



LABORATORY REPORT



Name : Mr. Vinay Kumar Neema	Registration on : 26-Feb-2022 10:13
Lab ID : 022221203273 Ref. Id :	Collected on :
Sex/Age : Male / 38 Years	Approved on : 26-Feb-2022 12:55
Ref. By :	Sample Type : EDTA Blood
Location : Bob Health Checkup@Godhra	Patient Source :

COMPLETE BOOD COUNT

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Ref. Interval</u>
<u>HB and Indices</u>			
Hemoglobin	L 12.0	g/dL	13.0 - 16.5
RBC Count	4.64	million/cmm	4.5 - 5.5
Hematocrit	L 35.6	%	40 - 49
MCV	L 76.7	fL	83 - 101
MCH	L 25.9	pg	27.1 - 32.5
MCHC	33.7	g/dL	32.5 - 36.7
RDW CV	13.10	%	11.6 - 14
<u>Total WBC and Differential Count</u>			
WBC Count	4510	/cmm	4000 - 10000
<u>Differential Count</u>			
Neutrophils	50.5	% 40 - 80	2278 /cmm 2000 - 6700
Lymphocytes	39.5	% 20 - 40	1781 /cmm 1000 - 3000
Eosinophils	3.8	% 1 - 6	171 /cmm 20 - 500
Monocytes	6.0	% 2 - 10	271 /cmm 200 - 1000
Basophils	0.2	% 0 - 2	9 /cmm 0 - 100
<u>Platelet Count</u>			
Platelet Count	284000	/cmm	150000 - 410000
<u>Erythrocytes Sedimentation Rate</u>			
ESR	H 20	mm/1hr	0 - 14

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Lab ID : **022221203273** Ref. Id : Collected on :
Sex/Age : **Male / 38 Years** Approved on : 26-Feb-2022 11:17
Ref. By : Sample Type : EDTA Blood, Serum
Location : Bob Health Checkup@Godhra Patient Source :

Blood Group

Test	Result	Unit	Biological Ref. Interval
ABO Type	"AB"		
Rh (D) Type	Positive		

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Lab ID : 022221203273 Ref. Id : Collected on : 26-Feb-2022 15:16
Sex/Age : Male / 38 Years Approved on : 26-Feb-2022 12:56
Ref. By : Sample Type : Serum, Fluoride PP
Location : Bob Health Checkup@Godhra Patient Source :

Test	Result	Unit	Biological Ref. Interval
Fasting Blood Sugar	H 167.6		70 - 110
Fasting Urine Sugar	Absent		Absent
Post Prandial Blood Sugar <i>GOD-POD</i>	H 294.2	mg/dL	70 - 140
Postprandial Urine Sugar	Present(+++)		Absent
Blood Urea Nitrogen <i>Calculated</i>	L 8.7	mg/dL	9.0 - 20.0
Uric Acid <i>Uricase-Peroxidase method</i>	7.00	mg/dL	3.5 - 7.2
SGPT <i>IFCC method without pyridoxal phosphate activation</i>	35.5	U/L	0 - 45
SGOT <i>IFCC method without pyridoxal phosphate activation</i>	18.6	U/L	5 - 40
GGT <i>L-?-glutamyl-glycylglycine</i>	24.9	U/L	5 - 50
Alkaline Phosphatase <i>NPP-AMP Buffer</i>	67.0	U/L	53 - 128
Bilirubin			
Total Bilirubin <i>Diazo reaction</i>	0.47	mg/dL	0.2 - 1.3
Direct Bilirubin <i>Diazo reaction</i>	0.21	mg/dL	0.0 - 0.4
Indirect Bilirubin <i>Calculated</i>	0.26	mg/dL	0.1 - 1.1
Protein			
Total Protein <i>Biuret method</i>	7.55	g/dL	6.0 - 8.5
Albumin <i>BCG</i>	4.67	g/dL	3.5 - 5.2
Globulin	2.88	g/dL	2.2 - 3.0
A/G Ratio <i>Calculated</i>	1.62		1.3 - 1.7

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Lab ID : 022221203273 Ref. Id : Collected on : 26-Feb-2022 15:16
Sex/Age : Male / 38 Years Approved on : 26-Feb-2022 12:59
Ref. By : Sample Type : Serum
Location : Bob Health Checkup@Godhra Patient Source :

Lipid Profile

Test	Result	Unit	Biological Ref. Interval
Cholesterol <i>Cholesterol oxidase, Esterase, Peroxidase</i>	148	mg/dL	Desirable : <200 Borderline High : 200-239 High : >240
Triglyceride <i>GPO-POD</i>	142.5	mg/dL	Normal : < 150 Borderline : 150-199 High : 200-499 Very High : > 500
HDL Cholesterol <i>PTA/MgCl2</i>	L 37.7	mg/dL	Low : <40.0 High : >60.0
Direct LDL <i>Direct measured</i>	89.50	mg/dL	Optimal : < 100 Near / above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >190
VLDL <i>Calculated</i>	28.50	mg/dL	15 - 35
CHOL/HDL Ratio <i>Calculated</i>	3.9		Up to 5.0
LDL/HDL Ratio <i>Calculated</i>	2.4		Up to 3.5

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Sex/Age : Male / 38 Years Approved on : 26-Feb-2022 12:59
Ref. By : Sample Type : EDTA Sample
Location : Bob Health Checkup@Godhra Patient Source :

HbA1c (Glycosylated Hemoglobin)

Test	Result	Unit	Biological Ref. Interval
HbA1c	H 8.68	%	For Screening: Diabetes: >6.5% Pre-Diabetes: 5.7% - 6.4% Non-Diabetes: < 5.7% For Diabetic Patient: Poor Control : > 7.0 % Good Control : 6.0-7.0 %
Mean Blood Glucose <small>Calculated</small>	202.42	mg/dL	

Explanation:-

- Total haemoglobin A1 c is continuously synthesized in the red blood cell through its 120 days life span. The concentration of HBA1c in the cell reflects the average blood glucose concentration it encounters.
- The level of HBA1c increases proportionately in patients with uncontrolled diabetes. It reflects the average blood glucose concentration over an extended time period and remains unaffected by short-term fluctuations in blood glucose levels.
- The measurement of HbA1c can serve as a convenient test for evaluating the adequacy of diabetic control and in preventing various diabetic complications. Because the average half life of a red blood cell is sixty days, HbA1c has been accepted as a measurement which reflects the mean daily blood glucose concentration, better than fasting blood glucose determination, and the degree of carbohydrate imbalance over the preceding two months.
- It may also provide a better index of control of the diabetic patient without resorting to glucose loading procedures.

HbA1c assay Interferences:

Erroneous values might be obtained from samples with abnormally elevated quantities of other Haemoglobins as a result of either their simultaneous elution with HbA1c (HbF) or differences in their glycation from that of HbA (HbS).

Reference: ADA Guideline 2020

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Ref. By :	Sample Type : Serum
Location : Bob Health Checkup@Godhra	Patient Source :

Thyroid Function Test

Test	Result	Unit	Biological Ref. Interval
T3 - Triiodothyronine <small>C/MIA</small>	1.14	ng/mL	0.58 - 1.59
T4 - Thyroxine <small>C/MIA</small>	8.01	micro g/dL	5.13 - 14.06
TSH - Thyroid Stimulating Hormone <small>C/MIA</small>	4.8200	microIU/mL	0.35 - 4.94

TSH	T3/FT3	T4/FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	- Isolated Low T3-offen seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%
Raised	Within Range	Within Range	- Isolated High TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with physiological & Biological TSH Variability. - Subclinical Autoimmune Hypothyroidism - Intermittent T4 therapy for hypothyroidism - Recovery phase after Non-Thyroidal illness
Raised	Decreased	Decreased	- Chronic autoimmune Thyroiditis - Post thyroidectomy, Post radiiodine - Hypothyroid phase of transient thyroiditis
Raised or Within Range	Raised	Raised or Within range	- Interfering antibodies to thyroid hormones (anti-TPO antibodies) - intermittent T4 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 & 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'a) Gestational thyrotoxicosis with hyperemesis gravidarum
Decreased or within range	Raised	Within Range	- T3 toxicosis - Non-Thyroidal illness

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Ref. By : Sample Type : Urine
Location : Bob Health Checkup@Godhra Patient Source :

Urine Routine Examination

Test	Result	Unit	Biological Ref. Interval
Physical Examination			
Volume	10	ml	
Colour	Yellow		
Odour	Ammonical		
Transparency	Clear		
Chemical Examination (Dip Stick Method)			
Reaction	Acidic		
Specific Gravity	1.025		1.005 - 1.030
Albumin	Trace		Negative
Urine Glucose	Absent		Absent
Bile Salts	Absent		Absent
Bile Pigments	Absent		Absent
Urine Ketone	Absent		Absent
Nitrite	Negative		Negative
Microscopic Examination			
Pus Cells	0-1	/hpf	0 - 5
Red Cells	Absent	/hpf	0 - 2
Epithelial Cells	Occassional	/hpf	
Casts	Absent	/hpf	
Crystals	Absent	/hpf	
Amorphous Material	Absent		
Bacteria	Absent		Absent
Budding Yeast	Absent		Absent
Trichomonas	Absent		

----- End Of Report -----

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