounts of the thyroid hormone for normal metabolism. **1.** Primary hypothyroidism, in which there is a raised TSH and a low T4 and low T3. This is due to failure of the thyroid gland, possibly due to autoantibody disease, possibly due to toxic stress or possibly due to iodine deficiency. **2.** The second, the most common cause of thyroid failure, occurs at the pituitary level. In this condition there is inadequate thyroid stimulating hormone (TSH) produced from the pituitary and so one tends to see low or normal TSH, low T4s and variable T3s. This condition is most common in many patients with chronic fatigue syndrome, where there is a general suppression of the hypothalamic-pituitary-adrenal axis. **3.** The third type of under-functioning is due to poor conversion of T4 to T3. This requires enzymes and co-factors, in particular selenium, zinc and iron. In this condition there are normal or possibly slightly raised levels of TSH, normal levels of T4 but low levels of T3. This requires micronutrients and also T3 to correct.

Therefore, in any patient suspecting of thyroid problem routinely TSH, a Free T4 and a Free T3 are also advisable. Any patients who are taking T3 as part of their thyroid supplement need to have their T3 levels monitored as well as T4. T3 is much more quickly metabolized than T4 and blood tests should be done between 4-6 hours after their morning dose.

METHOD: One-step sandwich and competitive FEIA
INSTRUMENT: TOSHO AIA-360 JAPAN

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TEST	RESULT	UNIT	BIOLOGICAL REF RANGE	TEST METHOD
RENAL FUNCTION TEST				
Sample Type	: SERUM			
Blood urea	: 17.1	mg/dl	10-40	Urease UV
Serum Creatinine	: 0.90	mg/dl	0.6-1.4	Alkaline Picrate
Blood Urea Nitrogen	: 7.99	mg/dl	7-21	
Serum Sodium	: 137	mmol/L	136-145	ISE
Serum Potassium	: 5.05	mmol/L	3.5-5.1	ISE
chloride	: 102.0	Meq/L	96-106	

--- End Of Report ---

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Sample Barcode :

Checked By:gopal

Dr. VANDANA CHANDANI

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INVESTIGATION REPORT

HAEMATOLOGY

TEST	RESULT	UNIT		TEST METHOD
Blood Grouping (A,B,O) and Rh factor				
Sample Type	: WB - EDTA			
Blood Group	: "A"			
Rh(D) Type	: POSITIVE			
CBP (Complete Blood Picture)				
Sample Type	: WB - EDTA			
Haemoglobin	: 12.7	gm%	12.0 - 18.0	
Total Erythrocyte Count	: 4.50	M/cmm	4.0 - 6.2	Cell Counter
Hemotocrit (PCV)	: 40.4	Vol %	35.0 - 50.0	
Mean Corpuscular Volume	: 89.8	fL	80 - 100	
Mean Corpuscular Hemoglobin	: 28.2	PG	26 - 34	
MCHC	: 31.4	g/L	31 - 35	
RDW	: **14.6**	%	11.5 - 14.5	
Total Leucocyte Count.	: 4230	/cumm	4000 - 11000	
DIFFERENTIAL COUNT :				
Neutrophils	: 64	%	40 - 75	
Lymphocytes.	: 27	%	20 - 40	Cell Counter
Monocytes.	: 05	%	2 - 10	Cell Counter
Eosinophils	: 04	%	1 - 6	Cell Counter
Basophils	: 0	%	0 - 1	Cell Counter
Platelet Count	: **140000**	/cmm	150000 - 450000	
ESR (Erythrocyte Sedimentation Rate)				
Sample Type	: PLASMA -Na Citrate			
ESR (Erythrocyte Sedimentation Rate)	: 10	mm/hr	0 - 15 :1st Hour	Sedimentation me

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IMMUNOLOGY/SEROLOGY

TEST	RESULT	UNIT	BIOLOGICAL REF RANGE	TEST METHOD
Hepatitis B Surface Antigen (ECL)				
Sample Type	: SERUM			
Hepatitis B Surface Antigen (ECL)	: 2740		< 1.0 - NEGATIVE > 1.0 - POSITIVE	ELECTROCHEMILUMINESCENCE(ECL)

Advice Hepatitis profile/HBV-DNA if required clinically.

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