Citi Diagnostics
A COMPLETE PATHOLOGICAL UNIT
GSTIN : 21AVTPP1754A2ZO

Plot No. 141, Godhuli Lane, Deulasahi
Tulasipur, Cuttack-753008, Odisha
6370952870
info@citidiagnostics.in / care@citidiagnostics.in
www.citidiagnostics.in

Patient Name : MR. PANDIT DILIP KUMAR
Age / Gender : 46 years / Male
Patient ID : 9087
Source : CITI DIAGNOSTIC

Scan to Validate

Referral : Apollo Health and Lifestyle Limited
Collection Time : May 13, 2023, 11:31 a.m.
Reporting Time : May 14, 2023, 12:35 p.m.
Sample ID : 000713323

Test Particular	Result	Unit(s)	Biological Reference Interval
	URINE EXAMINATION		
Urine Routine & Microscopic Examination			
PHYSICAL EXAMINATION			
Quantity	10 ml		
Colour	Pale Yellow		Pale Yellow
Transparency (Appearance)	Clear		Clear
Deposit	Absent		Absent
Reaction	Acidic		
CHEMICAL EXAMINATION			
Urine Glucose (Sugar)	Absent		
Urine Protein (Albumin)	Absent		Absent
MICROSCOPIC EXAMINATION			
Pus cells (WBCs)	**1-2/HPF**	/hpf	0-1
Red blood cells	Absent	/hpf	Absent
Epithelial cells	2-3 /HPF	/hpf	0-2
Crystals	Absent		Absent
Cast	Absent		Absent
Amorphous deposits	Absent		Absent
Bacteria	Absent		Absent
Yeast cells	Absent		Absent
Sugar Urine FUS			
Urine Glucose FUS	Absent		
Sugar Urine :- PUS			
Urine Glucose PPUS	Absent		

Lab Technician

Dr. Ranjan Kumar Mallick
MD Path, Consultant Pathology

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IMMUNOLOGY

Thyroid Profile Total

T3-Total	98.0	ng/dL	69.0 - 215.0
T4-Total	7.8	ug/dL	5.20 - 12.7
TSH- (Thyroid-stimulating hormone)	2.14	uIU/mL	0.30 - 4.56

Method : CLIA (Chemiluminescent Immunoassay)

Interpretation

TSH	T3	T4	Suggested Interpretation for the Thyroid Function Tests Pattern
Raised	Within range	Within range	Raised Within Range Within Range .Isolated High TSHespecially in the range of 4.7 to 15 m1U/m1 is commonly associated with Physiological & Biological TSH Variability. Subclinical Autoimmune Hypothyroidism.Intermittent 14 therapy for hypothyroidism .Recovery phase after Non-Thyroidal illness"
Raised	Decreased	Decreased	Chronic Autoimmune Thyroiditis Post thyroidectomy,Post radioiodine Hypothyroid phase of transient thyroiditis"
Raised or within range	Raised	Raised or within range	Interfering antibodies to thyroid hormones (anti-TPO antibodies)Intermittent 14 therapy or T4 overdose •Drug interference-Amiodarone, Heparin,Beta blockers,steroids, anti-epileptics.
Decreased	Raised or within range	Raised or within range	Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & Range Range associated with Non-Thyroidal illness .Subclinical Hyperthyroidism .Thyroxine ingestion'
Decreased	Decreased	Decreased	Central Hypothyroidism .Non-Thyroidal illness .Recent treatment for Hyperthyroidism (TSH remains suppressed)"
Decreased	Raised	Raised	Primary Hyperthyroidism (Graves' disease).Multinodular goitre, Toxic nodule •Transient thyroiditis:Postpartum, Silent (lymphocytic), Postviral (granulomatous,subacute, DeQuervain's),Gestational thyrotoxicosis with hyperemesis gravidarum"
Decreased Within Rang	Raised	Within range	T3 toxicosis •Non-Thyroidal illness
Within range	Decreased	Within range	Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness In elderly the drop in 13 level can be upto 25%.

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Test Particular	Result	Unit(s)	Biological Reference Interval
	HAEMATOLOGY		
CBC :- (COMPLETE BLOOD COUNT)			
Hemoglobin (Hb)	**10.3**	gm/dL	13.5 - 18.0
Method : Cynmeth Photometric Measurement			
Erythrocyte (RBC) Count	**3.9**	mil/cu.mm	4.7 - 6.0
Method : Electrical Impedence			
Packed Cell Volume (PCV)	**30.0**	%	42 - 52
Method : Calculated			
Mean Cell Volume (MCV)	89.4	fL	78 - 100
Method : Electrical Impedence			
Mean Cell Haemoglobin (MCH)	**25.8**	pg	27 - 31
Method : Calculated			
Mean Corpuscular Hb Concn. (MCHC)	**28.9**	gm/dL	32 - 36
Method : Calculated			
Platelet Count	213	10^3/µL	150 - 450
Method : Electrical Impedence			
PCT	0.21	%	0.2 - 0.5
Method : Calculated			
Total Leucocytes (WBC) Count	5,400	10^3/µL	4.0-11.0
Method : Electrical Impedence			
Differential Leucocyte Count (Meth: VCSn Technology)			
Neutrophils	60	%	40 - 80
Lymphocytes	35	%	20 - 40
Monocytes	**00**	%	2 - 10
Eosinophils	05	%	1 - 6
Basophils	00	%	0-1

Note :

Tests done on Automated Six 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.

Blood Grouping RH Typing

Blood Grouping	"A"
Rh (D) Typing	Positive

Methodology

This is done by forward grouping by Slide 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 indicatedwhen the A and B antigen expression and the isoagglutinins are fully developed (2–4 years).

ESR :- Erythrocyte Sedimentation Rate

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Test Particular	Result	Unit(s)	Biological Reference Interval
Erythrocyte Sedimentation Rate **Method : Westergren**	**22**	mm/1 hr	03 - 15

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Test Particular	Result	Unit(s)	Biological Reference Interval
BIOCHEMISTRY			
Fasting Plasma Glucose			
Fasting Plasma Glucose Method : Fluoride Plasma-F, Hexokinase	**123.0**	mg/dL	Normal: 70 - 110 Impaired Tolerance: 100-125 Diabetes mellitus: >= 126
Post Prandial Plasma Glucose (2hr.)			
Post Prandial Plasma Glucose (2hr) Method : Fluoride Plasma, Hexokinase	139.0	mg/dL	70 - 140
HbA1c (Glycosylated Hb%)			
Glyco Hb (HbA1C) Method : EDTA Whole blood,HPLC	**7.6**	%	Non-Diabetic: <= 6.0 Pre Diabetic: 6.0 - 6.4 Diabetic: >=6.5

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

Excellent control-6-7 %
Fair to Good control – 7-8 %
Unsatisfactory control – 8 to 10 %
Poor Control – More than 10 %

RFT :- Renal Function Tests			
Serum Urea Method : Serum	24.0	mg/dL	11 - 45
Serum Creatinine Method : Serum, Jaffe IDMS	1.2	mg/dL	0.51 - 1.50
Serum Uric Acid Method : Serum, Uricase/POD	5.5	mg/dL	3.5 - 7.2
Serum Sodium Method : Serum, Indirect ISE	145.0	mmol/L	136 - 146
Serum Potassium Method : Serum, Indirect ISE	4.0	mmol/L	3.5 - 5.5
LIPID PROFILE : -			
Serum Cholesterol Method : CHOD-PAP	136.0	mg/dL	Desirable: <= 200 Borderline High: 201-239 High: > 239

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Serum Triglyceride Method : GPO-PAP	119.0	mg/dL	Normal: < 150 Borderline High: 150-199 High: 200-499 Very High: >= 500
Serum HDLc (Direct) Method : Serum, Direct measure-PEG	**34.0**	mg/dL	Normal: > 40 Major Heart Risk: < 40
Serum LDLc (Direct) Method : Serum Direct	78.0	mg/dL	Optimal: < 100 Near optimal/above optimal: 100-129 Borderline high: 130-159 High: 160-189 Very High: >= 190
Non - HDL Cholesterol, Serum Method : calculated	102	mg/dL	Desirable: < 130 mg/dL Borderline High: 130-159mg/dL High: 160-189 mg/dL Very High: > or = 190 mg/dL
Serum VLDLc Method : calculated	23.80	mg/dL	6 - 38
Total Cholestrol & HDL Ratio Method : calculated	4	ratio	Desirable - <3.5 Moderate risk - 3.5- 5.1 High risk - > 5.1
LDL/HDL RATIO Method : calculated	2.29	ratio	Desirable / low risk - 0.5 -3.0 Low/ Moderate risk - 3.0- 6.0 Elevated / High risk - > 6.0
HDL/LDL RATIO Method : calculated	0.44	ratio	Desirable / low risk - 0.5 -3.0 Low/ Moderate risk - 3.0- 6.0 Elevated / High risk - > 6.0

Clinical Significance :

Lipid profile or lipid panel is a panel of blood tests used to find abnormalities in lipids, such as cholesterol and triglycerides. The results of this test can identify certain genetic diseases and can determine approximate risks for cardiovascular disease, certain forms of pancreatitis, and other diseases.

LFT :- Liver Function Test

Serum Bilirubin (Total) Method : Serum, Jendrassik Grof	0.6	mg/dL	0.3 - 1.2
Serum Bilirubin (Direct) Method : Serum, Diazotization	0.2	mg/dL	< 0.3
S G O T (AST) Method : Serum, UV with P5P, IFCC 37 degree	19	U/L	5-40
S G P T (ALT) Method : Serum, UV with P5P, IFCC 37 degree	16	U/L	5-45
Serum Alkaline Phosphatase (ALP) Method : Serum, PNPP, AMP Buffer, IFCC 37 degree	62	U/L	30-120

Clinical Significance:

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Liver functions test(LFT) are a set of tests for checking the amount of proteins, enzymes and bilirubin present in the blood. These tests help diagnose liver infection, liver disease or damage. Elevated or lower levels of one or more of these substances can be a sign of a liver problem.

Gamma Glutamyl Transferase (GGT)

Gamma GT*	**62.0**	U/L	<55

Method : G-Glutamyl-Carboxy-Nitoanilide

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