Name : Mr. B S SRINIVAS

R/O : ---

**Referred By** : SELF

Centre

 Req Date/Time
 : 02/10/2021 /09:18

 Sampling Date/Time
 : 2/10/2021 /09:19

 Sample
 : EDTA Whole Blood

: MEDIWHEEL

HAEMATOLOGY					
HAEMOGRAM WITH ESR				BIOLOGICAL	
TEST(Methodology)		RESULT	UNITS	REFERENCE INTERVAL	
HAEMOGLOBIN		17.0	g/dL	13.0 - 17.0	
ERYTHROCYTE COUNT(RBC)	Н	7.3	10^6/μL	4.5 - 5.5	
PACKED CELL VOLUME (PCV)	Н	55	%	40 - 50	
MCV	L	76	fL	83 - 101	
MCH	L	23.2	pg	27 - 32	
MCHC	L	30.7	gm/dL	31.5 - 34.5	
RDW	Н	17.7	%	11.6 - 14.0	
TOTAL WBC COUNT	N A I	6.9 DIWHEEL MALE ABOV	10^3/μL	4 - 10	
DIFFERENTIAL LEUCOCYTE COUNT	IVIE	DIWHEEL WALE ABOV	E 30 YKS		
NEUTROPHILS		55	%	40 - 80	
LYMPHOCYTES	Н	41	%	20 - 40	
MONOCYTES		2	%	2 - 10	
EOSINOPHILS		2	%	1 - 6	
BASOPHILS		0	%	0 - 2	
PLATELET COUNT		220	10^3/μL	150 - 400	
PERIPHERAL SMEAR					
RBC		Normocytic and Normoc	chromic		
W.B.C		Relative Lymphocytosis	.No abnormal cells	seen.	
PLATELETS.		Discrete and adequate.N	ormal in morpholog	У	
ESR I HOUR		02	mm/hr	0 - 10	
Method: Cell Counter (Photometry, Imped	lance	, Light scattering, Calcu	lation), Microscopy	у.	

\*\*\*\* End of Report \*\*\*\*

Name : Mr. B S SRINIVAS

R/O :--

Age / Sex : 32 Years / Male

Bar Code :

Referred By : SELF

 Req Date/Time
 : 02/10/2021/09:18

 Sampling Date/Time
 : 02/10/2021/09:19

 Sample
 : EDTA Whole Blood

Centre : MEDIWHEEL

# HAEMATOLOGY

TEST(Methodology) RESULT

Method: Agglutination

BLOOD GROUPING & RH TYPING B POSITIVE

Note: Reconfirm the Blood Group and Rh Type & Cross-match before blood transfusion.

\*\*\*\* END OF REPORT \*\*\*\*

MEDIWHEEL MALE ABOVE 30 YRS

Reported on : 02/10/2021/ 12:14 Printed on : 04/10/2021/ 10:06

Req.No Referred By : 456765 : SELF

Registration Name : Mr. B S SRINIVAS : 02/10/2021 /09:18

R/o

**Sampling Date/Time** : 02/10/2021 /12:48 Age / Sex : 32 Years / Male Sample : Fluoride Plasma **Bar Code** : MEDIWHEEL Centre

BIOCHEMISTRY				
TEST(Methodology)		RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
BLOOD GLUCOSE FASTING	Н	134	mg/dL	<100 : Normal 100 - 125 : Impaired fasting glucose >125 : Diabetic
Method: GOD-PAP				
BLOOD GLUCOSE POST PRANDIAL	Н	205	mg/dL	90-140 : Normal 141-199 : Impaired glucose tolerance >=200 : Diabetic
Method: GOD-PAP				

MEDIWHEEL MALE ABOVE 30 YRS

Reported on : 02/10/2021/15:43 Printed on : 04/10/2021/10:06

Jayawellry DR.JAYAVARDHAN. D (MD PATHOLOGY)

Name : Mr. B S SRINIVAS

R/O : ---

TEST(Methodology)

Age / Sex : 32 Years / Male

Bar Code :

Referred By : SELF

 Req Date/Time
 : 02/10/2021 /09:18

 Sampling Date/Time
 : 02/10/2021 /12:48

Sample : Urine

Centre : MEDIWHEEL

# CLINICAL PATHOLOGY

BIOLOGICAL RESULT REFERENCE INTERVAL

Method: Reagent strip/Reflectance photometry

URINE SUGAR (F)\* Nil NIL

URINE SUGAR (PP)\* 0.5 G% NIL

\*\*\*\* End of Report \*\*\*\*

Reported on : 02/10/2021 /15:42 Printed on : 04/10/2021 /10:06 Jayawalhay DR.JAYAVARDHAN. D (MD PATHOLOGY)

Name : Mr. B S SRINIVAS

R/O :---

Referred By : SELF

**Req Date/Time** : 02/10/2021 /09:18 **Sampling Date/Time** : 02/10/2021 /09:19

Sample : Serum

Centre : MEDIWHEEL

1100111 11101 11111 11111 11111 11111 11111 1111						
BIOCHEMISTRY						
LIPID PROFILE [FASTING SAMPLE]			BIOLOGICAL			
TEST(Methodology)	RESULT	UNITS	REFERENCE INTERVAL			
CHOLESTEROL						
TOTAL CHOLESTEROL Method: CHOD-PAP	216	mg/dL	Desirable Level: < 200 Borderline : 200 - 239 High : > 240			
HDL CHOLESTEROL  Method: Enzymatic Reaction	34	mg/dL	<40:Major risk factor for heart disease 40-59:The higher,the better >/=60:Considered protective against heart disease.			
LDL CHOLESTEROL	146	mg/dL	<100			
Method: Calculated  VLDL CHOLESTEROL  Method: Calculated	_36 <b>\\A</b> LE	/mg/dL	E10-530 YRS			
TRIGLYCERIDES H. Method: GPO-POD	I 179	mg/dL	Normal:<150 Borderline:150-199 High:200-499 Very High:>/=500			
CHOL:HDL RATIO Method: Calculated	6.35		Normal : <4 Low risk : 4 - 6 High risk : >6			
LDL:HDL RATIO.  Method: Calculated	4.29					

\*\*\*\* End of Report \*\*\*\*

Reported on : 02/10/2021 /12:27 Printed on : 04/10/2021 /10:06

Name : Mr. B S SRINIVAS

R/O :---

Age / Sex : 32 Years / Male

Bar Code :

Referred By : SELF

**Req Date/Time** : 02/10/2021 /09:18 **Sampling Date/Time** : 02/10/2021 /12:48

Sampling Date/Time : 02/10/2021 /
Sample : Serum

Centre : MEDIWHEEL

BIOCHEMISTRY						
LIVER FUNCTION TEST 16 YEARS And	BIOLOGICAL					
TEST(Methodology)		RESULT	UNITS	REFERENCE INTERVAL		
BILIRUBIN						
BILIRUBIN TOTAL  Method: Diazo with Sulphanilic acid		1.10	mg/dL	0.3 - 1.2		
DIRECT BILIRUBIN  Method: Diazo with sulphanilic acid		0.35	mg/dL	0.0 - 0.40		
INDIRECT BILIRUBIN Method: Calculated		0.75	mg/dL			
SERUM SGPT(ALT) Method: IFCC without P5P	Н	103	U/L	10 - 40		
SERUM SGOT(AST) Method: IFCC without P5P SERUM ALKALINE PHOSPHATASE Method: AMP-IFCC PROTEINS	H	MALE	ABOV	E <sub>30-115</sub> 0 YRS		
Total Proteins		7.37	g/dL	6.0 - 8.0		
Method: Biuret						
ALBUMIN Method: Bromocresol Green (BCG)		4.43	G/dL	3.5 - 4.8		
SERUM GLOBULIN Method: Calculated		2.94	g/dL	2.3 - 3.5		
A/G RATIO Method: Calculated		1.51		0.8 - 2.0		
SERUM GAMMA GT Method: IFCC-Enzymatic	Н	88	U/L	7.0 - 50.0		

\*\*\*\* End of Report \*\*\*\*

Reported on : 02/10/2021 /13:52 Printed on : 04/10/2021 /10:06

Name : Mr. B S SRINIVAS

R/o : ---

Age / Sex : 32 Years / Male

Bar Code :

Referred By : SELF

**Registration** : 02/10/2021 /09:18 **Sampling Date/Time** : 02/10/2021 /12:48

Sample : -

Centre : MEDIWHEEL

BIOCHEMISTRY					
TEST(Methodology)	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL		
BLOOD UREA NITROGEN (B.U.N)* Method: Calculated	8.0	mg/dL	7 - 23		
SERUM CREATININE Method: Alkaline picrate method	1.04	mg/dL	0.60 - 1.30		
SERUM URIC ACID Method: Uricase(Peroxidase)	7.23	mg/dL	2.5 - 8.0		

\*\*\*\* End of Report \*\*\*\*

MEDIWHEEL MALE ABOVE 30 YRS

Reported on : 02/10/2021 / 12:51 Printed on : 04/10/2021 / 10:06

Name : Mr. B S SRINIVAS

R/o :---

Age / Sex : 32 Years / Male

Bar Code :

Referred By : SELF

**Registration** : 02/10/2021 /09:18 **Sampling Date/Time** : 02/10/2021 /12:48

Sample : -

Centre : MEDIWHEEL

BIOCHEMISTRY					
TEST(Methodology)	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL		
BLOOD UREA NITROGEN (B.U.N)* Method: Calculated	8.0	mg/dL	7 - 23		
SERUM CREATININE Method: Alkaline picrate method	1.04	mg/dL	0.60 - 1.30		
SERUM URIC ACID Method: Uricase(Peroxidase)	7.23	mg/dL	2.5 - 8.0		

\*\*\*\* End of Report \*\*\*\*

MEDIWHEEL MALE ABOVE 30 YRS

Reported on : 02/10/2021 / 12:51 Printed on : 02/10/2021 / 14:23

Req.No : 456765 Referred By : SELF

Name : Mr. B S SRINIVAS Registration : 02/10/2021 /09:18

R/o :---

Age / Sex : 32 Years / Male : EDTA Whole Blood

Sampling Date/Time

: 02/10/2021 / 12:48

Bar Code : MEDIWHEEL : MEDIWHEEL

BIOCHEMISTRY				
TEST(Methodology)	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL	
Glycosylated Haemoglobin (Hb A1c)*	6.3	%	< 5.7% : Normal 5.7% - 6.4% : Prediabetes > 6.4% : Diabetes	
Method: High Performance Liquid Chromatography (HPLC)				
MEAN PLASMA GLUCOSE (MPG) ESTIMATE*	134	mg/dL	Excellent control: 90 to 120 Good control: 121 to 150 Average control: 151 to 180 Panic value: > 211	
Method: Derived from HBA1c				

Note:Mean Plasma Glucose is calucated from HBA1c value and it indicates Average Blood Sugar level over the past three months.

# MEDIWHEEL MALE ABOVE 30 YRS

### **INTERPRETATION:**

- 1.Glycated hemoglobin(glycohemoglobin /HbA1c) is a form ofhemoglobin(Hb) that is chemically linked to a sugar.
- 2.A1c is measured primarily to determine the three-month averageblood sugar leveland can be used as a diagnostic test fordiabetes mellitusand as an assessment test for glycemic control in people with diabetes.
- 3.In diabetes, higher amounts of glycated hemoglobin, indicating poorer control of blood glucose levels, have been associated withcardiovascular disease,nephropathy,neuropathy, andretinopathy.
- 4. American diabetes Association (ADA) recommends an A1C goal for many non pregnant adults of < 7% (without significant hypoglycemia). On the basis of provider judgment and patient preference, achievement of lower A1C levels than the goal of 7% may be acceptable, and even beneficial, if it can be achieved safely without significant hypoglycemia or other adverse effects of treatment. Less stringent A1C goals (such as < 8%) may be appropriate for patients with severe hypoglycemia, extensive co morbid conditions etc, or where the harms of treatment are greater than the benefits.
- 5. Glycemic goals for some older adults might reasonably be relaxed as part of individualized care, but hyperglycemia leading to symptoms or risk of acute hyperglycemia complications should be avoided in all patients.

\*\*\*\* End of Report \*\*\*\*

Reported on : 02/10/2021 / 15:43 Printed on : 04/10/2021 / 10:06 DR.JAYAVARDHAN. D (MD PATHOLOGY)

Name : Mr. B S SRINIVAS

R/O :---

Age / Sex : 32 Years / Male

Bar Code :

Referred By : SELF

**Req Date/Time** : 02/10/2021 /09:18 **Sampling Date/Time** : 02/10/2021 /09:19

Sample : Urine

Centre : MEDIWHEEL

# CLINICAL PATHOLOGY

URINE ANALYSIS			DIOLOGICAL
TEST(Methodology)	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
Metho Physical examination			
COLOUR	Yellow		LIGHT YELLOW
APPEARANCE	Clear		CLEAR
SP GRAVITY	1.010		1.003 - 1.030
рН	5.0		5.0 - 8.0
PROTEIN	Negative		NEGATIVE
GLUCOSE	Negative		NEGATIVE
UROBILINOGEN	Negative		0.2 - 1.0 mg% (Normal)
KETONE	Negative		NEGATIVE
BLOOD.	Negative		NEGATIVE
BILE SALT	Negative		NEGATIVE
BILE PIGMENT	Negative		NEGATIVE
MICROSCOPIC EXAMINATION			
PUS CELLS.	Occasional	/hpf	0 - 5
RBCs	Nil	/hpf	0 - 2
EPITHELIAL CELLS	Nil	/hpf	0 - 8
CRYSTALS	Nil	/lpf	Nil
CASTS*	Nil	/lpf	Nil
OTHERS	Nil		Nil

\*\*\*\* END OF REPORT \*\*\*\*

Reported on : 02/10/20 / 12:33 Printed on : 04/10/20 / 10:06

Name : Mr. B S SRINIVAS

R/O :---

Age / Sex : 32 Years / Male

Bar Code :

Referred By : SELF

**Req Date/Time** : 02/10/2021 /09:18

**Sampling Date/Time** : 02/10/2021 /09:19

Centre : MEDIWHEEL

# **IMMUNOASSAYS**

Sample

TEST(Methodology) RESULT UNITS BIOLOGICAL REFERENCE INTERVAL

Method: Enhanced chemiluminescence

PROSTATE SPECIFIC ANTIGEN TOTAL\*

0.47

ng/mL

0 - 3.9

: Serum

#### Interpretation:

- 1.Prostate specific antigen (PSA) is a glycoprotein that is expressed by both normal and neoplastic prostate tissue
- 2.Elevated serum PSA concentrations are found in men with prostate cancer, benign prostatic hyperplasia (BPH) or inflammatory conditions of other adjacent genitourinary tissues. PSA can also be elevated after digital rectal examination, prostatic massage, cystoscopy, needle biopsy etc
- 3.Measurement of serum PSA by itself is not recommended as a screening procedure for the diagnosis of cancer because elevated PSA levels are also observed in patients with benign prostatic hyperplasia.
- 4. When employed for the management of prostate cancer patients, serial measurement of PSA is useful in detecting residual tumor and recurrent cancer after radical prostatectomy.
- 5.PSA has been demonstrated to be an accurate marker for monitoring advanced clinical stage in untreated patients and for monitoring response to therapy by radical prostatectomy, radiation therapy and anti-androgen therapy.

MEDIWHEEL MALE ABOVE 30 YRS

\*\*\*\* End of Report \*\*\*\*

Reported on : 02/10/2021 / 11:19
Printed on : 04/10/2021 / 10:06

Name : Mr. B S SRINIVAS

R/O :---

Age / Sex : 32 Years / Male

Bar Code :

Referred By : SELF

**Req Date/Time** : 02/10/2021 /09:18 **Sampling Date/Time** : 02/10/2021 /09:19

Sample : Serum

Centre : MEDIWHEEL

#### IMMUNOASSAYS

THYROID FUNCTION TEST (TOTAL)*					
TEST(Methodology)		RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL	
Metho Enhanced chemiluminescence					
T3 (TRI - IODOTHYRONINE)*	Н	1.85	ng/mL	0.970 - 1.69	
T4 (THYROXINE)*		10.5	μg/dL	5.53 - 11.0	
TSH (THYROID STIMULATING HORMONE)*		0.93	μIU/mL	0.465 - 4.68	

Note: Change in method and reference range

NOTE:

TSH - Reference ranges during pregnancy:\*

1st Trimester : 0.10 - 2.50 2nd Trimester : 0.20 - 3.00 3dr Trimester : 0.30 - 3.00

- \*As per the Guidelines of American Thyroid Association for the diagnosis and management of thyroid disease during pregnancy and post partum.
- 1. Primary Hyperthyroidism is accompanied by elevated T3 & T4 values along with depressed TSH level.
- 2.Primary Hypothyroidism is accompanied by depressed T3 & T4 levels and elevated TSH levels.
- 3. Normal T4 levels accompanied by high T3 levels are seen in patients with T3 Thyrotoxicosis.
- 4.Slightly elevated T3 levels may be found in pregnancy and estrogen therapy, while depressed levels may be encountered in severe illness, malnutrition, renal failure and during therapy with drugs like propanolol and propylthiouracil.
- 5. Although elevated TSH levels are nearly always indicative of primary hypothyroidism, rarely they can result form TSH secreting pituitary tumors(secondary).

\*\*\*\* END OF REPORT \*\*\*\*

Reported on : 02/10/20 / 11:19 Printed on : 04/10/20 / 10:06