



Registration No.	10231369	Mobile No.	9968255997
Patient Name	Mr. OMENDRA KUMAR	Registration Date/Time	21/04/2023 08:47:07
Age / Sex	42 Yrs Male	Sample Collected Date/Time	21/04/2023 11:40:14
Ref By / Hospital	MEDIWHEEL	Report Date/Time	21/04/2023 13:34:19
Collected At	DCKC	Printed Date/Time	21/04/2023 18:32:03

Test Name	Value	Unit	Biological Ref Interval
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HAEMATOLOGY

Complete Blood Count (CBC)

Haemoglobin (Hb) ,EDTA <i>Method : Colorimetric</i>	12.3	g/dL	13.0 - 17.0
Total Leucocyte Count (TLC) ,EDTA <i>Method : Electric impedance</i>	08.4	10 ⁹ /L	04.0 - 11.0
Red Blood Cell (RBC) ,EDTA <i>Method : Electric impedance</i>	4.24	10 ⁶ /uL	4.50 - 5.50
Hematocrit (HCT /PCV) ,EDTA <i>Method : Pulse height detection</i>	37.0	%	40.0 - 50.0
Mean Corp Volume (MCV) ,EDTA <i>Method : Calculated</i>	87.2	fL	83.0 - 101.0
Mean Corp Hb (MCH) ,EDTA <i>Method : Calculated</i>	28.9	pg	27.0 - 32.0
Mean Corp Hb Conc (MCHC) ,EDTA <i>Method : Calculated</i>	33.2	g/dL	31.5 - 34.5
Platelet Count(PLT) ,EDTA <i>Method : Electric impedance/Microscopy</i>	205.00	10 ³ /uL	150.00 - 410.00
RDW- CV% ,EDTA	13.3	%	11.6 - 14.0
Differential Leucocyte Count <i>Method : Microscopy</i>			
Neutrophil ,EDTA	57.0	%	40.0 - 80.0
Lymphocyte ,EDTA	35.0	%	20.0 - 45.0
Eosinophil ,EDTA	2.0	%	1.0 - 6.0
Monocyte ,EDTA	6.0	%	2.0 - 10.0
Basophil ,EDTA	0.0	%	0.0 - 2.0
ESR ,EDTA <i>Method : Westergreen</i>	24	mm/Ist hr.	00 - 15

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DR. NEELU CHHABRA
MD. PATHOLOGIST

At Your Home: Collection of Blood Samples, ECG, Digital X-Ray

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Ultrasound | Digital X Ray | DEXA | Mammography | Path Lab | ECHO | TMT | Healthchecks | PFT | Holter | Audiometry



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Blood Group ABO ,EDTA

Method : Forward Grouping

"A"

Rh Typing ,EDTA

Method : Forward Grouping

POSITIVE

HbA1c ,EDTA

Method : Photometric method

5.8 %

INTERPRETATIONS:-

NORMAL RANGE **4.00 - 5.60** %

Pre Diabetic/ Higher chance of getting diabetes	5.70	- 6.20	%
Good Diabetic Control	6.20	- 6.80	%
Fair Diabetic Control	6.80	- 7.60	%
Uncontrolled Diabetes -action suggested	>7.6		%

Note:-

Glycosylated Haemoglobin is a specific component of HBA1C and is the blood glucose bound to it. This test is an index of carbohydrate in balance during the preceeding two months. The estimation is of greater importance for specific group of patient. This result are not affected by time, meal intake exercise, diabetic drugs, emotional Stress etc. HbA1c should be routinely monitored ideally at least every 3 months.





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LIVER PROFILE / LFT

Serum Bilirubin (Total) ,Serum Plain <i>Method : DSA Method</i>	0.34	mg/dl	0.00 - 1.20
Serum Bilirubin (Direct) ,Serum Plain <i>Method : DSA Method</i>	0.17	mg/dl	0.00 - 0.30
Serum Bilirubin (Indirect) ,Serum Plain <i>Method : Calculated Parameter</i>	0.17	mg/dl	0.00 - 0.60
SGOT ,Serum Plain <i>Method : IFCC/KINETIC</i>	25.6	IU/l	Males : Upto 46 IU/l Females : Upto 40 IU/l
SGPT ,Serum Plain <i>Method : IFCC/KINETIC</i>	36.1	IU/l	Upto 49 IU/l
Serum Alkaline Phosphatase ,Serum Plain <i>Method : DEA Method</i>	80.0	IU/l	30.0 - 120.0
Serum Total Protein ,Serum Plain <i>Method : Biuret Method</i>	7.00	gm/dl	6.00 - 8.50
Serum Albumin ,Serum Plain <i>Method : BCG Method</i>	4.24	gm/dl	3.20 - 5.50
Globulin ,Serum Plain <i>Method : Calculated</i>	2.80	gm/dl	2.00 - 4.10
A/G Ratio ,Serum Plain <i>Method : Calculated</i>	1.51		1.00 - 2.10
Serum GGTP ,Serum Plain <i>Method : G-Glutamyl Transferase</i>	37.0	U/L	0.0 - 50.0





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Blood Sugar (Fasting) ,Plasma F 99.9 mg/dl 70.0 - 110.0
Method : GOD POD

Blood Sugar (PP) ,Plasma PP **159.9** mg/dl 70.0 - 140.0
Method : GOD POD

Comment :-

Excluding alimentary hypoglycemia, renal glycosuria, hereditary fructose intolerance and galactosemia. possible cause of PP reactive hypoglycemia (PRH) (low post prandial glucose level) include high sensitivity, exaggerated response to insulin like peptide -1, defect in counter regulation very lean or anxious individuals, after massive weight reduction and women with lower body over weight etc..

Serum Creatinine ,Serum Plain 0.67 mg/dl 0.40 - 1.50
Method : Modified Jaffe's

Serum Uric Acid ,Serum Plain 4.80 mg/dl 3.40 - 7.00
Method : Uricase- POD

Blood Urea Nitrogen ,Serum Plain 7.59 mg/dl 0.00 - 20.00
Method : Calculated





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IMMUNOASSAY

TOTAL THYROID PROFILE

Total T3 ,Serum Plain	1.32	ng/mL	0.69 - 2.15
Total T4 ,Serum Plain	9.20	ug/dl	5.20 - 12.70
TSH	5.28	uIU/ml	0.30 - 4.50

Comment :

Age Group	Biological Reference Range
1-2 Days	3.2-3.43 uIU/ml
3-4 Days	0.7-15.4 uIU/ml
15 Days - 5 Months	1.7-9.1 uIU/ml
5 Months - 2 Years	0.7-6.4 uIU/ml
2 Years - 12 Years	0.64-6.27 uIU/ml
12 Years - 18 Years	0.51-4.94 uIU/ml
> 18 Years	0.35-5.50 uIU/ml

Adults

Note: TSH levels are subject to circadian variation, rising several hours before the onset of sleep, reaching peak levels between 11 pm to 6 am. Nadir concentrations are observed during the afternoon. Diurnal variation in TSH level approximates + 50 %, hence time of the day has influence on the measured serum TSH concentration. Although elevated TSH levels are nearly always indicative of primary hypothyroidism, and may be seen in secondary thyrotoxicosis.

Newborn

In a very low birth weight baby (particularly premature neonates) immaturity of the hypothalamic-pituitary - thyroid axis may mask primary congenital hypothyroidism. It is recommended that the test be repeated two weeks after birth in babies 1000-1500 gm and at four weeks in those <1000 gm. Specimen collection prior to 24 hours of age, after blood transfusion and prematurity can affect this screening.

Nearly 90% of CH cases are detected by newborn screening. A small number of children may test normal on the newborn screen but later develop hypothyroidism.





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Total PSA ,Serum Plain 0.89 ng/ml 0.00 - 4.00

INTERPRETATION

Prostate-specific antigen (PSA), a glycoprotein is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. Normally, very little PSA is secreted in the blood. Increases in glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels. PSA exists in serum in multiple forms: complexed to alpha-1-anti-chymotrypsin (PSA-ACT complex), unbound (free PSA), and enveloped by alpha-2-macroglobulin (not detected by immunoassays). When total PSA concentration is <2.0 ng/ml, the probability of prostate cancer in asymptomatic men is low, further testing and free PSA may provide little additional information. When total PSA concentration is >10.0 ng/mL, the probability of cancer is high and prostate biopsy is generally recommended. The total PSA range of 4.0 to 10.0 ng/ml has been described as a diagnostic "gray zone," in which the free:total PSA ratio helps to determine the relative risk of prostate cancer. Therefore, some urologists recommend using the free:total ratio to help select which men should undergo biopsy. However even a negative result of prostate biopsy does not rule-out prostate cancer. Up to 20% of men with negative biopsy results have subsequently been found to have cancer. Higher total PSA levels and lower percentages of free PSA are associated with higher risks of prostate cancer. Based on free:total PSA ratio: the percent probability of finding prostate cancer on a needle biopsy by age in years:

Free PSA as a percent of Total PSA	Probability of carcinoma prostate when Total PSA is 4.1 - 10.0 ng / ml
>=	26.8 %
20 - 25	16 %
15 - 20	20 %
10 - 15	28 %
0 - 10	56 %

Comments:-

False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy. PSA total and free levels may appear consistently elevated / depressed due to the interference by heterophilic antibodies and nonspecific protein binding. Results obtained with different assay kits cannot be used interchangeably. All results should be correlated with





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CLINICAL PATHOLOGY

URINE ROUTINE EXAMINATION

URE PHYSICAL EXAMINATION

Colour ,URINE	Pale Yellow	Pale Yellow
Volume ,URINE	30 mL	
Appearance ,URINE	Clear	Clear

URE CHEMICAL EXAMINATION

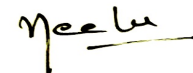
Reaction ,URINE	Acidic	Acidic
Ph (Strip Method) ,URINE	6.0	5.0 - 8.0
Specific Gravity ,URINE	1.030	1.001 - 1.035
Protein (Strip Method) ,URINE	Nil	Not-Detected
Glucose (Strip Method) ,URINE	Nil	Nil

URE MICROSCOPY EXAMINATION

Pus Cells ,URINE	1 - 2 /HPF	0 - 2
Epithelial Cells ,URINE	1 - 2 /HPF	0 - 2
RBC's ,URINE	NIL /HPF	0 - 2
Casts ,URINE	Nil	
Crystals ,URINE	Nil	
Bacteria ,URINE	Absent	Absent
Mucus Thread ,URINE	Nil	Nil
Other ,URINE	Nil	

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STOOL ANALYSIS

STOOL MICROSCOPIC EXAMINATION

OTHERS ,STOOL SNR Nil





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URE SUGAR (FASTING) , URINE

NIL

*** End of Report ***

