

Patient Name : MRS. D. ANNAPURNESWARI

Age / Gender : 32 years / Female

Patient ID : 31948

Source : MEDI WHEEL

Referral : SELF

Collection Time : Jan 12, 2024, 01:05 p.m.

Reporting Time : Jan 12, 2024, 04:45 p.m.

Sample ID :



668430355

Test Description	Value(s)	Reference Range	Unit
<u>CBC; Complete Blood Count</u>			
Hemoglobin (Hb)* Method : Cynmeth Photometric Measurement	12.2	12.0 - 15.0	gm/dL
Erythrocyte (RBC) Count* Method : Electrical Impedence	4.48	3.8 - 4.8	mil/cu.mm
Packed Cell Volume (PCV)* Method : Calculated	35.9	36 - 46	%
Mean Cell Volume (MCV)* Method : Electrical Impedence	80.13	83 - 101	fL
Mean Cell Haemoglobin (MCH)* Method : Calculated	27.23	27 - 32	pg
Mean Corpuscular Hb Concn. (MCHC)* Method : Calculated	33.98	31.5 - 34.5	gm/dL
Red Cell Distribution Width (RDW)* Method : Electrical Impedence	14.2	11.6 - 14.0	%
Total Leucocytes (WBC) Count* Method : Electrical Impedence	8200	4000-10000	cell/cu.mm
Neutrophils* Method : VCSn Technology	64	40 - 80	%
Lymphocytes* Method : VCSn Technology	29	20 - 40	%
Monocytes* Method : VCSn Technology	6	2 - 10	%
Eosinophils* Method : VCSn Technology	1	1 - 6	%
Basophils	0	0 - 1	
Platelet Count* Method : Electrical Impedence	2.87	1.5 - 4.5	Lakhs/cu.mm
Mean Platelet Volume (MPV)* Method : Electrical Impedence	7.8	7.2 - 11.7	fL

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Test Description	Value(s)	Reference Range	Unit
PCT* Method : Calculated	0.225	0.2 - 0.5	%
PDW* Method : Calculated	16.0	9.0 - 17.0	%

Tests done on Automated Three Part Cell Counter. (WBC, RBC, Platelet count by impedance method, colorimetric method for Hemoglobin, WBC differential by flow cytometry using laser technology other parameters are calculated). All Abnormal Haemograms are reviewed confirmed microscopically.

Esr, Erythrocyte Sedimentation Rate

Esr, Erythrocyte Sedimentation Rate (Westergren)	15	0-20	mm/hr
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Interpretation:

- It indicates presence and intensity of an inflammatory process. It does not diagnose a specific disease. Changes in the ESR are more significant than the abnormal results of a single test.
- It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis and polymyalgia rheumatica.
- It is also increased in pregnancy, multiple myeloma, menstruation, and hypothyroidism.

Blood Group & Rh Type

Blood Grouping & Rh Typing	"B" + POSITIVE
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Method : Forward and Reverse By Tube Method

Methodology

This is done by forward and reverse grouping by tube 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 indicated when the A and B antigen expression and the isoagglutinins are fully developed (2-4 years).

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Test Description	Value(s)	Reference Range	Unit
<u>Fasting - Glucose</u>			
Glucose Fasting* Method : Plasma, Hexokinase	95.39	Normal: 70-100 Impaired Fasting Glucose (IFG): 101-125 Diabetes Mellitus: >125	mg/dL
<u>Fasting Urine Sugar</u>			
Fasting Urine Glucose	Negative	Negative	
<u>Stool Complete Exam</u>			
<u>Lipid Profile</u>			
Cholesterol-Total Method : Serum, Cholesterol oxidase esterase, peroxidase	278.3	Desirable: <= 200 Borderline High: 201-239 High: > 239 Ref: The National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.	mg/dL
Triglycerides Method : Serum, Enzymatic, endpoint	151.6	Normal: < 150 Borderline High: 150-199 High: 200-499 Very High: >= 500	mg/dL
Cholesterol-HDL Direct Method : Serum, Direct measure-PEG	44	<40: Low 40 - 60: Optimal > 60: Desirable	mg/dL

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Test Description	Value(s)	Reference Range	Unit
LDL Cholesterol Method : Serum	203.98	Optimal: < 100 Near optimal/above optimal: 100-129 Borderline high: 130-159 High: 160-189 Very High: >= 190	mg/dL
Non - HDL Cholesterol, Serum Method : calculated	234.30	Desirable: < 130 mg/dL Borderline High: 130-159mg/dL High: 160-189 mg/dL Very High: > or = 190 mg/dL	mg/dL
VLDL Cholesterol Method : calculated	30.32	6 - 38	mg/dL
CHOL/HDL RATIO Method : calculated	6.33	3.5 - 5.0	ratio
LDL/HDL RATIO Method : calculated	4.64	Desirable / low risk - 0.5 -3.0 Low/ Moderate risk - 3.0- 6.0 Elevated / High risk - > 6.0	ratio

Note: 8-10 hours fasting sample is required.

Liver Function Test

Bilirubin - Total Method : Serum, Diazotization	0.82	Adults and Children: < 1.2	mg/dL
Bilirubin - Direct Method : Serum, Diazotization	0.23	Adults and Children: < 0.5	mg/dL
Bilirubin - Indirect Method : Serum, Calculated	0.59	0.1 - 1.0	mg/dL
SGOT Method : Serum, UV with P5P, IFCC 37 degree	24.1	< 50	U/L
SGPT Method : Serum, UV with P5P, IFCC 37 degree	34.2	< 50	U/L

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Test Description	Value(s)	Reference Range	Unit
Alkaline Phosphatase-ALPI Method : Serum, PNPP, AMP Buffer, IFCC 37 degree	110.2	30-120	U/L
Total Protein Method : Serum, Biuret, reagent blank end point	7.57	6.6 - 8.3	g/dL
Albumin Method : Serum, Bromocresol purple	4.12	Adults: 3.5 - 5.2	g/dL
Globulin Method : Calculated	3.45	1.8 - 3.6	g/dL
A/G Ratio Method : Calculated	1.19	1.2 - 2.2	ratio

KIDNEY FUNCTION TEST

Urea * Method : Serum	20.2	15- 50	mg/dL
Blood Urea Nitrogen-BUN* Method : Serum, Urease	9.44	7 - 24	mg/dL
Uric Acid* Method : Serum, Uricase/POD	5.60	2.6 - 6.0	mg/dL
Creatinine* Method : Serum, Jaffe IDMS	1.04	0.6 - 1.1	mg/dL

Urine Routine

Colour*	Yellow		
Volume*	15 ml	-	ml
Transparency (Appearance)*	Clear	Clear	
Reaction (pH)*	5.0	4.5 - 8	
Specific Gravity*	1.025	1.010 - 1.030	

Chemical Examination (Automated Dipstick Method) Urine

Urine Glucose*	Negative	Negative	
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Test Description	Value(s)	Reference Range	Unit
Urine Protein*	Negative	Negative	
Urine Ketone*	Negative	Negative	
Blood*	Negative	Negative	
Bilirubin*	Negative	Negative	
Nitrite*	Negative	Negative	
Leucocytes*	Negative	Negative	
Urobilinogen*	Normal	With in normal limits	
Microscopic Examination Urine			
Pus Cells (WBCs)*	2-3	0 - 5	/hpf
Epithelial Cells*	1-2	0 - 4	/hpf
Red blood Cells*	Absent	Absent	/hpf
Crystals*	Absent	Absent	
Cast*	Absent	Absent	
Bacteria*	Absent	Absent	

HBA1C (Glycosylated Haemoglobin)

Glyco Hb (HbA1C)	7.74	Non-Diabetic: <=5.9 Pre Diabetic:6.0-6.4 Diabetic: >=6.5	%
Method : EDTA Whole blood,HPLC			
Estimated Average Glucose :	175.44		mg/dL

Interpretations

1. HbA1C has been endorsed by clinical groups and American Diabetes Association guidelines 2017 for diagnosing diabetes using a cut off point of 6.5%
2. Low glycated haemoglobin in a non diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency and haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.

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3. In known diabetic patients, following values can be considered as a tool for monitoring the glycemc control.

Excellent control-6-7 %

Fair to Good control – 7-8 %

Unsatisfactory control – 8 to 10 %

Poor Control – More than 10 %

Thyroid Function Test (TFT)

TRI-IODO THYRONINE (T3) Method : CLIA	1.37	0.60 - 1.81	ng/mL
TOTAL THYROXINE (T4) Method : CLIA	9.63	4.2 - 12.0	ug/dL
THYROID STIMULATING HORMONE (TSH) Method : CLIA	3.52	0.46 – 8.10 : 1 Yrs – 5 Yrs 0.36 – 5.80 : 6 Yrs – 18 Yrs 0.35 – 5.50 : >18 Yrs Pregnancy Ranges 1st Trimester :0.1 - 2.5 2nd Trimester :0.2 - 3.0 3rd Trimester:0.3 - 3.0	uIU/mL

Comments:

IF NOT ON DRUGS SUGGESTED FT3 & FT4 ESTIMATION

Please correlate with clinical conditions.

Note : Serum T3, T4 and TSH form the three components of thyroid screening panel, useful in diagnosing various disorders of the thyroid gland. Primary Hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels. Although elevated TSH levels are nearly always indicative of Primary Hypothyroidism, rarely they can from TSH secreting pituitary tumors (Secondary hyperthyroidism)To confirm diagnosis - evaluate FT3 and FT4.

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<u>Pap Smear</u>			
<u>Post Prandial Urine Sugar</u>			
<u>Post Prandial Blood Sugar</u>			
Blood Glucose-Post Prandial*	127	70-140	mg/dL
Method : Plasma - P, Hexokinase			

END OF REPORT

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