



Lab No.	012503120324	Age/Gender	56.1 YRS/MALE	Coll. ON	12/Mar/2025 09:03AM
NAME	Mr. ARBIND KUMAR			Reg. ON	12/Mar/2025
Ref. Dr.	MEDIWHEEL	BarcodeNo	01120324	Approved ON	12/Mar/2025 11:21AM
Rpt. Centre	Email,			Printed ON	12/Mar/2025 05:15PM

Test Name	Value	Unit	Biological Reference Interval
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Complete Haemogram, EDTA whole blood

Haemoglobin (Hb) <i>Method : Colorimetry</i>	13.00	gm/dl	13.0 - 17.0
RBC count <i>Method : Electrical impedance</i>	4.52	Millions/cmm	4.5 - 5.5
PCV / Haematocrit <i>Method : Calculated</i>	39.90	%	40.0 - 50.0
MCV <i>Method : Calculated</i>	88.20	fl	83.0 - 101.0
MCH <i>Method : Calculated</i>	28.70	picogram	27.0 - 32.0
MCHC <i>Method : Calculated</i>	32.50	%	31.5 - 34.5
RDW - CV <i>Method : Calculated</i>	15.00	%	11.6 - 14.0
Mentzer Index <i>Method : Calculated</i>	19.51		>= 13.0

The Mentzer index (MCV/ RBC count) is a useful tool for initial screening of patients with a microcytic hypochromic blood picture to rule out a thalassemia trait. If the index is less than 13, thalassemia is said to be more likely. If the result is greater than 13, then iron-deficiency anemia is said to be more likely. All patients with a low normal to low hemoglobin and a Mentzer index below 13 should be screened for thalassemia trait by HPLC.

TLC (Total Leucocyte Count) <i>Method : Flowcytometry</i>	7,720	/cmm	4000 - 10000
DLC (Flowcytometry)			
Neutrophils	69.20	%	35.0 - 75.0
Lymphocytes	24.30	%	25.0 - 45.0
Eosinophils	1.40	%	1.0 - 5.0
Monocytes	4.80	%	1.0 - 6.0
Basophils	0.30	%	0 - 1
Absolute Leucocyte Count (Calculated)			
Absolute Neutrophil Count	5,342.24	/cmm	2000 - 7000
Absolute Lymphocyte Count	1,875.96	/cmm	1000 - 3000
Absolute Eosinophil count	108.08	/cmm	20 - 500
Absolute Monocyte count	370.56	/cmm	200 - 1000
Absolute Basophil count	23.16	/cmm	0 - 100
Platelet count <i>Method : Electrical impedance</i>	2.34	Lakh/cmm	1.5 - 4.1
ESR (Erythrocyte Sedimentation Rate) <i>Method : Westergren method</i>	9	mm/1st hr	0 - 22

Peripheral Smear
RBCs are normocytic and normochromic.
Leucocytic series is numerically and morphologically within normal limits.
Platelets are adequate in number and are normal in morphology.
No atypical cells or haemoparasites are seen.
Impression: Normal peripheral smear.

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Test Name	Value	Unit	Biological Reference Interval
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Blood Group (ABO + RH)

Blood Group , EDTA blood B
 Method : Slide agglutination (Forward & Reverse grouping)

Rh type , EDTA blood Positive
 Method : Slide agglutination



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Ref. Dr.	MEDIWHEEL	BarcodeNo	01120324	Approved ON	12/Mar/2025 10:30AM
Rpt. Centre	Email,			Printed ON	12/Mar/2025 05:15PM

Test Name	Value	Unit	Biological Reference Interval
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Glucose Fasting, plasma Method : GOD POD	136.00	mg/dL	60 - 100
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Interpretation (In accordance with the American diabetes association guidelines):

- A fasting plasma glucose level below 100 mg/dl is considered normal.
- A fasting plasma glucose level between 100-126 mg/dl is considered as glucose intolerant or pre diabetic. A fasting and post-prandial blood sugar test (after consumption of 75 gm of glucose) is recommended for all such patients.
- A fasting plasma glucose level of above 126 mg/dl is highly suggestive of a diabetic state. A repeat fasting test is strongly recommended for all such patients. A fasting plasma glucose level in excess of 126 mg/dl on both the occasions is confirmatory of a diabetic state.



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Ref. Dr.	MEDIWHEEL	BarcodeNo	01120324	Approved ON	12/Mar/2025 02:05PM
Rpt. Centre	Email,			Printed ON	12/Mar/2025 05:15PM

Test Name	Value	Unit	Biological Reference Interval
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Glucose PP, plasma Method : GOD POD	192.00	mg/dL	90 - 140
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Interpretation (In accordance with the American diabetes association guidelines):

- A post-prandial plasma glucose level below 140 mg/dl is considered normal.
- A post-prandial plasma glucose level between 140-199 mg/dl is considered as glucose intolerant or pre diabetic. A fasting and post-prandial blood sugar test (after consumption of 75 gm of glucose) is recommended for all such patients.
- A post-prandial plasma glucose level of above 200 mg/dl is highly suggestive of a diabetic state. A repeat post-prandial test is strongly recommended for all such patients. A post-prandial plasma glucose level in excess of 200 mg/dl on both the occasions is confirmatory of a diabetic state.



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Test Name	Value	Unit	Biological Reference Interval
Blood Urea Nitrogen (BUN), serum <i>Method : Calculated</i>	15.79	mg/dl	7.8 - 20.2
Serum Creatinine <i>Method : Jaffe kinetic</i>	0.82	mg/dl	0.7 - 1.2
Serum Uric Acid <i>Method : Uricase-Peroxidase</i>	6.83	mg/dl	3.6 - 8.2



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Test Name	Value	Unit	Biological Reference Interval
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HbA1c (Glycosylated haemoglobin), EDTA whole blood <i>Method : HPLC</i>	6.10	%	< 5.7
Estimated average plasma Glucose <i>Method : Calculated</i>	128.37	mg/dL	65 - 136

The test is approved by NGSP for patient sample testing.

Interpretation:

Metabolically normal patients	%	< 5.7
Pre-diabetic	%	5.7 - 6.4
Diabetic	%	> 6.4

Glycosylated hemoglobin or HbA1C is a reliable indicator of mean plasma glucose levels for a period of 8-12 weeks preceding the date on which the test is performed and is a more reliable indicator of overall blood sugar control in known diabetic patients than blood sugar levels. A value of less than 5.7 % is usually seen in metabolically normal patients, however diabetics with very good control can also yield similar values. The HbA1c test, thus can not be used to differentiate between diabetic patients with very good control over the plasma glucose levels from metabolically normal, non-diabetic subjects as both groups may reveal very similar values in the assay.



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Test Name	Value	Unit	Biological Reference Interval
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LFT (Liver Function Test)

Serum Bilirubin Total <i>Method : Diazotized Sulfanilic Acid (DSA)</i>	0.58	mg/dl	0.1 - 1.2
Serum Bilirubin Direct <i>Method : Diazotized Sulfanilic Acid (DSA)</i>	0.19	mg/dl	0.0 - 0.3
Serum Bilirubin Indirect <i>Method : Calculated</i>	0.39	mg/dl	0.1 - 1.1
Serum SGOT/AST <i>Method : IFCC without P5P</i>	16.20	U/l	<= 35.0
Serum SGPT/ALT <i>Method : IFCC without P5P</i>	24.20	U/l	<= 45.0
Serum Alkaline Phosphatase <i>Method : PNP, AMP Buffer</i>	105.80	U/l	30.0 - 120.0
Serum GGT (Gamma Glutamyl Transpeptidase) <i>Method : UV-assay according to Szasz</i>	21.50	U/l	11.0 - 61.0
Serum total Protein <i>Method : Biuret</i>	7.23	g/dl	6.6 - 8.3
Serum Albumin <i>Method : Bromo Cresol Green</i>	4.60	g/dl	3.5 - 5.2
Serum Globulin <i>Method : Calculated</i>	2.63	g/dl	2.0 - 3.5
Albumin / Globulin ratio <i>Method : Calculated</i>	1.75		1.5 - 2.5



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Lipid Profile basic (direct HDL,calculated LDL)

Total Cholesterol, , serum Method : CHOD-POD	124.50	mg/dl	< 200.0
Triglycerides , serum Method : GPO-POD	129.00	mg/dl	< 150
HDL Cholesterol , serum Method : Direct measure PEG (CHE-CHO)	35.50	mg/dl	> 40
VLDL Cholesterol , serum Method : Calculated	25.80	mg/dl	< 30
L.D.L Cholesterol , serum Method : Calculated	63.20	mg/dl	< 100
Cholesterol, Non HDL , serum Method : Calculated	89.00	mg/dl	< 130
Total Cholesterol / HDL Cholesterol Ratio , serum Method : Calculated	3.51		< 5.0
LDL / HDL Cholesterol ratio , serum Method : Calculated	1.78		< 3.5

Interpretation:

National Lipid Association Recommendation (NLA-2014)	
Total Cholesterol Desirable: <200 mg/dL Borderline high: 200-239 mg/dL High: > or =240 mg/dL	Triglycerides Normal: <150 mg/dL Borderline high: 150-199 mg/dL High: 200-499 mg/dL Very high: > or =500 mg/dL
Non HDL Cholesterol Desirable: <130 mg/dL Borderline high: 130-159 mg/dL High: 160-189 mg/dL Very high: > or =190 mg/dL	LDL Cholesterol Optimal: <100 mg/dL Near Optimal: 100-129 mg/dL Borderline high: 130-159 mg/dL High: 160-189 mg/dL Very high: > or =190 mg/dL
HDL Cholesterol Low (Men) <40 mg/dL Low (Women) <50 mg/dL	

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Test Name	Value	Unit	Biological Reference Interval
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Thyroid Profile Total (T3, T4, TSH)

T3, (Triiodothyronine) , serum <i>Method : ECLIA</i>	1.39	ng/mL	0.80 - 2.0
T4, (Thyroxine) , serum <i>Method : ECLIA</i>	8.46	ug/dL	5.1 - 14.1
TSH (Thyroid Stimulating Hormone) , serum <i>Method : ECLIA</i>	2.47	uIU/ml	0.27 - 4.2

Interpretation:

- Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values alongwith depressed TSH levels
- Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
- High T3 levels coupled with normal T4 and suppressed TSH may be seen in T3 toxicosis.

Note: Total T3 and total T4 are highly bound to plasma proteins and are amenable to fluctuations with plasma protein content as well as due to binding defects in the thyroid hormone binding proteins.

The following ranges are recommended for pregnant females:

Gestation period	TSH (uIU/ml)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

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Urine Routine & Microscopic Examination

Physical examination

Volume	40	mL	
Colour	Pale Yellow		Pale yellow
Transparency	Clear		Clear
Specific gravity	1.030		1.003 - 1.035
<i>Method : pKa change</i>			

Chemical examination

Protein	Nil		Nil
<i>Method : error-of-indicator</i>			
Glucose	(++)		Nil
<i>Method : GOD-POD</i>			
pH	5.0		
<i>Method : Double indicator</i>			
Bilirubin	Negative		Negative
<i>Method : Azo-coupling reaction</i>			
Urobilinogen	Normal		Normal
<i>Method : Azo-coupling reaction</i>			
Ketone	Negative		Negative
<i>Method : Legals test</i>			
Erythrocytes	Absent		Absent
<i>Method : Peroxidase</i>			
Nitrite	Negative		Negative
<i>Method : Griess reaction</i>			
Leukocytes	Absent	Leu/uL	Negative
<i>Method : Esterase activity of granulocytes</i>			

Microscopic examination

WBC	1 - 2	/ HPF	0 - 2
RBC	Nil	/ HPF	0 - 2
Casts	Nil	/ HPF	Nil
Crystals	Nil	/ HPF	Nil
Epithelial cells	Occasional	/ HPF	0 - 15
Bacteria	Absent		Absent
Others	Nil		
<i>Method : Light microscopy</i>			

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ECG Electro-cardiography

Normal Sinus Rhythm
LAD


ADV :- 2D ECHO



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Eye Vision

	Right Eye	Left Eye
NEAR VISION	N/6(With glass)	N/6(With glass)
DISTANCE VISION	6/6(With glass)	6/6(With glass)
COLOR VISION	Normal	Normal

MER

General Condition	Fair, no pallor, no icterus, no anemia observed
Height (cm)	163
Weight (kg)	62
Pulse (bpm)	94
BP (mm/hg)	122/73

Please note: Kindly review with clinician in view of abnormal reports (if any).

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CHEST RADIOGRAPH (PA VIEW)

FINDINGS:


Visualised lung fields appear clear.
 Both the hila appear normal.
 Both the costophrenic angles are clear.
 The cardiac silhouette is normal.
 The soft tissues and bony cage appear normal.
 Both the domes of the diaphragm are normal in position and contour.

IMPRESSION:

Radiograph shows no significant abnormality.

Adv: Clinical correlation & further evaluation.

Disclaimer: Report is done by teleradiology after the images acquired by PACS (picture archiving and communication system). Investigations have their limitations. Solitary pathological/Radiological and other investigations never confirm the final diagnosis. Conclusion is markedly affected by input provided at that time. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.



DR. ARUN B. ZINJURDE
 Consultant Radiologist
 Reg. No.- 0063 (MCI)

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*** Partial Report ***



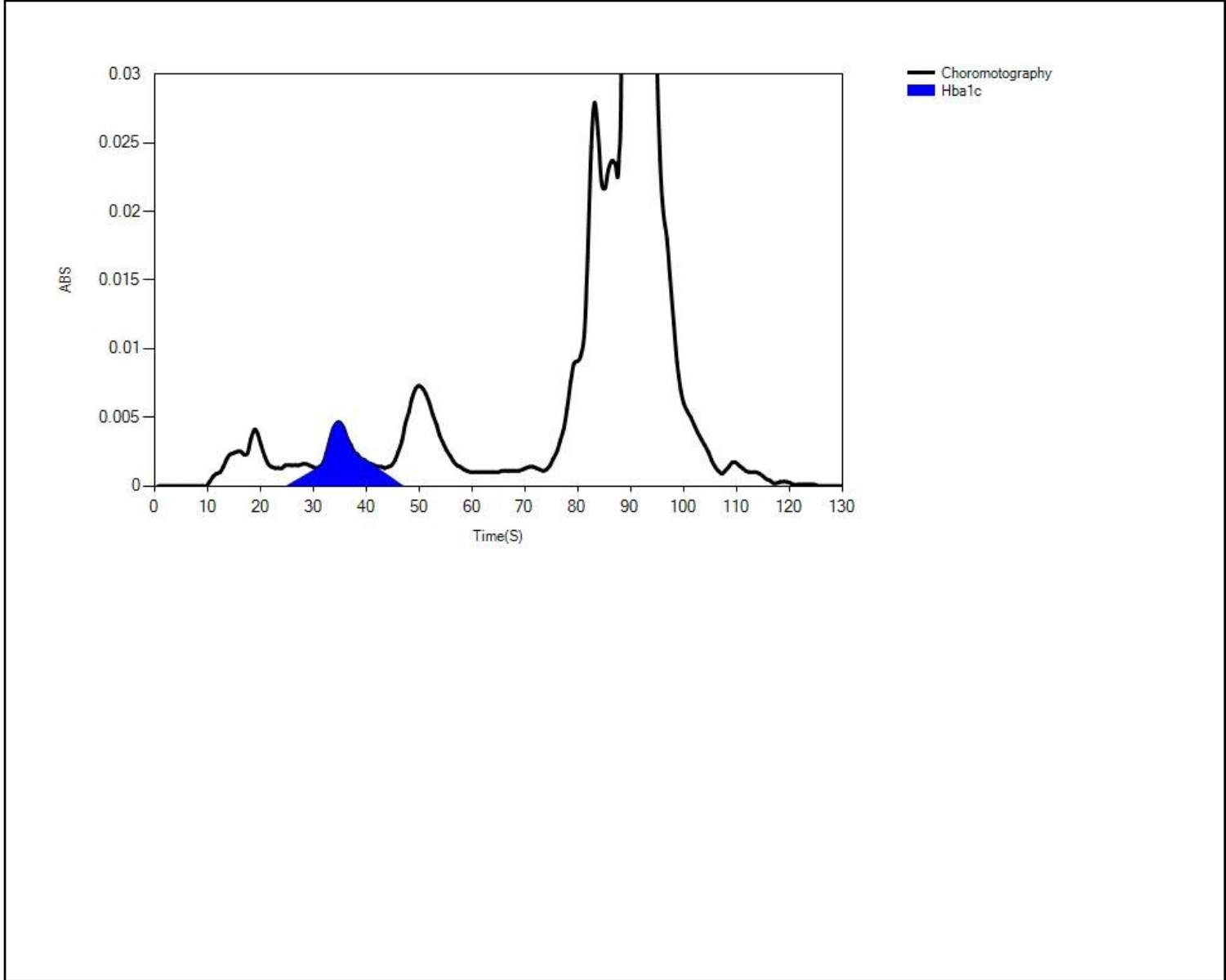
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LIFOTRONIC Graph Report

Name :	Case :	Patient Type :	Test Date : 12/03/2025 10:28:57
Age :	Department :	Sample Type : Whole Blood EDTA	Sample Id : 01120324
Gender :			Total Area : 11670

Peak Name	Retention Time(s)	Absorbance	Area	Result (Area %)
HbA0	66	3527	10368	84.9
HbA1c	36	73	742	6.1
La1c	25	46	302	2.5
HbF	20	16	15	0.1
Hba1b	14	41	143	1.2
Hba1a	11	25	100	0.8



PROGNOSIS LABORATORIES

A SUBSIDIARY OF MEDGENOME
515-516 DWARKA SEC -19 NEW DELHI-110075

Mr. ARBIND KUMAR

ID. : 632
AGE/SEX : 56 Yr /M
HT/WT : /
DATE : 12-03-2025 10:19:53 AM
REF.BY : Dr.MEDIWHEEL

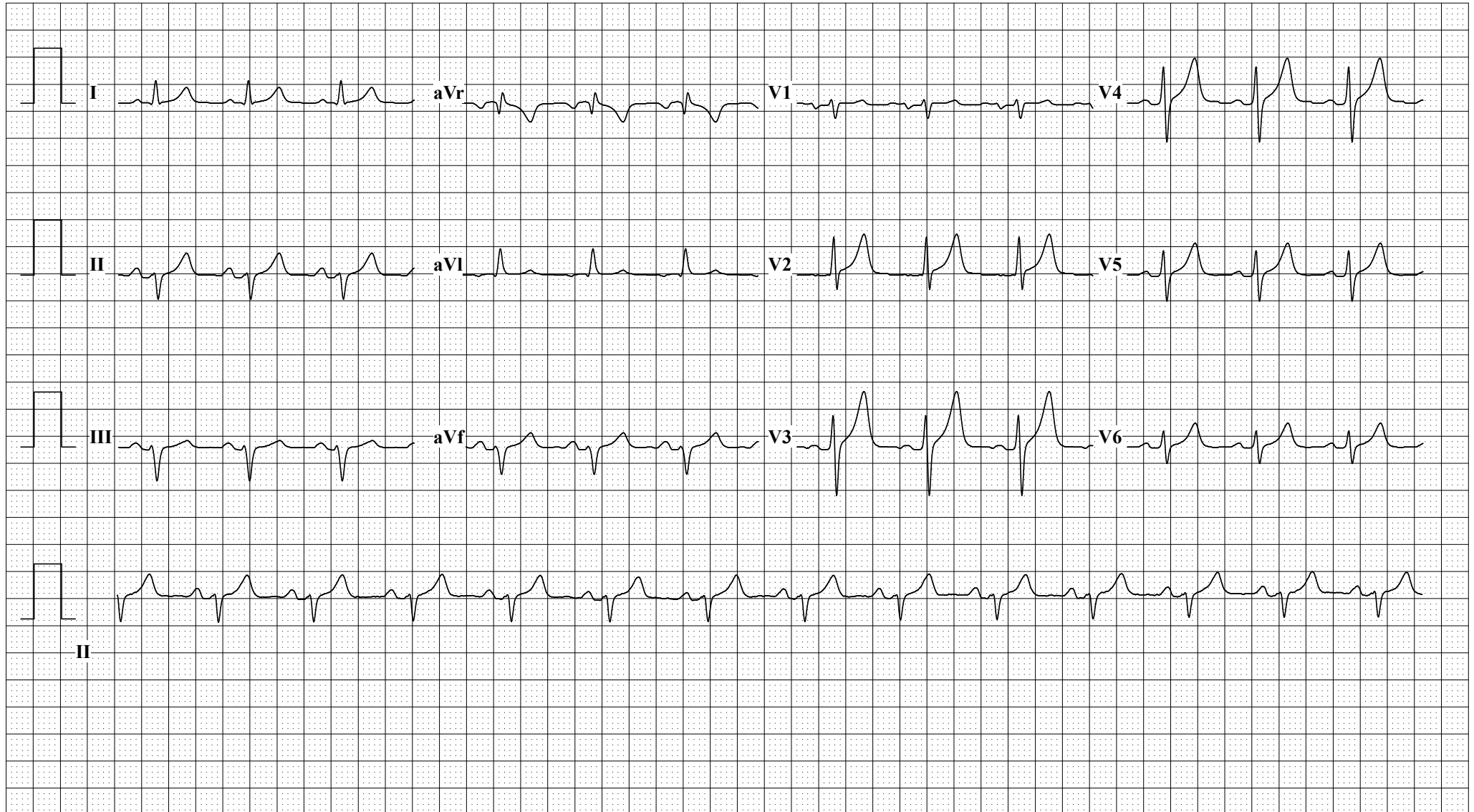
RATE : 89 bpm
BP : N/A
P Axis : 75 deg.
QRS Axis : -55 deg.
T Axis : 54 deg.

P Duration : 89 ms
PR Duration : 139 ms
QRS Duration : 76 ms
QT Interval : 327 ms
QTc Interval : 375 ms

Linked Median

Average Filtered
Speed : 25 mm/s
Sensitivity : 10 mm/mV

MACHINE INTERPRETATION : Sinus Rhythm. Marked Left Axis Deviation. Abnormal T-axis Angle.





भारत सरकार
GOVERNMENT OF INDIA



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Arbind Kumar
जन्म तिथि/DOB: 19/01/1969
पुरुष/ MALE



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