

CID	: 2125438926
Name	: MRS.RAMA SHARMA
Age / Gender	: 37 Years / Female
Consulting Dr.	: -
Reg. Location	: Kandivali East (Main Centre)

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

	<u>CBC (Complete Blood Count), Blood</u>				
PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>		
RBC PARAMETERS					
Haemoglobin	11.6	12.0-15.0 g/dL	Spectrophotometric		
RBC	4.28	3.8-4.8 mil/cmm	Elect. Impedance		
PCV	35.1	36-46 %	Measured		
MCV	82	80-100 fl	Calculated		
MCH	27.0	27-32 pg	Calculated		
MCHC	32.9	31.5-34.5 g/dL	Calculated		
RDW	12.8	11.6-14.0 %	Calculated		
WBC PARAMETERS					
WBC Total Count	6200	4000-10000 /cmm	Elect. Impedance		
WBC DIFFERENTIAL AND A	BSOLUTE COUNTS				
Lymphocytes	39.4	20-40 %			
Absolute Lymphocytes	2442.8	1000-3000 /cmm	Calculated		
Monocytes	6.3	2-10 %			
Absolute Monocytes	390.6	200-1000 /cmm	Calculated		
Neutrophils	50.9	40-80 %			
Absolute Neutrophils	3155.8	2000-7000 /cmm	Calculated		
Eosinophils	2.7	1-6 %			
Absolute Eosinophils	167.4	20-500 /cmm	Calculated		
Basophils	0.7	0.1-2 %			
Absolute Basophils	43.4	20-100 /cmm	Calculated		
Immature Leukocytes	-				

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS			
Platelet Count	311000	150000-400000 /cmm	Elect. Impedance
MPV	8.8	6-11 fl	Calculated
PDW	15.3	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	-		
Microcytosis	-		
Macrocytosis	-		

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Anisocytosis	-			
Poikilocytosis	-			
Polychromasia	-			
Target Cells	-			
Basophilic Stippling	-			
Normoblasts	-			
Others	Normocytic,Normochromic			
WBC MORPHOLOGY				
PLATELET MORPHOLOGY	-			
COMMENT	-			
Specimen: EDTA Whole Blood				
ESR, EDTA WB-ESR	21	2-20 mm at 1 hr.	Westergren	

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West *** End Of Report **





N. D. Kleab

Dr.NAMI SHAH M.B.B.S, DCP (PATHOLOGY) Manager - Medical Services(Pathology)

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:11-Sep-2021 / 14:03

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Consulting Dr. Reg. Location	: - : Kandivali East (Main Centre)

:2125438926

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE				
PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>	
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	98.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase	
GLUCOSE (SUGAR) PP, Fluoride Plasma - PP/R	119.2	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase	
BILIRUBIN (TOTAL), Serum	0.26	0.1-1.2 mg/dl	Colorimetric	
BILIRUBIN (DIRECT), Serum	0.12	0-0.3 mg/dl	Diazo	
BILIRUBIN (INDIRECT), Serum	0.14	0.1-1.0 mg/dl	Calculated	
SGOT (AST), Serum	52.9	5-32 U/L	NADH (w/o P-5-P)	
SGPT (ALT), Serum	77.6	5-33 U/L	NADH (w/o P-5-P)	
ALKALINE PHOSPHATASE, Serum	109.2	35-105 U/L	Colorimetric	
BLOOD UREA, Serum	17.8	12.8-42.8 mg/dl	Kinetic	
BUN, Serum	8.3	6-20 mg/dl	Calculated	
CREATININE, Serum	0.55	0.51-0.95 mg/dl	Enzymatic	
eGFR, Serum	132	>60 ml/min/1.73sqm	Calculated	
URIC ACID, Serum	5.1	2.4-5.7 mg/dl	Enzymatic	
*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab. Borivali West				

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Anto.

Dr.ANUPA DIXIT M.D.(PATH) Consultant Pathologist & Lab Director

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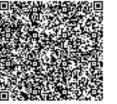
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:11-Sep-2021 / 14:58

METHOD

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE GLYCOSYLATED HEMOGLOBIN (HbA1c)

mg/dl

Collected

Reported

BIOLOGICAL REF RANGE

Non-Diabetic Level: < 5.7 %

Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %

PARAMETER

Glycosylated Hemoglobin 5.5 (HbA1c), EDTA WB - CC

Estimated Average Glucose 111.2 (eAG), EDTA WB - CC

Intended use:

In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year

RESULTS

- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

Clinical Significance:

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

Test Interpretation:

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

Factors affecting HbA1c results:

Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

Decreased in: Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

Reflex tests: Blood glucose levels, CGM (Continuous Glucose monitoring)

References: ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	6.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	4-5	Less than 20/hpf	
Others	-		

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معناکر ک Dr.NAMI SHAH M.B.B.S.; DCP Pathologist

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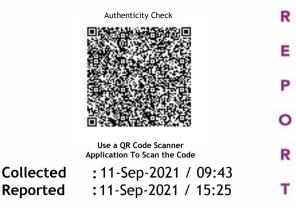
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE BLOOD GROUPING & Rh TYPING

PARAMETER

<u>RESULTS</u>

ABO GROUP B Rh TYPING POSITIVE

NOTE: Test performed by automated column agglutination technology (CAT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

Clinical significance:

ABO system is most important of all blood group in transfusion medicine

Limitations:

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

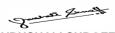
Refernces:

- 1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
- 2. AABB technical manual

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Dr.VRUSHALI SHROFF M.D.(PATH) Pathologist

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PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	237.6	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	100.6	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	43.2	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	194.4	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	174.0	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Calculated
VLDL CHOLESTEROL, Serum	20.4	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.5	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	4.0	0-3.5 Ratio	Calculated
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	AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE THYROID FUNCTION TESTS		
PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
Free T3, Serum	5.3	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	13.2	11.5-22.7 pmol/L First Trimester:9.0-24.7 Second Trimester:6.4-20.59 Third Trimester:6.4-20.59	ECLIA
sensitiveTSH, Serum	1.04	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	ECLIA

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Interpretation:

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

Clinical Significance:

1)TSH Values between 5.5 to 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.

2)TSH values may be trasiently altered becuase of non thyroidal illness like severe infections liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation	
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.	
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.	
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)	
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.	
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.	
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.	

Diurnal Variation: TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am, and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation: 19.7% (with in subject variation)

Reflex Tests: Anti thyroid Antibodies, USG Thyroid , TSH receptor Antibody. Thyroglobulin, Calcitonin

Limitations: Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.

Reference:

1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)

2. Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357

3. Tietz, Text Book of Clinical Chemistry and Molecular Biology -5th Edition

4.Biological Variation: From principles to Practice-Callum G Fraser (AACC Press)

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Dr.ANUPA DIXIT M.D.(PATH) **Consultant Pathologist & Lab Director**

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