

### DEPARTMENT OF PATHOLOGY

UHID	CIMS-18809	Visit Type/No	OP/EPD-28142/EPD-28142
Name	Mr Mohammad Hussain	Order No	OR-58948
Age/Gender	41 Y,3 M,18 D/Male	Order Date/Time	28-09-2024
Accession Number	OPAC-6101	Collection Date/Time	28-09-2024 02:28 PM
Treating Doctor	Dr Self	Acknowledge Date/Time	28-09-2024 02:31 PM
Ordering Doctor	Dr Self	Report Date/Time	28-09-2024 02:33 PM
Payer Name	Mediwheel Full Body Health Checkup	Refer By	

#### Pathology

Service Name	Result	Unit	Reference Range	Method
URINE SUGAR (PP), Urine	Absent			
PSA (Prostate Specific Antigen) Total, Serum	0.783	ng/mL	0.27-2.19	CLIA

**Note**

- This is recommended test for detection of prostate cancer along with digital rectal examination(DRE) in males above 50 years of age.
- False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy
- PSA Total and Free levels may appear consistently elevated / depressed due to interference by heterophilic antibodies & nonspecific protein binding,
- Immediate testing following digital rectal examination, ejaculation, prostatic massage, indwelling catheterization, ultrasonography and needle biopsy of prostate is not recommended as they falsely elevate levels
- Total and Free PSA values regardless of levels should not be interpreted as absolute evidence for the presence or absence of disease. All values should be correlated with clinical findings and results of other investigations

#### Clinical Use

- An aid in the early detection of Prostate cancer in males 50 years or older with Total PSA values between 4.0 and 10.0 ng/mL and nonsuspicious digital rectal examination.
- An aid in discriminating between Prostate cancer and Benign Prostatic disease. Patients with benign conditions have a higher proportion of Free PSA compared with Prostate cancer

#### URINE ANALYSIS/ URINE ROUTINE EXAMINATION, Urine

##### Physical Examination

COLOUR	Straw Color		Manual method
TRANSPARENCY	Clear		Manual
SPECIFIC GRAVITY	1.020	1.001-1.03	Strip
PH URINE	6.0	5-8	Strip
DEPOSIT	Absent		Manual

##### BIOCHEMICAL EXAMINATION

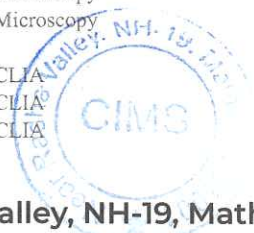
ALBUMIN	Present +		Strip
SUGAR	Absent		Strip
BILE SALTS (BS)	Absent		Manual
BILE PIGMENT (BP)	Absent		Manual

##### MICROSCOPIC EXAMINATION

PUS CELLS	1-2	/ hpf	Microscopy
EPITHELIAL CELLS	0-1	/ hpf	Microscopy
RBC'S	2-3	/hpf	Microscopy
CASTS	Absent		Microscopy
CRYSTALS	Absent		Macroscopy
BACTERIA	Absent		Macroscopy
FUNGUS	Absent		Microscopy
SPERMATOZOA	Absent		Microscopy
OTHERS	Absent		Microscopy

##### Thyroid Profile -T3, T4, TSH, Blood

Triiodothyronine (T3)	1.81	ng/mL	0.69-2.15	CLIA
Thyroxine (T4)	67.0	ng/mL	52-127	CLIA
Thyroid Stimulating Hormone (TSH)	16.9 H	uIU/mL	0.3-5.0	CLIA



All tests have technical limitations Corroborative clinicopathological interpretation is indicated. In case of any disparity in including machine error or typing the test should be repeated immediately.

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Service Name	Result	Unit	Reference Range	Method
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#### Interpretation

#### :Note:

1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm . The variation is of the order of 50% . hence time of the day has influence on the measured serum TSH concentrations.

2. Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

3. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

#### Clinical Use

- Primary Hypothyroidism
- Hyperthyroidism Hypothalamic – Pituitary hypothyroidism
- Inappropriate TSH secretion
- Nonthyroidal illness
- Autoimmune thyroid disease
- Pregnancy associated thyroid disorders
- Thyroid dysfunction in infancy and early childhood

#### Haematology

Service Name	Result	Unit	Reference Range	Method
ESR (Erythrocyte Sedimentation Rate), Blood	55 H	mm 1st Hr.	0-10	Wintrobe
CBC (Complete Blood Count), Blood				
Hemoglobin (Hb)	11.9 L	gm/dl	13-17	Spectrophotometry
TLC (Total Leukocyte Count)	4840	/cumm	4000-11000	Cell Counter & Microscopy
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>				
Neutrophils	61	%	40-80	Cell Counter & Microscopy
Lymphocytes	27	%	20-45	Cell Counter & Microscopy
Monocytes	09	%	4-10	Cell Counter & Microscopy
Eosinophils	03	%	1-6	Cell Counter & Microscopy
Basophils	00	%	0-1	Cell Counter & Microscopy
RBC Count	3.90 L	millions/cumm	4.5-5.5	Impedance
PCV / Hct (Hematocrit)	35.1 L	%	40-45	Calculated
MCV	90.1	fl	76-96	Impedance
MCH	30.4	pg	27-32	Impedance
MCHC	33.8	g/dL	30-35	Impedance
Platelet Count	1.30 L	lakh/cumm	1.5-4.5	Cell Counter & Microscopy
RDW	13.2	%	1-15	Impedance

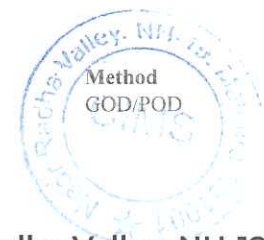
#### BLOOD GROUP ( ABO )

BLOOD GROUP (ABO)- 'A'  
RH TYPING NEGATIVE

The upper agglutination test for grouping has some limitations.

#### Clinical Biochemistry

Service Name	Result	Unit	Reference Range	Method
Glucose (Post Prandial), Plasma	125.9	mg/dL	80-150	GOD/POD
URINE SUGAR (FASTING), Urine	Absent			



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Service Name	Result	Unit	Reference Range	Method
<b>HbA1c</b>				
<b>GLYCOSYLATED HAEMOGLOBIN (HbA1c)</b>				
Method- Immunofluorescence Assay				
Glycosylated Hemoglobin (HbA1c)	5.95	%	<6.5 : Non Diabetic 6.5-7 : Good Control 7-8 : Weak Control > 8 : Poor Control	
Estimated average blood glucose (eAG)	124.06	mg/dl	90-120: Excellent Control 121-150: Good Control 151-180: Average Control 181-210: Action Suggested	

Note:

1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled.

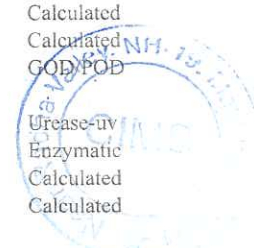
2.Target goals of 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of 7.0 % may not be appropriate.

Comments:

HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

**LFT (Liver Function Test) Profile, Serum**

Bilirubin Total, Serum	0.56	mg/dL	0.1-1.0	DMSO
Conjugated (Direct), Serum	0.19	mg%	0.0-0.3	DMSO
Unconjugated (Indirect)	0.37	mg%	0.0-0.75	Calculated
SGOT/AST	28.19	U/L	0-40	IFCC
SGPT/ALT	30.16	U/L	0-48	IFCC
AST/ALT Ratio	0.93		0-1	Calculated
Gamma GT,Serum	<b>74.87 H</b>	U/L	10-45	IFCC
Alkaline phosphatase, Serum	109.01	U/L	53-165	IFCC
Total Protein, serum	7.63	gm/dl	6.0-8.4	Biuret
Albumin, Serum	3.83	g/dL	3.5-5.4	BCG
Globulin	<b>3.80 H</b>	g/dL	2.3-3.6	Calculated
A/G Ratio	1.01		1.0-2.3	Calculated
Glucose (Fasting), Plasma	100.90	mg/dL	60-110	GOD/POD
<b>KFT (Kidney Profile) -I, Serum</b>				
Urea, Blood	22.14	mg/dL	15-50	Urease-uv
Creatinine, Serum	1.12	mg/dL	0.6-1.2	Enzymatic
Blood Urea Nitrogen (BUN)	10.33	mg%	7.5-22.0	Calculated
BUN-CREATININE RATIO	<b>9.22 L</b>		10-20	Calculated



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Service Name	Result	Unit	Reference Range	Method
Sodium, Serum	141.4	mmol/L	135-150	ISE
Potassium, Serum	4.42	mmol/L	3.5-5.5	ISE
Calcium, Serum	10.36	mg/dL	8.7-11.0	ISE
Chloride, Serum	106.4	mmol/L	94-110	ISE
Uric acid, Serum	<b>8.13 H</b>	mg/dL	3.4-7.0	Uricase
Magnesium, Serum	1.88	mg/dL	1.6-2.8	XYLIDYL BLUE
Phosphorus, Serum	3.56	mg/dL	2.4-5.0	MOLYBDATE UV
Alkaline phosphatase, Serum	109.01	U/L	53-165	IFCC
Albumin, Serum	3.83	g/dL	3.5-5.4	BCG

#### Lipid Profile, Serum

Cholesterol, serum	169.18	mg%	Optimal: < 200 mg/dl Border Line High Risk: 150 -240 mg/dl High Risk: > 250 mg/dl
Triglycerides, serum	158.39	mg%	Optimal: < 150 mg/dl Border Line High Risk: 150 - 199 mg/dl High Risk: 200 - 499 mg/dl Very High Risk: > 500 mg/dl
HDL Cholesterol	45.22	mg%	Optimal: 70 mg/dl Border Line High Risk: 80 - 100 mg/dl High Risk: > 120 mg/dl
LDL Cholesterol	92.28	mg%	Optimal: < 100 mg/dl Border Line High Risk: 100 - 129 mg/dl High Risk: > 160 mg/dl
VLDL Cholesterol	31.68	mg%	Male : 10 - 40 mg/dl Female : 10 - 40 mg/dl Child : 10 - 40 mg/dl
LDL / HDL Cholesterol ratio	2.04		0.0-3.5

#### Interpretation :

- Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol.
- ATP III recommends a complete lipoprotein profile as the initial test for evaluating cholesterol.
- Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL.



-----End of the Report-----

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