TIME DIAGNOSTICS
(A Unit of Time Health Care)

Patient Name : MRS. POTTI BRIJESHA
Age / Gender : 31 years / Female
Patient ID : 16208
Source : MEDI WHEEL

Referral : SELF
Collection Time : Jan 28, 2023, 11:00 a.m.
Reporting Time : Feb 01, 2023, 05:04 p.m.
Sample ID : 668766949

Test Description	Value(s)	Reference Range	Unit
CBC; Complete Blood Count			
Hemoglobin (Hb)*	13.2	12.0 - 15.0	gm/dL
Method : Cynmeth Photometric Measurement			
Erythrocyte (RBC) Count*	5.07	3.8 - 4.8	mil/cu.mm
Method : Electrical Impedence			
Packed Cell Volume (PCV)*	45.7	36 - 46	%
Method : Calculated			
Mean Cell Volume (MCV)*	90	83 - 101	fL
Method : Electrical Impedence			
Mean Cell Haemoglobin (MCH)*	26	27 - 32	pg
Method : Calculated			
Mean Corpuscular Hb Concn. (MCHC)*	28.8	31.5 - 34.5	gm/dL
Method : Calculated			
Red Cell Distribution Width (RDW)*	12.6	11.6 - 14.0	%
Method : Electrical Impedence			
Total Leucocytes (WBC) Count*	9100	4000-10000	cell/cu.mm
Method : Electrical Impedence			
Neutrophils*	54	40 - 80	%
Method : VCSn Technology			
Lymphocytes*	39	20 - 40	%
Method : VCSn Technology			
Monocytes*	6	2 - 10	%
Method : VCSn Technology			
Eosinophils*	1	1 - 6	%
Method : VCSn Technology			
Basophils	0	0 - 1	
Platelet Count*	2.3	1.5 - 4.5	10^3/ul
Method : Electrical Impedence			
Mean Platelet Volume (MPV)*	8.8	7.2 - 11.7	fL
Method : Electrical Impedence			

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Test Description	Value(s)	Reference Range	Unit
PCT*	0.202	0.2 - 0.5	%
Method : Calculated			
PDW*	17.3	9.0 - 17.0	%
Method : Calculated			

Tests done on Automated Three Part Cell Counter. (WBC, RBC,Platelet count by impedance method, colorimetric method for Hemoglobin, WBC differential by flow cytometry using laser technology other parameters are calculated). All Abnormal Haemograms are reviewed confirmed microscopically.

Esr, Erythrocyte Sedimentation Rate

Esr, Erythrocyte Sedimentation Rate (Westergren)	**38**	0-20	mm/hr

Interpretation:

- It indicates presence and intensity of an inflammatory process. It does not diagnose a specific disease. Changes in the ESR are more significant than the abnormal results of a single test.
- It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis and polymyalgia rheumatica.
- It is also increased in pregnancy, multiple myeloma, menstruation, and hypothyroidism.

Blood Group & Rh Type

Blood Grouping & Rh Typing "AB" POSITIVE (+VE)

Method : Forward and Reverse By Tube Method

Methodology

This is done by forward and reverse grouping by tube Agglutination method.

Interpretation

Newborn baby does not produce ABO antibodies until 3 to 6 months of age. So the blood group of the Newborn baby is done by ABO antigen grouping (forward grouping) only, antibody grouping (reverse grouping) is not required.Confirmation of the New-born's blood group is indicatedwhen the A and B antigen expression and the isoagglutinins are fully developed (2–4 years).

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Test Description	Value(s)	Reference Range	Unit
Fasting - Glucose			
Glucose Fasting* **Method : Plasma, Hexokinase**	89	Normal: 70-110 Impaired Fasting Glucose (IFG): 110-125 Diabetes Mellitus: >= 126 (On more than one occasion) (American Diabetes Association guidelines 2017)	mg/dL
Fasting Urine Sugar			
Fasting Urine Sugar	NEGATIVE	NEGATIVE -	
Lipid Profile			
Cholesterol-Total Method : Serum, Cholesterol oxidase esterase, peroxidase	126	Desirable: <= 200 Borderline High: 201-239 High: > 239 Ref: The National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.	mg/dL
Triglycerides Method : Serum, Enzymatic, endpoint	84	Normal: < 150 Borderline High: 150-199 High: 200-499 Very High: >= 500	mg/dL
Cholesterol-HDL Direct Method : Serum, Direct measure-PEG	40	<40: Low 40 - 60: Optimal > 60: Desirable	mg/dL

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Test Description	Value(s)	Reference Range	Unit
LDL Cholesterol Method : Serum	69.20	Optimal: < 100 Near optimal/above optimal: 100-129 Borderline high: 130-159 High: 160-189 Very High: >= 190	mg/dL
Non - HDL Cholesterol, Serum Method : calculated	86	Desirable: < 130 mg/dL Borderline High: 130-159mg/dL High: 160-189 mg/dL Very High: > or = 190 mg/dL	mg/dL
VLDL Cholesterol Method : calculated	16.80	6 - 38	mg/dL
CHOL/HDL RATIO Method : calculated	**3.15**	3.5 - 5.0	ratio
LDL/HDL RATIO Method : calculated	1.73	Desirable / low risk - 0.5 -3.0 Low/ Moderate risk - 3.0- 6.0 Elevated / High risk - > 6.0	ratio

Note: 8-10 hours fasting sample is required.

Liver Function Test

Bilirubin - Total Method : Serum, Diazotization	0.6	Adults and Children: < 1.2	mg/dL
Bilirubin - Direct Method : Serum, Diazotization	0.2	Adults and Children: < 0.5	mg/dL
Bilirubin - Indirect Method : Serum, Calculated	0.40	0.1 - 1.0	mg/dL
SGOT Method : Serum, UV with P5P, IFCC 37 degree	17	< 50	U/L
SGPT Method : Serum, UV with P5P, IFCC 37 degree	13	< 50	U/L

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Test Description	Value(s)	Reference Range	Unit
Alkaline Phosphatase-ALPI	85	30-120	U/L
Method : Serum, PNPP, AMP Buffer, IFCC 37 degree			
Total Protein	6.9	6.6 - 8.3	g/dL
Method : Serum, Biuret, reagent blank end point			
Albumin	3.8	Adults: 3.5 - 5.2	g/dL
Method : Serum, Bromcresol purple			
Globulin	3.10	1.8 - 3.6	g/dL
Method : Calculated			
A/G Ratio	1.23	1.2 - 2.2	ratio
Method : Calculated			

KIDNEY FUNCTION TEST

Urea *	17	15- 50	mg/dL
Method : Serum			
Blood Urea Nitrogen-BUN*	7.9	7 - 24	mg/dL
Method : Serum, Urease			
Uric Acid*	4.7	2.6 - 6.0	mg/dL
Method : Serum, Uricase/POD			
Creatinine*	0.6	0.6 - 1.1	mg/dL
Method : Serum, Jaffe IDMS			

Urine Routine

Colour*	Pale Yellow	
Transparency (Appearance)*	Clear	Clear
Reaction (pH)*	5.0	4.5 - 8
Specific Gravity*	1.020	1.010 - 1.030

Chemical Examination (Automated Dipstick Method) Urine

Urine Glucose*	**Negative**	Negative
Urine Protein*	**Negative**	Negative

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Test Description	Value(s)	Reference Range	Unit
Urine Ketone*	**Negative**	Negative	
Blood*	**Positive (++)**	Negative	
Bilirubin*	**Negative**	Negative	
Nitrite*	**Negative**	Negative	
Leucocytes*	**Negative**	Negative	
Urobilinogen*	Normal	With in normal limits	
Microscopic Examination Urine			
Pus Cells (WBCs)*	2-3	0 - 5	/hpf
Epithelial Cells*	1-2	0 - 4	/hpf
Red blood Cells*	**8-10**	Absent	/hpf
Crystals*	Absent	Absent	
Cast*	Absent	Absent	
Bacteria*	Absent	Absent	

HBA1C (Glycosylated Haemoglobin)

Glyco Hb (HbA1C) Method : EDTA Whole blood,HPLC	**6.2**	Non-Diabetic: <=5.9 Pre Diabetic:6.0-6.4 Diabetic: >=6.5	%
Estimated Average Glucose :	131		mg/dL

Interpretations

1. HbA1C has been endorsed by clinical groups and American Diabetes Association guidelines 2017 for diagnosing diabetes using a cut off point of 6.5%
2. Low glycated haemoglobin in a non diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency and haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
3. In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control.

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Test Description	Value(s)	Reference Range	Unit
Excellent control-6-7 % Fair to Good control – 7-8 % Unsatisfactory control – 8 to 10 % Poor Control – More than 10 %			
Thyroid Function Test (TFT)			
TRI-IODO THYRONINE (T3) Method : CLIA	88	60 - 181	ng/dL
TOTAL THYROXINE (T4) Method : CLIA	10.3	4.2 - 12.0	ug/dL
THYROID STIMULATING HORMONE (TSH) Method : CLIA	**6.18**	0.46 – 8.10 : 1 Yrs – 5 Yrs 0.36 – 5.80 : 6 Yrs – 18 Yrs 0.35 – 5.50 : >18 Yrs Pregnancy Ranges 1st Trimester :0.1 - 2.5 2nd Trimester :0.2 - 3.0 3rd Trimester:0.3 - 3.0	uIU/mL

Comments:

IF NOT ON DRUGS SUGGESTED FT3 & FT4 ESTIMATION

Please correlate with clinical conditions.

Note : Serum T3, T4 and TSH form the three components of thyroid screening panel, useful in diagnosing various disorders of the thyroid gland. Primary Hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels. Although elevated TSH levels are nearly always indicative of Primary Hypothyroidism, rarely they can from TSH secreting pituitary tumors (Secondary hyperthyroidism)To confirm diagnosis - evaluate FT3 and FT4.

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Pap Smear

The PAP Smear is not a diagnostic procedure and should not be used as the sole means to evaluate cervical cancer. It is a screening procedure to aid in detection of cervical cancer and its precursors.
The foundation of Liquid Based Cytology (LBC) is that it produces uniform, thin layer slides and minimizes obscuring artefacts as, blood and mucus. On balance, LBC provides consistent improvement compared with conventional PAP testing in specimen adequacy and detection of LSIL and HSIL categories.
Cervico - vaginal cytology is screened & reported as per the Bethesda 2014.

References :

1. Johnson J and Patnick J. 2000. Achievable standards, benchmarks for reporting, and criteria for evaluating cervical cytopathology. Revised 2nd Edition.NHSCSP Publications ?NHS Cancer Screening Programmes.
2. Bankhead C, Austoker J, Davey C. 2003. Cervical Screening Results Explained ?a guide for primary care. NHS Cancer Screening Programme.
3. Gibb RK, Martens MG. The Impact of Liquid Based Cytology in decreasing the incidence of cervical cancer. Rev Obstet Gynecol 2011; 4(Suppl 1):S2-S11.
4. The Bathesda system for reporting cervical cytology, 2014, 3rd Edition.

Post Prandial Urine Sugar

END OF REPORT

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