



## TEST REPORT

**Reg. No** : 2108103145  
**Name** : Vandana Sunil Kumar  
**Age/Sex** : 35 Years / Female  
**Ref. By** :  
**Client** : MEDIWHEEL WELLNESS

**Reg. Date** : 28-Aug-2021  
**Collected On** : 28-Aug-2021 10:58  
**Approved On** : 28-Aug-2021 11:51  
**Printed On** : 29-Aug-2021 16:06

Parameter	Result	Unit	Reference Interval
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### COMPLETE BLOOD COUNT (CBC)

SPECIMEN: EDTA BLOOD

Hemoglobin	13.8	g/dL	12.0 - 15.0
RBC Count	4.76	million/cmm	3.8 - 4.8
Hematocrit (PCV)	41.1	%	40 - 54
MCH	29.0	Pg	27 - 32
MCV	86.3	fL	83 - 101
MCHC	33.6	%	31.5 - 34.5
RDW	13.7	%	11.5 - 14.5
WBC Count	9290	/cmm	4000 - 11000

### DIFFERENTIAL WBC COUNT (Flow cytometry)

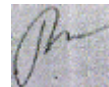
Neutrophils (%)	55	%	38 - 70
Lymphocytes (%)	40	%	20 - 40
Monocytes (%)	03	%	2 - 8
Eosinophils (%)	02	%	0 - 6
Basophils (%)	00	%	0 - 2
Neutrophils	5110	/cmm	
Lymphocytes	3716	/cmm	
Monocytes	279	/cmm	
Eosinophils	186	/cmm	
Basophils	0	/cmm	
Platelet Count (Flow cytometry)	233000	/cmm	150000 - 450000
MPV	10.6	fL	7.5 - 11.5

### ERYTHROCYTE SEDIMENTATION RATE

ESR (After 1 hour)	12	mm/hr	0 - 21
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*Modified Westergren Method*

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Parameter

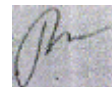
Result

**BLOOD GROUP & RH**

**Specimen: EDTA and Serum; Method: Haemagglutination**

ABO : 'A'  
Rh (D) : Positive

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PLASMA GLUCOSE

Fasting Blood Sugar (FBS) <i>Hexokinase Method</i>	<u>141.0</u>	mg/dL	70 - 110
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Post Prandial Blood Sugar (PPBS) <i>Hexokinase Method</i>	<u>263.1</u>	mg/dL	70 - 140
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Criteria for the diagnosis of diabetes 1. HbA1c  $\geq$  6.5 \*

Or

2. Fasting plasma glucose  $>$ 126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.

Or

3. Two hour plasma glucose  $\geq$  200mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water.

Or

4. In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose  $\geq$  200 mg/dL.

\*In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing.

American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34:S11.

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<b>LIPID PROFILE</b>			
Cholesterol <i>(Enzymatic colorimetric)</i>	237.9	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride <i>(Enzymatic colorimetric)</i>	280.1	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
VLDL <i>Calculated</i>	<b>56.02</b>	mg/dL	15 - 35
LDL CHOLESTEROL	129.28	mg/dL	Optimal : < 100.0 Near / above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >190.0
HDL Cholesterol <i>Homogeneous enzymatic colorimetric</i>	52.6	mg/dL	30 - 85
Cholesterol /HDL Ratio <i>Calculated</i>	4.52		0 - 5.0
LDL / HDL RATIO <i>Calculated</i>	2.46		0 - 3.5



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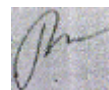
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**NEW ATP III GUIDELINES (MAY 2001), MODIFICATION OF NCEP**<?xml:namespace prefix = "o" ns = "urn:schemas-microsoft-com:office:office" />

**LDL CHOLESTEROL**  
**CHOLESTEROL**  
**HDL CHOLESTEROL**  
**TRIGLYCERIDES**  
Optimal<100  
Desirable<200  
Low<40  
Normal<150  
Near Optimal 100-129  
Border Line 200-239  
High >60  
Border High 150-199  
Borderline 130-159  
High >240  
-  
High 200-499  
High 160-189  
-  
-

- LDL Cholesterol level is primary goal for treatment and varies with risk category and assesment
  - For LDL Cholesterol level Please consider direct LDL value
- Risk assessment from HDL and Triglyceride has been revised. Also LDL goals have changed.
- Detail test interpreation available from the lab
  - All tests are done according to NCEP guidelines and with FDA approved kits.
  - LDL Cholesterol level is primary goal for treatment and varies with risk category and assesment
- # For test performed on specimens received or collected from non-KSHIPRA locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender.  
KSHIPRA will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.  
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### HEMOGLOBIN A1 C ESTIMATION

Specimen: Blood EDTA

Hb A1C <i>Boronate Affinity with Fluorescent Quenching</i>	7.6	% of Total Hb	Poor Control : > 7.0 % Good Control : 6.2-7.0 % Non-diabetic Level : 4.3-6.2 %
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Mean Blood Glucose <i>Calculated</i>	193.26	mg/dL	
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**Degree of Glucose Control Normal Range:**

Poor Control >7.0% \*

Good Control 6.0 - 7.0 %\*\*Non-diabetic level < 6.0 %

\* High risk of developing long term complication such as retinopathy, nephropathy, neuropathy, cardiopathy, etc.

\* Some danger of hypoglycemic reaction in Type I diabetics.

\* Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1c levels in this area.

**EXPLANATION :-**

\*Total haemoglobin A1 c is continuously synthesised 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)

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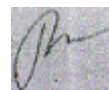
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<b>LIVER FUNCTION TEST WITH GGT</b>			
Total Bilirubin <i>Colorimetric diazo method</i>	0.70	mg/dL	0.20 - 1.0
Conjugated Bilirubin <i>Sulph acid dpl/caff-benz</i>	0.29	mg/dL	0.0 - 0.3
Unconjugated Bilirubin <i>Sulph acid dpl/caff-benz</i>	0.41	mg/dL	0.0 - 1.1
SGOT <i>(Enzymatic)</i>	<b>37.3</b>	U/L	0 - 31
SGPT <i>(Enzymatic)</i>	<b>62.0</b>	U/L	0 - 31
GGT <i>(Enzymatic colorimetric)</i>	28.2	U/L	7 - 32
Alakaline Phosphatase <i>(Colorimetric standardized method)</i>	79.3	U/L	42 - 141
<b><u>Protien with ratio</u></b>			
Total Protein <i>(Colorimetric standardized method)</i>	8.3	g/dL	6.5 - 8.7
Albumin <i>(Colorimetric standardized method)</i>	<b>5.0</b>	mg/dL	3.5 - 4.94
Globulin <i>Calculated</i>	3.30	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.52		0.8 - 2.0

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BUN	13.2	mg/dL	5 - 24
Uric Acid <i>(Enzymatic colorimetric)</i>	6.9	mg/dL	2.5 - 7.0

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### THYROID FUNCTION TEST

T3 (Triiodothyronine) <i>Chemiluminescence</i>	1.10	ng/mL	0.87 - 1.78
T4 (Thyroxine) <i>Chemiluminescence</i>	9.28	µg/dL	5.89 - 14.9
TSH ( ultra sensitive ) <i>Chemiluminescence</i>	2.664	µIU/ml	0.34 - 5.6

**SUMMARY** The hypophyseal release of TSH (thyrotropic hormone) is the central regulating mechanism for the biological action of thyroid hormones. TSH is a very sensitive and specific parameter for assessing thyroid function and is particularly suitable for early detection or exclusion of disorders in the central regulating circuit between the hypothalamus, pituitary and thyroid. **LIMITATION** Presence of autoantibodies may cause unexpected high value of TSH

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### URINE ROUTINE EXAMINATION

#### PHYSICAL EXAMINATION

Quantity	20 cc
Colour	Pale Yellow
Appearance	Slight Turbid

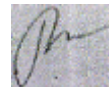
#### CHEMICAL EXAMINATION ( BY REFLECTANCE PHOTOMETRIC METHOD)

pH	5.0	5.0 - 8.0
Sp. Gravity	1.020	1.002 - 1.03
Protein	Trace	
Glucose	Nil	
Ketone Bodies	Nil	
Urine Bile salt and Bile Pigment	Nil	
Urine Bilirubin	Nil	
Nitrite	Nil	
Leucocytes	Present (++)	
Blood	Nil	

#### MICROSCOPIC EXAMINATION (MANUAL BY MCIROSCOPY)

Leucocytes (Pus Cells)	18 - 20/hpf
Erythrocytes (Red Cells)	Nil
Epithelial Cells	1-2/hpf
Amorphous Material	Nil
Casts	Nil
Crystals	Nil
Bacteria	Nil
Monilia	Nil

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### STOOL EXAMINATION

Consistency Semi Solid

#### CHEMICAL EXAMINATION

Occult Blood Negative

*Peroxidase Reaction with o-Dianisidine*

Reaction Acidic

*pH Strip Method*

Reducing Substance Absent

*Benedict's Method*

#### MICROSCOPIC EXAMINATION

Mucus Nil

Pus Cells 1 - 2/hpf

Red Cells Nil

Epithelial Cells Nil

Vegetable Cells Nil

Trophozoites Nil

Cysts Nil

Ova Nil

Neutral Fat Nil

Monilia Nil

**Note:** Stool occult blood test is highly sensitive to peroxidase like activity of free hemoglobin.

**False negative:** False negative occult blood test may be observed in case of excess (>250mg/day) Vitamin C intake and in case of occasional unruptured RBCs.

**False positive:** False positive occult blood test may be observed in stool samples containing vegetable peroxidase (turnips, horseradish, cauliflower, broccoli, cantaloupe, parsnips) and myoglobin from food (meat diet) intake.

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

