TEST REPORT

Reg. No	: 2310100634	**Reg. Date**	: 14-Oct-2023
Name	: SURUCHI BHANDARI	**Collected On**	: 14-Oct-2023 11:25
Age/Sex	: 35 Years / Female	**Approved On**	: 14-Oct-2023 11:45
Ref. By	:	**Printed On**	: 20-Oct-2023 12:32
Client	: MEDIWHEEL WELLNESS		

COMPLETE BLOOD COUNT (CBC)

SPECIMEN: EDTA BLOOD

Parameter	Result	Unit	Reference Interval
Hemoglobin	**11.4**	g/dL	12.0 - 15.0
RBC Count	4.16	million/cmm	3.8 - 4.8
Hematrocrit (PCV)	**37.3**	%	40 - 54
MCH	27.4	Pg	27 - 32
MCV	89.7	fL	83 - 101
MCHC	**30.6**	%	31.5 - 34.5
RDW	12.5	%	11.5 - 14.5
WBC Count	5470	/cmm	4000 - 11000
DIFFERENTIAL WBC COUNT (Flow cytometry)			
Neutrophils (%)	51	%	38 - 70
Lymphocytes (%)	**41**	%	20 - 40
Monocytes (%)	06	%	2 - 8
Eosinophils (%)	02	%	0 - 6
Basophils (%)	00	%	0 - 2
Neutrophils	2790	/cmm	
Lymphocytes	2243	/cmm	
Monocytes	328	/cmm	
Eosinophils	109	/cmm	
Basophils	0	/cmm	
Platelet Count (Flow cytometry)	268000	/cmm	150000 - 450000
MPV	9.4	fL	7.5 - 11.5
ERYTHROCYTE SEDIMENTATION RATE			
ESR (After 1 hour)	**23**	mm/hr	0 - 21
Modified Westergren Method			

---------- End Of Report ----------

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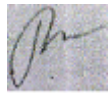

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MD Pathologist

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Age/Sex	: 35 Years / Female	**Approved On**	: 14-Oct-2023 12:36
Ref. By	:	**Printed On**	: 20-Oct-2023 12:32
Client	: MEDIWHEEL WELLNESS		

Parameter	Result	Unit	Reference Interval
LIPID PROFILE			
Cholesterol *(Enzymatic colorimetric)*	206.0	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride *(Enzymatic colorimetric)*	114.9	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
VLDL *Calculated*	22.98	mg/dL	15 - 35
LDL CHOLESTEROL	139.82	mg/dL	Optimal : < 100.0 Near / above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >190.0
HDL Cholesterol *Homogeneous enzymatic colorimetric*	43.2	mg/dL	30 - 85
Cholesterol /HDL Ratio *Calculated*	4.77		0 - 5.0
LDL / HDL RATIO *Calculated*	3.24		0 - 3.5

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Parameter	Result	Unit	Reference Interval

NEW ATP III GUIDELINES (MAY 2001), MODIFICATION OF NCEP<?xml:namespace prefix = "o" ns = "urn:schemas-microsoft-com:office:office" />

LDL CHOLESTEROL
CHOLESTEROL
HDL CHOLESTEROL
TRIGLYCERIDES
Optimal<100
Desirable<200
Low<40
Normal<150
Near Optimal 100-129
Border Line 200-239
High >60
Border High 150-199
Borderline 130-159
High >240
-
High 200-499
High 160-189
-
-
-

- LDL Cholesterol level is primary goal for treatment and varies with risk category and assesment
- For LDL Cholesterol level Please consider direct LDL value

Risk assessment from HDL and Triglyceride has been revised. Also LDL goals have changed.

- Detail test interpreation available from the lab
- All tests are done according to NCEP guidelines and with FDA approved kits.
- LDL Cholesterol level is primary goal for treatment and varies with risk category and assesment

For test performed on specimens received or collected from non-KSHIPRA locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender.
KSHIPRA will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.
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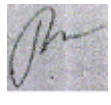

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LIVER FUNCTION TEST

Parameter	Result	Unit	Reference Interval
Total Bilirubin	0.84	mg/dL	0.20 - 1.0
Colorimetric diazo method			
Conjugated Bilirubin	0.21	mg/dL	0.0 - 0.3
Sulph acid dpl/caff-benz			
Unconjugated Bilirubin	0.63	mg/dL	0.0 - 1.1
Sulph acid dpl/caff-benz			
SGOT	16.9	U/L	0 - 31
(Enzymatic)			
SGPT	14.4	U/L	0 - 31
(Enzymatic)			
Alakaline Phosphatase	103.2	U/L	42 - 141
(Colorimetric standardized method)			
Protien with ratio			
Total Protein	6.7	g/dL	6.5 - 8.7
(Colorimetric standardized method)			
Albumin	4.1	mg/dL	3.5 - 4.94
(Colorimetric standardized method)			
Globulin	2.60	g/dL	2.3 - 3.5
Calculated			
A/G Ratio	1.58		0.8 - 2.0
Calculated			

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Parameter	Result	Unit	Reference Interval
RENAL FUNCTION TEST (RFT)			
UREA *(Urease & glutamate dehydrogenase)*	24.9	mg/dL	10 - 50
Creatinine *(Jaffe method)*	0.68	mg/dL	0.5 - 1.2
Uric Acid *(Enzymatic colorimetric)*	2.8	mg/dL	2.5 - 7.0
Sodium (Na+) *Direct ion selective electrode*	136.9	mmol/L	136 - 145
Potassium (K+) *Direct ion selective electrode*	4.4	mmol/L	3.6 - 5.0
Chloride (CL-) *Direct ion selective electrode*	102.1	mmol/L	97 - 107

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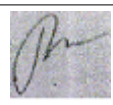

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HEMOGLOBIN A1 C ESTIMATION

Specimen: Blood EDTA

Parameter	Result	Unit	Reference Interval
Hb A1C *Boronate Affinity with Fluorescent Quenching*	5.9	% of Total Hb	Poor Control : > 7.0 % Good Control : 6.2-7.0 % Non-diabetic Level : 4.3-6.2 %
Mean Blood Glucose *Calculated*	132.74	mg/dL	

Degree of Glucose Control Normal Range:

Poor Control >7.0% *
Good Control 6.0 - 7.0 %**Non-diabetic level < 6.0 %
* High risk of developing long term complication such as retinopathy, nephropathy, neuropathy, cardiopathy,etc.
* Some danger of hypoglycemic reaction in Type I diabetics.
* Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1c levels in this area.

EXPLANATION :-

*Total haemoglobin A1 c is continuously symthesised in the red blood cell throught its 120 days life span.The concentration of HBA1c in the cell reflects the average blood glucose concentration it encounters.
*The level of HBA1c increases proportionately in patients with uncontrolled diabetes. It reflects the average blood glucose oncentration over an extended time period and remains unaffected by short-term fluctuations in blood glucose levels.
*The measurement of HbA1c can serve as a convenient test for evaluating the adequacy of diabetic control and in preventing various diabetic complications. Because the average half life of a red blood cell is sixty days,HbA1c has been accepted as a measurnment which eflects the mean daily blood glucose concentration, better than fasting blood glucose determination, and the degree of carbohydrate imbalance over the preceding two months.
*It may also provide a better index of control of the diabetic patient without resorting to glucose loading procedures.

HbA1c assay Interferences:

*Errneous values might be obtained from samples with abnormally elevated quantities of other Haemoglobins as a result of either their simultaneous elution with HbA1c(HbF) or differences in their glycation from that of HbA(HbS)

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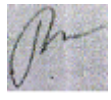

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Parameter	Result	Unit	Reference Interval
Fasting Blood Sugar (FBS) *Hexokinase Method*	92.5	mg/dL	70 - 110

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Parameter	Result	Unit	Reference Interval
THYROID FUNCTION TEST			
T3 (Triiodothyronine)	1.24	ng/mL	0.87 - 1.78
Chemiluminescence			
T4 (Thyroxine)	10.01	µg/dL	5.89 - 14.9
Chemiluminescence			
TSH (ultra sensitive)	1.123	µIU/ml	0.34 - 5.6
Chemiluminescence			

SUMMARY The hypophyseal release of TSH (thyrotropic hormone) is the central regulating mechanism for the biological action of thyroid hormones.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. LIMITATION Presence of autoantibodies may cause unexpected high value of TSH

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