

NAME : Mr. ASHOK	MR NO. : 23020107
AGE/SEX : 46 Yrs / Male	VISIT NO. : 169372
REFERRED BY :	DATE OF COLLECTION : 04-02-2023 at 09:15 AM
REF CENTER : MEDIWHEEL	DATE OF REPORT : 04-02-2023 at 05:35 PM



TEST PARAMETER	RESULT	REFERENCE RANGE	SPECIMEN
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### HAEMATOLOGY

#### COMPLETE BLOOD COUNT (CBC) WITH ESR

*Automated Cell Counter*

HAEMOGLOBIN <i>Colorimetric Method</i>	16.4 gm/dL	13 - 18 gm/dL
HEMATOCRIT (PCV) <i>Calculated</i>	47.9 %	40 - 54 %
RED BLOOD CELL (RBC) COUNT <i>Electrical Impedance</i>	5.5 million/cu.mm	4.5 - 5.9 million/cu.mm
PLATELET COUNT <i>Electrical Impedance</i>	3.4 Lakhs/cumm	1.5 - 4.5 Lakhs/cumm
MEAN CELL VOLUME (MCV) <i>Calculated</i>	87.0 fl	80 - 100 fl
Note : All normal and abnormal platelet counts are cross checked on peripheral smear.		
MEAN CORPUSCULAR HEMOGLOBIN (MCH) <i>Calculated</i>	29.8 pg	26 - 34 pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION (MCHC) <i>Calculated</i>	34.3 %	31 - 35 %
TOTAL WBC COUNT (TC) <i>Electrical Impedance</i>	7910.0 cells/cumm	4000 - 11000 cells/cumm
NEUTROPHILS <i>VCS Technology/Microscopic</i>	50 %	40 - 75 %
LYMPHOCYTES <i>VCS Technology/Microscopic</i>	40 %	25 - 40 %
<b>DIFFERENTIAL COUNT</b>		
EOSINOPHILS <i>VCS Technology/Microscopic</i>	04 %	0 - 7 %
MONOCYTES <i>VCS Technology/Microscopic</i>	06 %	1 - 8 %
BASOPHILS <i>Electrical Impedance</i>	00 %	
ESR <i>Westergren Method</i>	20 mm/hr	0 - 15 mm/hr
BLOOD GROUP & Rh TYPING <i>Tube Agglutination (Forward and Reverse)</i>	"A" Positive	

*Krishna Murthy*

Dr. KRISHNA MURTHY  
MD  
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Lab Seal

*Vamseedhar A*

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<b>GLYCATED HAEMOGLOBIN (HbA1C)</b> <small>HPLC</small>	7.3 %	<b>American Diabetic Association (ADA) recommendations:</b> Non diabetic adults : <5.7 % At risk (Pre diabetic): 5.7 – 6.4% Diabetic : >= 6.5% <b>Therapeutic goal for glycemic control :</b> Goal for therapy: < 7.0% Action suggested: > 8.0%	
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ESTIMATED AVERAGE GLUCOSE (eAG) 162.81 mg/dL  
Calculation

**Comments:**

This assay is useful for diagnosing Diabetes and evaluating long term control of blood glucose concentrations in diabetic patients. It reflects the mean glucose concentration over the previous period of 8 to 12 weeks and is a better indicator of long term glycemic control as compared with blood and urine glucose measurements. This provides a additional criterion for assessing glucose control because glycated hemoglobin values are free of day-to-day glucose fluctuation and are unaffected by exercise or food ingestion.

After a sudden alteration in blood glucose concentration, the rate of change of HbA1c is rapid during initial 2 months, followed by more gradual change approaching steady state 3 months later.

**CLINICAL BIOCHEMISTRY**

<b>CREATININE</b> <small>Jaffe Method</small>	1.23 mg/dL	0.8 - 1.4 mg/dL
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<b>LIPID PROFILE TEST</b>			
<i>Spectrometry</i>			
<b>TOTAL CHOLESTEROL</b> <i>Cholesterol Oxidase-Peroxidase (CHOD-POD)</i>	237 mg/dL	up to 200 mg/dL Border Line: 200 – 240 mg/dL High: > 240 mg/dL	
<b>TRIGLYCERIDES</b> <i>Glycerol Peroxidase-Peroxidase (GPO-POD)</i>	254.5 mg/dL	up to 150 mg/dL Desirable: <150 mg/dL Border Line: 150 – 200 mg/dL High: >200 – 500 mg/dL Very High: > 500 mg/dL	
<b>HDL CHOLESTEROL - DIRECT</b> <i>PEG-Cholesterol Esterase</i>	48 mg/dl	40 - 60 mg/dl >= 60mg/dL - Excellent (protects against heart disease) 40-59 mg/dL - Higher the better <40 mg/dL - Lower than desired (major risk for heart disease)	
<b>LDL CHOLESTEROL - DIRECT</b> <i>Cholesterol Esterase-Cholesterol Oxidase</i>	138.1 mg/dL	up to 100 mg/dL 100-129 mg/dL - Near optimal/above optimal 130-159 mg/dL - Borderline High 160-189 mg/dL - High 190->190 mg/dL - Very High	
<b>VLDL CHOLESTEROL</b> <i>Calculation</i>	50.9 mg/dL	2 - 30 mg/dL	
<b>TOTAL CHOLESTROL/HDL RATIO</b> <i>Calculation</i>	4.9	up to 3.5 3.5-5.0 - Moderate >5.0 - High	
<b>LDL/HDL RATIO</b> <i>Calculation</i>	2.9	up to 2.5 2.5-3.3 - Moderate >3.3 - High	
<b>BLOOD UREA</b> <i>UREASE-GLUTAMATE DEHYDROGENASE (GLDH)</i>	11.8 mg/dL	15 - 50 mg/dL	
<b>CREATININE</b> <i>Jaffe Kinetic</i>	1.23 mg/dL	0.4 - 1.4 mg/dL	
<b>URIC ACID</b> <i>Uricase-Peroxidase</i>	5.8 mg/dL	3 - 7.2 mg/dL	
<b>SERUM ELECTROLYTES</b>			
<b>SODIUM</b> <i>Ion Selective Electrode (ISE)</i>	137.1 mmol/L	136 - 145 mmol/L	
<b>POTASSIUM</b> <i>Ion Selective Electrode (ISE)</i>	4.21 mmol/L	3.5 - 5.2 mmol/L	
<b>CHLORIDE</b> <i>Ion Selective Electrode (ISE)</i>	101 mmol/L	97 - 111 mmol/L	

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<b>LIVER FUNCTION TEST (LFT)</b>			
<i>Spectrometry</i>			
TOTAL BILIRUBIN <i>Colorimetric Diazo Method</i>	0.85 mg/dL	0.2 - 1.2 mg/dL	
DIRECT BILIRUBIN <i>Colorimetric Diazo Method</i>	0.46 mg/dL	0 - 0.4 mg/dL	
INDIRECT BILIRUBIN <i>Calculation</i>	0.39 mg/dl	0.2 - 0.8 mg/dl	
S G O T (AST) <i>IFCC Without Pyridoxal Phosphates</i>	15 U/L	up to 35 U/L	
S G P T (ALT) <i>IFCC Without Pyridoxal Phosphates</i>	34 U/L	up to 50 U/L	
ALKALINE PHOSPHATASE <i>p-Nitrophenyl Phosphate</i>	140 U/L	36 - 113 U/L	
SERUM GAMMA GLUTAMYLTRANSFERASE (GGT) <i>GCNA-IFCC</i>	89.9 U/L	15 - 85 U/L	
TOTAL PROTEIN <i>Biuret Colorimetric</i>	6.37 g/dl	6.2 - 8 g/dl	
S.ALBUMIN <i>Bromocresol Green (BCG)</i>	3.93 g/dl	3.5 - 5.2 g/dl	
S.GLOBULIN <i>Calculation</i>	2.4 g/dl	2.5 - 3.8 g/dl	
A/G RATIO <i>Calculation</i>	1.6	1 - 1.5	
FASTING BLOOD SUGAR <i>Hexokinase</i>	147 mg/dl	70 - 110 mg/dl	
POST PRANDIAL BLOOD SUGAR <i>Hexokinase</i>	257 mg/dl	80 - 150 mg/dl	

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### CLINICAL PATHOLOGY

#### URINE ROUTINE & MICROSCOPIC

*Strips & Microscopy*

#### PHYSICAL EXAMINATION

Colour <i>Visual Method</i>	Pale Yellow	Pale yellow- yellow
Appearance <i>Visual Method</i>	Clear	Clear/Transparent
Specific Gravity <i>Strips Method</i>	1.020	1.005-1.035
pH	6.0	4.6-8.5

#### CHEMICAL EXAMINATION (DIPSTICK)

Protein <i>Strips Method</i>	Nil	Nil -Trace
Glucose <i>Strips Method</i>	Nil	Nil
Blood <i>Strips Method</i>	Negative	Negative
Ketone Bodies <i>Strips Method</i>	Absent	Negative
Urobilinogen <i>Strips Method</i>	Normal	Normal
Bile Salt <i>Strips Method</i>	Negative	Negative
Bilirubin <i>Strips Method</i>	Negative	Negative
Bile Pigments	Negative	NIL

#### MICROSCOPY

Pus Cells (WBC) <i>Light Microscopic</i>	2 - 3 /hpf	0-5/hpf
Epithelial Cells <i>Light Microscopic</i>	1 - 2 /hpf	0-4/hpf
RBC <i>Light Microscopic</i>	Not Seen /hpf	0-2/hpf
Cast <i>Light Microscopic</i>	NIL	NIL
Crystal <i>Light Microscopic</i>	NIL	Nil

FASTING URINE SUGAR (FUS)	NIL	NIL
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POSTPRANDIAL URINE SUGAR	0.5 %	NIL
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### IMMUNOASSAY

#### THYROID PROFILE

TOTAL TRIIODOTHYRONINE (T3) <small>CMIA</small>	1.15 ng/mL	0.87 - 1.78 ng/mL	
TOTAL THYROXINE (T4) <small>CMIA</small>	7.07 µg/dL	6.09 - 12.23 µg/dL	
THYROID STIMULATING HORMONE (TSH) <small>CMIA</small>	1.10 µIU/mL	0.38 - 5.33 µIU/mL	1st Trimester: 0.05 - 3.70 2nd Trimester: 0.31 - 4.35 3rd Trimester: 0.41 - 5.18

**Note:**

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

#### PROSTATIC SPECIFIC ANTIGEN (PSA)

ECLIA

PROSTATIC SPECIFIC ANTIGEN (PSA) <small>CMIA</small>	0.60 ng/mL	Up to 4ng/mL: Normal 4-10 ng/mL Hypertrophy & benign genito urinary conditions. >10 ng/mL Suspicious of malignancy.
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PSA is used for monitoring patients with a history of prostate cancer and as an early indicator of recurrence and response to treatment. The test is commonly used for Prostate cancer screening.

Dispatched by: KIRAN

\*\*\*\* End of Report \*\*\*\*

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