

CID	: 2132924709
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Age / Gender	: 47 Years / Male
Consulting Dr. Reg. Location	: - : J B Nagar, Andheri East (Main Centre)

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# **ARCOFEMI HEALTHCARE- BLOOD TEST**

CBC (Complete Blood Count), Blood			
PARAMETER	<b>RESULTS</b>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>
<b>RBC PARAMETERS</b>			
Haemoglobin	13.7	13.0-17.0 g/dL	Spectrophotometric
RBC	5.82	4.5-5.5 mil/cmm	Elect. Impedance
PCV	41.8	40-50 %	Measured
MCV	71.8	80-100 fl	Calculated
МСН	23.6	27-32 pg	Calculated
MCHC	32.8	31.5-34.5 g/dL	Calculated
RDW	14.9	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	5370	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND	ABSOLUTE COUNTS		
Lymphocytes	25.5	20-40 %	
Absolute Lymphocytes	1369.4	1000-3000 /cmm	Calculated
Monocytes	12.0	2-10 %	
Absolute Monocytes	644.4	200-1000 /cmm	Calculated
Neutrophils	56.2	40-80 %	
Absolute Neutrophils	3017.9	2000-7000 /cmm	Calculated
Eosinophils	5.8	1-6 %	
Absolute Eosinophils	311.5	20-500 /cmm	Calculated
Basophils	0.5	0.1-2 %	
Absolute Basophils	26.9	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS			
Platelet Count	252000	150000-400000 /cmm	Elect. Impedance
MPV	10.6	6-11 fl	Calculated
PDW	20.3	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	Mild		
Microcytosis	+		
Macrocytosis	-		

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Anisocytosis	-			
Poikilocytosis	-			
Polychromasia	-			
Target Cells	-			
Basophilic Stippling	-			
Normoblasts	-			
Others	-			
WBC MORPHOLOGY	-			
PLATELET MORPHOLOGY	-			
COMMENT	-			
Specimen: EDTA Whole Blood				

ESR, EDTA WB-ESR 6 2-15 mm at 1 hr. Westergren \*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West \*\*\* End Of Report \*\*\*



John Compla Dr. AMAR DASGUPTA, MD, PhD

Consultant Hematopathologist Director - Medical Services

Juniar Bungt

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ARCOFEMI HEALTHCARE- BLOOD TEST				
<u>PARAMETER</u>	<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>	
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	96.3	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase	
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	94.8	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase	
TOTAL PROTEINS, Serum	7.6	6.4-8.3 g/dL	Biuret	
ALBUMIN, Serum	4.2	3.5-5.2 g/dL	BCG	
GLOBULIN, Serum	3.4	2.3-3.5 g/dL	Calculated	
A/G RATIO, Serum	1.2	1 - 2	Calculated	
BLOOD UREA, Serum	20.1	12.8-42.8 mg/dl	Kinetic	
BUN, Serum	9.4	6-20 mg/dl	Calculated	
CREATININE, Serum	1.07	0.67-1.17 mg/dl	Enzymatic	
eGFR, Serum	79	>60 ml/min/1.73sqm	Calculated	
URIC ACID, Serum	8.4	3.5-7.2 mg/dl	Enzymatic	
Urine Sugar (Fasting)	Absent	Absent		
Urine Ketones (Fasting)	Absent	Absent		

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**Dr.ANUPA DIXIT** M.D.(PATH) **Consultant Pathologist & Lab Director** 

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ARCOFEMI HEALTHCARE- BLOOD TEST GLYCOSYLATED HEMOGLOBIN (HbA1c)			
<u>PARAMETER</u>	<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	6.1	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	128.4	mg/dl	Calculated

### Intended use:

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

#### **Clinical Significance:**

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

#### Test Interpretation:

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

### Factors affecting HbA1c results:

Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

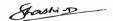
Decreased in: Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

Reflex tests: Blood glucose levels, CGM (Continuous Glucose monitoring)

References: ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

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PARAMETER	<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>
PHYSICAL EXAMINATION			
Color	Yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.030	1.001-1.030	Chemical Indicator
Transparency	Hazy	Clear	-
Volume (ml)	40	-	-
CHEMICAL EXAMINATION			
Proteins	Trace	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Ca-oxalate: Occasional	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	3-4	Less than 20/hpf	
Others	-		

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# ARCOFEMI HEALTHCARE- BLOOD TEST BLOOD GROUPING & Rh TYPING

# PARAMETER

# RESULTS

ABO GROUP A Rh TYPING POSITIVE

NOTE: Test performed by automated column agglutination technology (CAT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

## Clinical significance:

ABO system is most important of all blood group in transfusion medicine

## Limitations:

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

## Refernces:

- 1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
- 2. AABB technical manual

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ARCOFEMI HEALTHCARE- BLOOD TEST LIPID PROFILE				
PARAMETER	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>	
CHOLESTEROL, Serum	166.7	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic	
TRIGLYCERIDES, Serum	116.1	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic	
HDL CHOLESTEROL, Serum	36.3	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic	
NON HDL CHOLESTEROL, Serum	130.4	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/d High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated l	
LDL CHOLESTEROL, Serum	107.0	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Calculated	
VLDL CHOLESTEROL, Serum	23.4	< /= 30 mg/dl	Calculated	
CHOL / HDL CHOL RATIO, Serum	4.6	0-4.5 Ratio	Calculated	
LDL CHOL / HDL CHOL RATIO, Serum	3.0	0-3.5 Ratio	Calculated	
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**Dr.SHASHIKANT DIGHADE** M.D. (PATH) Pathologist

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	ARCOFEMI HEALTHCARE- BLOOD TEST THYROID FUNCTION TESTS			
<b>PARAMETER</b>	<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>	
Free T3, Serum	5.3	3.5-6.5 pmol/L	ECLIA	
Free T4, Serum	15.2	11.5-22.7 pmol/L	ECLIA	
sensitiveTSH, Serum	2.18	0.35-5.5 microIU/ml	ECLIA	

### Interpretation:

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

### **Clinical Significance:**

1)TSH Values between 5.5 to 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.

2)TSH values may be trasiently altered becuase of non thyroidal illness like severe infections, liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non- thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

Diurnal Variation: TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am, and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation: 19.7% (with in subject variation)

Reflex Tests: Anti thyroid Antibodies, USG Thyroid , TSH receptor Antibody. Thyroglobulin, Calcitonin

Limitations: Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.

#### **Reference:**

1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)

2. Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357

3. Tietz, Text Book of Clinical Chemistry and Molecular Biology -5th Edition

4.Biological Variation: From principles to Practice-Callum G Fraser (AACC Press)

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ARCOFEMI HEALTHCARE- BLOOD TEST LIVER FUNCTION TESTS				
<u>PARAMETER</u>	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>	
BILIRUBIN (TOTAL), Serum	0.44	0.1-1.2 mg/dl	Colorimetric	
BILIRUBIN (DIRECT), Serum	0.20	0-0.3 mg/dl	Diazo	
BILIRUBIN (INDIRECT), Serum	0.24	0.1-1.0 mg/dl	Calculated	
TOTAL PROTEINS, Serum	7.6	6.4-8.3 g/dL	Biuret	
ALBUMIN, Serum	4.2	3.5-5.2 g/dL	BCG	
GLOBULIN, Serum	3.4	2.3-3.5 g/dL	Calculated	
A/G RATIO, Serum	1.2	1 - 2	Calculated	
SGOT (AST), Serum	47.0	5-40 U/L	NADH (w/o P-5-P)	
SGPT (ALT), Serum	56.6	5-45 U/L	NADH (w/o P-5-P)	
GAMMA GT, Serum	43.6	3-60 U/L	Enzymatic	
ALKALINE PHOSPHATASE, Serum	76.1	40-130 U/L	Colorimetric	

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Shashi-D

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Page 9 of 9

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