# SPECTRA DIAGNOSTIC
LABORATORY SERVICE PROVIDER

| | | | |
|---|---|---|---|
| Name: | **KEVIN RAMESHBHAI PATEL** | Ward: | OPD |
| Lab ID | **00000317** | Registration on: | 28/10/2023 08:50:00 |
| Age & Sex: | **34 Year \| Male** | Reported on: | 14:50:35 |
| Reference: | **VELOCITY HOSPITAL** | Sample Type: | BLOOD & URINE |

## CBC ESR

| Test | Observed Value | | Unit | Biological Reference Interval |
|---|---|---|---|---|
| Haemoglobin | 14.15 | | g/dL | 13.0 - 17.0 |
| Total RBC | **6.28** | **H** | mill./cm | 4.00 - 5.20 |
| Total WBC | 7840 | | /cmm | 4000 - 11000 |
| Platelet Count | 220000 | | /cmm | 150000 - 450000 |
| HCT | 44.1 | | % | 36.0 - 48.0 |
| MCV | **70.2** | **L** | fL | 80.0 - 100.0 |
| MCH | **22.5** | **L** | pg | 27.0 - 32.0 |
| MCHC | 32.1 | | g/dL | 31.5 - 36.0 |
| **DIFFERENTIAL COUNT** | | | | |
| Neutrophils | 50 | | % | 40 - 70 |
| Lymphocytes | 31 | | % | 20 - 40 |
| Eosinophils | **10** | **H** | % | 02-05 |
| Monocytes | **09** | **H** | % | 01-07 |
| Basophils | 00 | | % | 00 - 02 |
| Band Cells | 00 | | % | 0.0 - 6.0 |
| **ABSOLUTE DIFFERNTIAL COUNT** | | | | |
| Neutrophils | 3920 | | /cumm | 2000 - 7000 |
| Lymphocytes | 2430 | | /cumm | 1000 - 3000 |
| Eosinophils | **784** | **H** | /cumm | 20 - 500 |
| Monocytes | 706 | | /cumm | |
| Basophils | 0 | | /cumm | 0 - 100 |
| **GLR / NLR** (Neutrophil/Lymphocyte Ratio) | **1.6** | | | |
| **M ENTZER INDEX** | **11.2** | | | |
| RDW-CV | 13.9 | | % | 11.1 - 14.1 |
| RDW-SD | 39.0 | | fl | |
| MPV | 8.7 | | fl | |
| PCT | **0.19** | | % | |

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| | | | |
|---|---|---|---|
| PDW | 19.5 | % | |

**PERIPHERAL SMEAR EXAMINATION**

| | |
|---|---|
| RBC Morphology | **Normochromic and normocytic.** |
| WBC Morphology | **Appear normal,Immature cells are not seen .** |
| Platelets in Smear | Adequate. |
| **Malarial Parasites** | Not Detected. |
| Note | Hb electrophoresis is advised to rule out thalassemia as Mentzer index is <13. ( low HB, high RBC count and low MCV) . |

**ESR**

| | | | | |
|---|---|---|---|---|
| AFTER 1 HOUR | **16** | **H** | mm/hr | 0.0 - 15.0 |

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## BLOOD GROUP

| Test | Observed Value | Unit | Biological Reference Interval |
|---|---|---|---|
| **Blood Group** | "O" | | |
| Rh Factor | POSITIVE | | |

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## BLOOD GLUCOSE TEST

| Test | Observed Value | Unit | Biological Reference Interval |
|---|---|---|---|
| Sample | FLOURIDE PLASMA | | |
| **FASTING (FBS)** | | | |
| Blood Sugar-F | 86.0 | mg/dL | 70.00-110.00 |

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## HEMOGLOBIN A1c TEST

| Test | Observed Value | Unit | Biological Reference Interval |
|---|---|---|---|
| **HbA1c** | 5.24 | % | > 8 : Action Suggested<br>7-8 : Good control<br>< 7 : Goal<br>6.2-7 : Near Normal Glycemia<br>< 6.2 : Non-diabetic Level |
| Mean Blood Glucose | 103.7 | mg/dL | 70.0 - 140.0 |

Importance of HbA1c - Glycated Hb. in Diabetes Mellitus

• HbA1c, also known as Glycated Hemoglobin is the most important test for the assessment of long term blood glucose control (also called glycemic control)
• HbA1c reflects mean blood glucose concentration over past 6-8 weeks and provides amuch better indication of long term glycemic control than blood glucose determination
• HbA1c is formed by non-enzymatic reaction between glucose and Hb. , this reaction is irreversible and therefore remains unaffected by short term fluctuations in blood glucose levels.
• Long term complications of diabetes such as retinopathy-eye complications, nephropathy-kidney complications and neuropathy-nerve complications, are potentially serious and can lead to blindness, kidney failure etc.
• Glycemic control monitored by HbA1c measurement using HPLC method-(Gold Standard) is considered most important. (Ref. National Glycohemoglobin Standardization Program -NGSP).

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## LIPID PROFILE

| Test | Observed Value | | Unit | Biological Reference Interval |
|---|---|---|---|---|
| Sample | Fasting Blood Serum | | | |
| Cholesterol | 96.3 | | mg/dL | <200 Desirable<br>200-229 Borderline<br>>240 High |
| Triglyceride | **167.1** | **H** | mg/dL | <150 Normal<br>150-199 Borderline<br>200-499 High<br>>=500 Very High |
| HDL Cholesterol | **31.3** | **L** | mg/dL | Male : 35-80<br>Female : 42-88 |
| VLDL | **33.42** | **H** | mg/dL | 0.00 - 30.00 |
| LDL Cholesterol | 31.58 | | mg/dL | < 130 : Optimal<br>130 - 159 : Borderline High<br>160 - 189 : High<br>>= 190 : Very High |
| LDL Chol. / HDL Chol. Ratio | 1.01 | | | 1.0 - 3.4 |
| Cholesterol / HDL Chol. Ratio | 3.1 | | | 0 - 3.5 |
| Total Lipid | 448.0 | | mg/dl | 400.0 - 1000.0 |

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## RENAL FUNCTION TEST

| Test | | Unit | |
|---|---|---|---|
| S. Creatinine | 1.19 | mg/dL | 0.5-1.30 |
| Bl. Urea | 22.0 | mg/dL | 10.0 - 40.0 |
| BUN | 10.3 | mg/dl | 6.0 - 22.0 |
| Uric Acid | 7.0 | mg/dL | 3.5 - 7.2 |
| **PROTEINS** | | | |
| Total Protein | 6.8 | g/dL | 6.0 - 8.0 |
| Albumin | 4.33 | g/dL | 3.50 - 5.50 |
| Globulin | 2.5 | g/dL | 2.0 - 4.0 |
| A/G Ratio | 1.7 | | |

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## LIVER FUNCTION TEST

| Test | Observed Value | Unit | Biological Reference Interval |
|---|---|---|---|
| **BILIRUBIN** | | | |
| Total Bilirubin | 0.4 | mg/dL | 0.00 - 1.20 |
| Direct Bilirubin | 0.2 | mg/dL | 0.00 - 0.40 |
| Indirect Bilirubin | 0.20 | mg/dL | 0.00 - 1.00 |
| SGPT(ALT) | 23.0 | U/L | 0.0 - 40.0 |
| SGOT (AST) | 24.0 | U/L | 0.0 - 46.0 |
| Alkaline Phosphatase | 225.0 | U/L | 80.0 - 306.0 |

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## URINE ANALYSIS

| Test | Observed Value | Unit | Biological Reference Interval |
|---|---|---|---|
| Sample | Fresh Urine | | |
| **PHYSICAL EXAMINATION** | | | |
| Quantity | 10.0 | mL | |
| Colour | Pale-Yellow | | |
| Appearance | **Clear** | | Clear |
| pH | 6.0 | | |
| Specific Gravity | 1.015 | | |
| Sediments | Absent | | Absent |
| **CHEMICAL EXAMINATION** | | | |
| Protein (Albumin) | Absent | | Absent |
| Sugar | Absent | | Absent |
| Bile Salts | Absent | | Absent |
| Bile Pigment | Absent | | Absent |
| Ketone | Absent | | Absent |
| Occult Blood | Absent | | Absent |
| Nitrite | Absent | | Absent |
| Leukocyte Esterase | Absent | | Absent |
| Urobilinogen | Normal | | Normal |
| **MICROSCOPIC EXAMINATION** | | | |
| Pus Cells | **Occasional** | /hpf | Absent |
| Red Blood Cells | Absent | /hpf | Absent |
| Epithelial Cells | **Occasional** | /hpf | Absent |
| Crystals | Absent | | Absent |
| Amorphous material | Absent | | Absent |
| Casts | Absent | | Absent |
| Yeast | Absent | | Absent |
| Bacteria | Absent | | Absent |

--- End of Report ---

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MC-2679

# TEST REPORT

| | | | | | |
|---|---|---|---|---|---|
| **Reg. No.** | : 31000731708 | **Reg. Date** : 28-Oct-2023 10:26 | **Ref.No** : | **Approved On** | : 28-Oct-2023 11:05 |
| **Name** | : KEVIN RAMESHBHAI PATEL | | | **Collected On** | : 28-Oct-2023 10:26 |
| **Age** | : 34 Years | **Gender:** Male | **Pass. No. :** | **Dispatch At** | : |
| **Ref. By** | : | | | **Tele No.** | : |
| **Location** | : SPECTRA DIAGNOSTIC @ LP SAVANI ROAD | | | | |

| Test Name | Results | Units | Bio. Ref. Interval |
|---|---|---|---|
| | **THYROID FUNCTION TEST** | | |
| T3 (triiodothyronine), Total<br>*Method:CLIA* | 1.12 | ng/mL | 0.6 - 1.81 |
| T4 (Thyroxine),Total<br>*Method:CLIA* | 9.1 | µg/dL | 4.5 - 12.6 |
| TSH (Thyroid stimulating hormone)<br>*Method:CLIA* | 1.287 | µIU/mL | 0.55 - 4.78 |

Sample Type:Serum

**Comments:**

Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-relasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulate the thyroid gland to synthesize and secrete T3 and T4. Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

**TSH levels During Pregnancy :**

- First Trimester : 0.1 to 2.5 µIU/mL
- Second Trimester : 0.2 to 3.0 µIU/mL
- Third trimester : 0.3 to 3.0 µIU/mL

Referance : Carl A.Burtis,Edward R.Ashwood,David E.Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Eddition. Philadelphia: WB Sounders,2012:2170

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

Test done from collected sample.

This is an electronically authenticated report.

**Approved by:** **Dr. Dhaval Bamania**

Pathologist
G-16880

**Generated On :** 28-Oct-2023 11:10

**Approved On:** 28-Oct-2023 11:05