

Name : Mrs. SANDINTI YAMUNA
PID No. : MED120491733
SID No. : 522156435
Age / Sex : 28 Year(s) / Female
Type : OP
Ref. Dr : MediWheel


Register On : 22/11/2021 10:40 AM
Collection On : 22/11/2021 11:17 AM
Report On : 23/11/2021 9:41 AM
Printed On : 23/11/2021 11:21 AM

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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HAEMATOLOGY

Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/Automated Blood cell Counter)	13.0	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Automated Blood cell Counter)	39.2	%	37 - 47
RBC Count (EDTA Blood/Automated Blood cell Counter)	4.80	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood/Automated Blood cell Counter)	82.0	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Automated Blood cell Counter)	27.1	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Automated Blood cell Counter)	33.3	g/dL	32 - 36
RDW-CV	15.6	%	11.5 - 16.0
RDW-SD	44.77	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Automated Blood cell Counter)	9810	cells/cu.mm	4000 - 11000
Neutrophils (Blood)	66.6	%	40 - 75
Lymphocytes (Blood)	28.5	%	20 - 45
Eosinophils (Blood)	0.8	%	01 - 06


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Monocytes (Blood)	3.0	%	02 - 10
Basophils (Blood/Automated Blood cell Counter)	1.1	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Automated Blood cell Counter)	6.53	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Automated Blood cell Counter)	2.80	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Automated Blood cell Counter)	0.08	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Flow cytometry)	0.29	10 ³ / μ l	< 1.0
Absolute Basophil count (EDTA Blood/Automated Blood cell Counter)	0.11	10 ³ / μ l	< 0.2
Platelet Count (EDTA Blood/Automated Blood cell Counter)	460	10 ³ / μ l	150 - 450
INTERPRETATION: NOTE : Low platelets can be caused by a wide variety of conditions, including viral infections, consumption coagulopathy, decreased production in the bone marrow and drugs. Values are to be interpreted in a background of patient age, history and clinical findings.			
MPV* (Blood/Calculated)	8.6	fL	8.0 - 13.3
PCT	0.40	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citratd Blood)	9	mm/hr	0 - 20


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BIOCHEMISTRY

Liver Function Test

Bilirubin(Total) (Serum/Diazotized Sulfanilic Acid)	0.8	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.2	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.6	mg/dL	0.1 - 1.0
Total Protein (Serum/Biuret)	7.8	g/dL	6.0 - 8.3
Albumin (Serum/Bromocresol green)	4.3	g/dL	3.5 - 5.2
Globulin (Serum/Derived)	3.5	g/dL	2.3 - 3.5
A : G Ratio (Serum/Derived)	1.2		1.5 - 2.5
SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC Kinetic)	33	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC / Kinetic)	35	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/IFCC Kinetic)	95	U/L	42 - 98
GGT(Gamma Glutamyl Transpeptidase) (Serum/SZASZ standarised IFCC)	23	U/L	< 38


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<u>Lipid Profile</u>			
Cholesterol Total (Serum/Cholesterol oxidase/Peroxidase)	137	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	201	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

INTERPRETATION: The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence recommending triglycerides estimation in non-fasting condition for evaluating the risk of heart disease and screening for metabolic syndrome, as non-fasting sample is more representative of the usual circulating level of triglycerides during most part of the day.

HDL Cholesterol (Serum/Immunoinhibition)	32	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	64.8	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	40.2	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	105.0	mg/dL	Optimal: <130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220


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INTERPRETATION: 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol.
 2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.

Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	4.3		Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
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Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	6.3		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
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LDL/HDL Cholesterol Ratio (Serum/Calculated)	2		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
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<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/HPLC)	6.4	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5

INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

Estimated Average Glucose 136.98 mg/dL
(Whole Blood)

INTERPRETATION: Comments

HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.


Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency, hypertriglyceridemia, hyperbilirubinemia, Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values.

Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly, Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c.



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CLINICAL PATHOLOGY

PHYSICAL EXAMINATION

Colour (Urine)	Pale Yellow		
Volume (Urine)	25	mL	
Appearance (Urine)	Slightly turbid		Clear

CHEMICAL EXAMINATION

pH (Urine)	6.0		4.6 - 8.0
Specific Gravity (Urine)	1.010		1.003 - 1.030
Protein (Urine)	Negative		Negative
Glucose (Urine)	Negative		Negative
Ketones (Urine)	Negative		Negative
Leukocytes (Urine)	Positive (Trace)		Negative
Nitrite (Urine)	Negative		Negative
Bilirubin (Urine)	Negative		Negative


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Blood (Urine)	Negative		Negative
Urobilinogen (Urine)	0.2	mg/dL	0.1 - 1.0
<u>Urine Microscopy Pictures</u>			
Pus Cells (Urine)	2-3	/hpf	0 - 2
Epithelial Cells (Urine)	6-8	/hpf	0 - 2
RBCs (Urine)	Nil	/hpf	0 - 1
Others (Urine)	Bacteria Present		Nil


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<u>Stool Analysis - ROUTINE</u>			
Mucus (Stool)	Absent		Absent
Reaction (Stool)	Alkaline		Alkaline
Consistency (Stool)	Solid		Semi solid to solid
Others (Stool)	Nil		Nil
Ova (Stool)	Not Found		Not Found
Cysts (Stool)	Not Found		Not Found
Trophozoites (Stool)	Not Found		Not found
RBCs (Stool)	Nil	/hpf	Nil
Pus Cells (Stool)	1-2	/hpf	Nil
Macrophages (Stool)	Nil		Nil
Epithelial Cells (Stool)	Nil	/hpf	Nil
Colour (Stool)	Brownish		
Blood (Stool)	Absent		Absent


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IMMUNOHAEMATOLOGY


BLOOD GROUPING AND Rh TYPING (EDTA Blood/Agglutination)	'O' Positive'		
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INTERPRETATION:Note: Slide method is screening method. Kindly confirm with Tube method for transfusion.



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<u>BIOCHEMISTRY</u>			
BUN / Creatinine Ratio	14		6 - 22
Glucose Fasting (FBS) (Plasma - F/GOD - POD)	88	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

INTERPRETATION: Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

Urine Glucose - Fasting (Urine - F)	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/GOD - POD)	145	mg/dL	70 - 140

INTERPRETATION: Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti-diabetic medication during treatment for Diabetes.


Urine Glucose (Postprandial) (Urine - PP)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease-GLDH)	7	mg/dL	7.0 - 21
Creatinine (Serum/Jaffe Kinetic)	0.5	mg/dL	0.6 - 1.1

INTERPRETATION: Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin ,cefazolin, ACE inhibitors ,angiotensin II receptor antagonists,N-acetylcyteine , chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/Uricase/Peroxidase)	5.5	mg/dL	2.6 - 6.0
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