MALVIN DIAGNOSTICS
Legacy of Trust

MC-5569

Patient Name : MS. PINKEE MEENA	**Registration Time :** Mar 08, 2025, 09:49 a.m.
Age / Gender : 30 years / Female	**Receiving Time :** Mar 08, 2025, 09:49 a.m.
MR No. / IPD No. : /	**Reporting Time :** Mar 08, 2025, 01:19 p.m.
Patient Type / Bed No. : I /	250308046
Referred By : ARCOFEMI HEALTH CARE PVT.LIMITED (MEDIWHEEL)	**Panel :** Dr Arcofemi Health Care PVT.limited (MediWheel)
	Client Code : ACROFEMI HEALTH CARE PVT. LTD. (MEDIWHEEL)

HAEMATOLOGY

Complete Haemogram - Hb RBC count and indices, TLC, DLC, PLATELET, ESR.(EDTA Whole Blood)

Test Description	Value(s)	Unit(s)	Reference Range
Hemoglobin (Hb)	12.2	g/dL	12.0 - 15.0
Method : Whole Blood, SLS-haemoglobin			
Erythrocyte (RBC) Count	4.08	x 10^6/uL	3.8 - 4.8
Method : Whole Blood, DC detection			
HCT	39.2	%	36 - 46
Method : Whole Blood, RBC pulse height detection			
Mean Cell Volume (MCV)	96.1	fL	83 - 101
Method : Whole Blood, Electrical Impedence			
Mean Cell Haemoglobin (MCH)	29.9	pg	27 - 32
Method : Whole Blood, Calculated			
Mean Corpuscular Hb Concn. (MCHC)	**31.1**	g/dL	32.0 - 35.0
Method : Whole Blood, Calculated			
Red Cell Distribution Width (RDW) CV	13.9	%	11.6 - 14.0
Method : Whole Blood, Calculated			
Total Leucocytes (WBC) Count	6.4	x 10^3 /uL	4 - 10
Method : Whole Blood, Flow cytometry			
DLC (Differential Leucocytes Count)			
Neutrophils	67.2	%	40 - 80
Method : Whole Blood, Fluorescence /Flowcytometry/ Microscopy			
Lymphocytes	24.0	%	20 - 40
Method : Whole Blood, Fluorescence /Flowcytometry/ Microscopy			
Monocytes	6.9	%	2 - 10
Method : Whole Blood, Fluorescence /Flowcytometry/ Microscopy			
Eosinophils	1.4	%	1 - 6
Method : Whole Blood, Fluorescence /Flowcytometry/ Microscopy			
Basophils	0.5	%	0 - 2
Method : Whole Blood, Fluorescence /Flowcytometry/ Microscopy			
Absolute Neutrophil Count	4.30	x 10^3/uL	2.0 - 7.0
Method : Whole Blood, Calculated			
Absolute Lymphocyte Count	1.54	x 10^3/uL	1 - 3
Method : Whole Blood, Calculated			
Absolute Monocyte Count	0.44	x 10^3u/L	0.2-1.0
Method : Whole Blood, Calculated			
Absolute Eosinophil Count	0.09	x 10^3/uL	0.02 - 0.5
Method : Whole Blood, Calculated			
Absolute Basophils Count	0.03	x 10^3/uL	0.02 - 0.1
Method : Whole Blood, Calculated			
Platelet Count	166	x 10^3/uL	150 - 410
Method : Whole Blood, DC Detection			

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Test Description	Value(s)	Unit(s)	Reference Range
ESR - Erythrocyte Sedimentation Rate	**30**	mm/hr	<20
Method : Whole blood , Modified Westergren Method			

Interpretation:

It indicates presence and intensity of an inflammatory process. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, acute rheumatic fever,. It is also increased in multiple myeloma, hypothyroidism.

Tests done on Automated Six Part Cell Counter.

END OF REPORT

Dr. Arti Tripathi
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Lab Director
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Test Description	Value(s)	Unit(s)	Reference Range
IMMUNOLOGY			
T3, T4, TSH (Thyroid Profile Total),Serum			
(Triiodothyronine) T3-Total	0.82	ng/mL	0.80 - 2.00
Method : ECLIA			
(Thyroxine) T4-Total	7.11	ug/dL	5.10 - 14.10
Method : ECLIA			
TSH-Ultrasensitive	3.03	uIU/mL	0.27-4.20
Method : ECLIA			

Interpretation

The Biological reference interval provided is for Adults.

For age specific reference interval, please refer to the table given below.

TSH	T3/FT3	T4/FT4	Interpretation
High	Normal	Normal	Subclinical Hypothyroidism
Low	Normal	Normal	Subclinical Hyperthyroidism
High	High	High	Secondary Hypothyroidism
Low	High/Normal	High/Normal	Hyperthyroidism
Low	Low	Low	Non Thyroidal Illness/Secondary Hyperthyroidism

TSH (mU/mL)			
Childern	New Born	0.7	15.2
	6 days - 3 Months	0.72	11
	4 -12 Months	0.73	8.35
	1-6 Years	0.7	5.97
	7-11 Years	0.6	4.84
	12-20 years	051	4.3
Adults		0.27	4.20

TSH levels are subjected to circadian variation, rising several hours before the onset of sleep, reaching peak levels between 11 pm and 6 am. Nadir concentration are observed during the afternoon. diurnal variation in TSH levels is approx 50%+/-, hence time of the day can influence the measured serum concentration.

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Test Description	Value(s)	Unit(s)	Reference Range

HAEMATOLOGY

Blood Group (ABO)

Blood Group Method : Forward and Reverse by Slide method	"O"		
RH Factor	Positive		

Methodology

This is done by forward and reverse grouping by slide agglutination method.

Interpretation

Newborn baby does not produce ABO antibodies until 3 to 6 months of age. So the blood group of the Newborn baby is done by ABO antigen grouping (forward grouping) only, antibody grouping (reverse grouping) is not required.Confirmation of the New-born's blood group is indicatedwhen the A and B antigen expression and the isoagglutinins are fully developed (2–4 years).

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Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
LFT (Liver Function Test,Serum)			
Total Protein	8.4	g/dL	6.6 - 8.7
Method : Biuret Method			
Albumin	5.0	g/L	3.5 - 5.2
Method : Bromocresol Green (BCG)			
Globulin	3.40	g/dL	1.8 - 3.6
Method : Calculated			
A G Ratio	1.47	ratio	1.2 - 2.2
Method : Calculated			
SGOT	30	U/L	5 to 32
Method : IFCC with Pyridoxal Phosphate			
SGPT	20	U/L	10-35
Method : IFCC with Pyridoxal Phosphate			
Alkaline Phosphatase ALP	**132**	U/L	35-104
Method : PNP AMP Kinetic			
GGT-Gamma Glutamyl Transferase	13	U/L	5-36
Method : IFCC			
Bilirubin Total	0.60	mg/dL	0.2-1.2
Method : Diazo Method			
Bilirubin Direct	0.20	mg/dL	0.09 - 0.30
Method : Diazo Method			
Bilirubin Indirect	0.40	mg/dL	0.1 - 1.0
Method : Calculated			

Interpretation:

SGOT/ SGPT: Increased in Acute viral hepatitis, Biliary tract obstruction (cholangitis, choledocholithiasis), Alcoholic hepatitis and Cirrhosis, liver abscess, metastatic or primary liver cancer; non-alcoholic steatohepatitis; right heart failure. Decreased in Pyridoxine (vit B6) deficiency.

Alkaline Phosphatase: Increased in Obstructive hepatobiliary disease, Bone disease (physiologic bone growth, Paget disease, Osteomalacia, Osteogenic sarcoma, Bone metastases), Hyperparathyroidism, Rickets, Pregnancy (third trimester). Decreased in Hypophosphatasia.

GGT: Increased in Liver disease Acute viral or toxic hepatitis, Chronic or subacute hepatitis, Alcoholic hepatitis, Cirrhosis, Biliary tract obstruction.

Protein: Moderate-to-marked hyperproteinemia maybe due to multiple myeloma and other malignant paraproteinemias, Hypoproteinemia may be due to decreased production or increased protein loss.

Albumin: Increased in Dehydration, Shock, Hemoconcentration. Decreased in hepatic synthesis(Chronic liver disease, malnutrition, malabsorption, malignancy), Increased losses (Nephrotic syndrome, Burns, Trauma, Hemorrhage with fluid replacement, acute or chronic glomerulonephritis), Hemodilution (pregnancy, CHF) and Drugs (estrogens).

Bilirubin:.Elevated levels of bilirubin (jaundice) might indicate liver damage or disease or certain types of anemia.

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Test Description	Value(s)	Unit(s)	Reference Range

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BIOCHEMISTRY

Lipid Profile,Serum

Test Description	Value(s)	Unit(s)	Reference Range
Cholesterol-Total Method : CHOD-POD	173	mg/dL	Desirable: <= 200 Borderline High: 201-239 High: > 239 Ref: The National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.
Triglycerides Method : GPO-POD	103	mg/dL	Normal: < 150 Borderline High: 150-199 High: 200-499 Very High: >= 500
Cholesterol-HDL Direct Method : Homogenous Enzymatic	57	mg/dL	No Risk - ≥ 60 mg/dL Moderate risk - 45-65 mg/dL High risk - < 40 mg/dL
LDL Cholesterol Method : Calculate	95.40	mg/dL	Optimal: < 100 Near optimal/above optimal: 100-129 Borderline high: 130-159 High: 160-189 Very High: >= 190
Non - HDL Cholesterol Method : Calculated	116	mg/dL	Desirable: < 130 mg/dL Borderline High: 130-159mg/dL High: 160-189 mg/dL Very High: > or = 190 mg/dL
VLDL Cholesterol Method : Calculated	20.60	mg/dL	0 - 30
CHOL/HDL RATIO Method : Calculated	**3.04**	Ratio	3.5 - 5.0
LDL/HDL RATIO Method : Calculated	1.67	Ratio	Desirable / low risk - 0.5 -3.0 Low/ Moderate risk - 3.0- 6.0 Elevated / High risk - > 6.0

Note: 08-10 hours fasting sample is required.

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Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
KFT (Renal Function Test,Serum)			
Urea	24.7	mg/dL	16.6-48.5
Method : Urease-GLDH			
Creatinine	0.70	mg/dL	0.6-1.1
Method : Jaffe Method			
Uric Acid	4.5	mg/dL	2.4-5.7
Method : Uricase-POD			
Potassium	-	mmol/L	3.5-5.3
Method : ISE Direct			

Interpretation :

Urea:- Increased in renal diseases,urinary obstructions, shock, congestive heart failure .Decreased in liver failure and pregnancy.

Creatinine :- Elevated in renal dysfunction, reduced renal blood flow shock, dehydration, Congestive heart failure, Diabetes Acromegaly. Decreased levels are found in Muscular Dystrophy.

Uric acid:- Increased in Gout, Arthiritis, impaired renal functions and starvation.Decreased in Wilson's disease, Fanconis Syndrome and Yellow Atrophy of Liver.

Sodium:-Increased in Excessive dietary salt ,Diuretic therapy,Adrenal insufficiency,Salt-wasting nephropathy and Vomiting.Decreased levels are seen in Hyperaldsteronism ,Hyponatremia,Prerenal Azotemia,Renal Failure and Glomerulonephritis.

Potassium:- Low levels is common in vomiting, diarrhea, alcoholism, and folic acid deficiency. Increase level are seen in end-stage renal failure, hemolysis, trauma, Addison's disease, metabolic acidosis, acute starvation, dehydration, and with rapid potassium infusion.

Chloride:- Increased in dehydration, renal tubular acidosis, acute renal failure, metabolic acidosis, diabetes insipidus, adrenocortical hyperfuction. Decreased in overhydration, chronic respiratory acidosis, salt-losing nephritis, metabolic alkalosis.

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Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
Glucose (Fasting),Plasma			
Glucose Fasting **Method : Hexokinase**	91	mg/dL	Normal: 74-100 Impaired Tolerance: 100-125 Diabetes mellitus: ≥ 126 (on more than one occassion) (American diabetes association guidelines 2025)

Interpretation

Glycemic goals for Diabetes

Fasting Plasma Glucose	80-130 mg/dL
Post Prandial Plasma Glucose	<180 mg/dL

Glucose is the major carbohydrate present in the peripheral blood. Oxidation of glucose is the major source of cellular energy in the body. The concentration of glucose in blood is controlled within the narrow limits by many hormones, the most important of which are produced by the pancreas. The most frequent cause of hyperglycaemia is diabetes mellitus resulting from deficiency in insulin secretion or action. These include pancreatitis, thyroid dysfunction, renal failure, and liver disease. Hypoglycaemia is less frequently observed. A variety of conditions may cause low blood glucose levels such as insulinoma, hypopituitarism, or insulin induced hypoglycaemia.

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Test Description	Value(s)	Unit(s)	Reference Range

HAEMATOLOGY

Glycated Hb (HbA1c)

HbA1c (Glycated Hemoglobin)	4.6	%	Non-Diabetic	: <5.7
Method : EDTA Whole blood, HPLC, NGSP certified			Pre Diabetes	: 5.7 - 6.4
			Diabetes	: ≥ 6.5
Estimated Average Glucose :	85.32			mg/dL

Interpretations

- HbA1c has been used as one of the key biomarkers in identifying patients with Diabetes . American Diabetes Association (ADA) and several clinical groups have endorsed utility of HbA1c testing using a cut off value of 6.5%. The average concentration of blood glucose(eBG) is reflected in this test over a period of the past three months.
- Therapectic goals for monitoring Diabetes.
  Goal of therapy < 7% HbA1c.
  Action suggested > 8 % HbA1c
- Patients with shortened red cell survival(hemolytic disease), recent significant blood loss have lower HbA1c values .
- High HbA1c is associated with Iron deficiency ,patients with polycythemia or post splenctomy.

Note : The presence of hemoglobin variants can interfere with measurment of HbA1c.

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Test Description	Value(s)	Unit(s)	Reference Range
CLINICAL PATHOLOGY			
Urine (RE/ME)			
Physical Examination :			
Volume	10		mL
Method : Visual Observation			
Colour	Pale Yellow		Pale Yellow
Method : Visual Observation			
Appearance	**Hazy**		Clear
Method : Visual Observation			
Reaction (pH)	6.0		4.5 - 8.0
Method : Double Indicator method			
Specific Gravity	1.010		1.010 - 1.030
Method : Ionic Concentration			
Chemical Examination (Dipstick Method) Urine			
Urine Protein	Absent		Absent
Method : Protein Ionisation Heat Test (Acidic Acid)			
Urine Glucose (sugar)	Absent		Absent
Method : Oxidase Reaction/Benedict's			
Blood (Urine)	Absent		Absent
Method : Peroxidase Reaction			
Microscopic Examination Urine			
Red Blood Cells	Absent	/hpf	Absent
Method : Microscopy			
Pus Cells (WBCs)	2 - 4	/hpf	0 - 5
Method : Microscopy			
Epithelial Cells	**3 - 5**	/hpf	0 - 4
Method : Microscopy			
Cast	Absent		Absent
Method : Microscopy			
Crystals	Absent		Absent
Method : Microscopy			
Amorphous Material	Absent		Absent
Method : Microscopy			
Yeast Cells	Absent		Absent
Method : Microscopy			
Others	**Bacteria present.**		
Method : Microscopy			

Remarks:-

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Test Description	Value(s)	Unit(s)	Reference Range
Epithelial cells			Urolithiasis bladder carcinoma or hydronephrosis ,ureteric stents or bladdercatheters for prolonged periods of time.
Granular casts			Low intratubular pH,high urine osmolality and sodium concentration, interaction with Bence-Jones protein
Hyaline casts			Physical stress, fever, dehydration,acute congestive heart failure, renal diseases.
Calcium Oxalate			Metabolic stone disease, primary or secondary hyperoxaluria, intravenous infusion of large doses of VitaminC, the use of vascodilator naftidrofuryl oxalate or the gastrointestinal lipase inhibitor orlistat, ingestion of ethylene glycol or of star fruit(A verrhoa carambola)or its juice
Uric acid			Artharitis
Bacteria			Urinary infection when present in significant numbers and with pus cells.
Trichomonas vaginalis			Vaginitis, cervicitis or salpingitis

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