



ABI SCANS & LABS

A unit of Aarthi Scans and Labs

Patient Name : MR. THANGARAJ V

Age / Gender : 41 years / Male

Patient ID : 125302

Referral : MediWheel

Collection Time : Mar 21, 2023, 08:36 a.m.

Reporting Time : Mar 22, 2023, 02:14 p.m.

Sample ID :



000508023P

Test Description	Value(s)	Unit(s)	Reference Range
COMPLETE BLOOD COUNT (CBC)			
Hemoglobin (Hb)	13.7	gm/dL	13.5 - 18.0
Erythrocyte (RBC) Count	4.92	mil/cu.mm	4.7 - 6.0
Packed Cell Volume (PCV)	39.5	%	42 - 52
Mean Cell Volume (MCV)	80.28	fL	78 - 100
Mean Cell Haemoglobin (MCH)	27.85	pg	27 - 31
Mean Corpuscular Hb Concn. (MCHC)	34.68	g/dL	32 - 36
Red Cell Distribution Width (RDW)	12.5	%	11.5 - 14.0
Total Leucocytes (WBC) Count	6190	cell/cu.mm	4000-10000
Neutrophils	54	%	40 - 80
Lymphocytes	32	%	20 - 40
Monocytes	8	%	2 - 10
Eosinophils	6	%	1 - 6
Basophils	0	%	1-2
Absolute Neutrophil Count	3342.60	/c.mm	2000 - 7000
Absolute Lymphocyte Count	1980.80	/c.mm	1000 - 3000
Absolute Monocyte Count	495.20	/c.mm	200 - 1000
Absolute Eosinophil Count	371.40	/c.mm	20 - 500
Absolute Basophils Count	0	/c.mm	20 - 100
Platelet Count	329	10 ³ /ul	150 - 450
Mean Platelet Volume (MPV)	8.8	fL	7.2 - 11.7
PCT	0.29	%	0.2 - 0.5
PDW	8.6	%	9.0 - 17.0
ESR	25.0	mm/hr	13.5 - 18.0

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URINE COMPLETE ANALYSIS,			
Physical Examination			
Quantity	50	ml	-
Colour	Pale Yellow		Pale yellow/Yellow
Appearance	Clear		Clear
Specific Gravity	1.015		1.005-1.025
pH	5.0		5.0 - 8.0
Deposit	Present		Absent
Chemical Examination			
Protein	Absent		Absent
Sugar	Absent		Absent
Ketones	Absent		Absent
Bile Salt	Absent		Absent
Bile Pigment	Absent		Absent
Urobilinogen	Normal		Normal
Microscopic Examination (/hpf)			
Pus Cell	1-2		Upto 5
Epithelial Cells	1-2		Upto 5
Red Blood Cells	Absent		Absent
Casts	Absent		Absent
Crystals	Absent		Absent
Amorphous Deposit	Absent		Absent
Yeast Cells	Absent		Absent
Bacteria	Absent		Absent

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STOOL ROUTINE ANALYSIS			
Color	Yellowish		Brown
Consistency	Semisolid		Solid - Semi solid
Reaction (pH)	Alkaline		Acidic - Alkaline
Method : Methyl Red & Bromothymol Blue			
Mucous	Absent		Absent
Blood	Absent		Absent
Pus cells	3-4/hpf	/hpf	Few
Epithelial cells	1-2/hpf	/hpf	--
RBC	Absent	/hpf	Absent
Ova	Not found	/hpf	Absent
Cyst	Not found	/hpf	Absent
Starch granules	Absent	/hpf	None to small amount
Vegetable cells	Absent	/hpf	--
Fat globules	Absent	/hpf	Absent
Others	Nil	/hpf	
Method : Microscopy (Concentration technique)			


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Test Description	Value(s)	Unit(s)	Reference Range
<u>BLOOD GROUP & RH TYPING</u>			
Blood Group (ABO typing) Method : Manual-Hemagglutination	"AB"		
RhD Factor (Rh Typing) Method : Manual hemagglutination	Positive		

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Glycosylated HbA1c


HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD	5.6	%	
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Method : (HPLC, NGSP certified)

Estimated Average Glucose :	114.02	mg/dL	-
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Interpretation

As per American Diabetes Association (ADA)	
Reference Group	HbA1c in %
Non diabetic adults >=18 years	<5.7
At risk (Prediabetes)	5.7 - 6.4
Diagnosing Diabetes	>= 6.5
Therapeutic goals for glycemic control	Age > 19 years Goal of therapy: < 7.0 Action suggested: > 8.0 Age < 19 years Goal of therapy: <7.5


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Test Description	Value(s)	Unit(s)	Reference Range
THYROID PROFILE TEST - TOTAL			
T3-Total	113.0	ng/dL	60 - 200
T4-Total	9.9	ug/dL	4.52 - 12.8
TSH-Ultrasensitive	1.818	uIU/mL	0.32 - 5.5
Method : CLIA			

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Test Description	Value(s)	Unit(s)	Reference Range
LIPID PROFILE			
Cholesterol-Total Method : Spectrophotometry	205.0	mg/dL	Desirable level < 200 Borderline High 200-239 High >or = 240
Triglycerides Method : Serum, Enzymatic, endpoint	321.0	mg/dL	Normal: < 150 Borderline High: 150-199 High: 200-499 Very High: >= 500
HDL Cholesterol Method : Serum, Direct measure-PEG	22.0	mg/dL	Normal: > 40 Major Risk for Heart: < 40
LDL Cholesterol Method : Enzymatic selective protection	118.80	mg/dL	Optimal < 100 Near / Above Optimal 100-129 Borderline High 130-159 High 160-189 Very High >or = 190
VLDL Cholesterol Method : Serum, Enzymatic	64.20	mg/dL	6 - 38
CHOL/HDL Ratio Method : Serum, Enzymatic	9.32		3.5 - 5.0
LDL/HDL Ratio Method : Serum, Enzymatic	5.40		2.5 - 3.5

Note:

8-10 hours fasting sample is required.

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Test Description	Value(s)	Unit(s)	Reference Range
RENAL PROFILE			
Urea Method : Uricase	19.0	mg/dL	19-42
Blood Urea Nitrogen-BUN Method : Serum, Urease	8.87	mg/dL	9-20
Creatinine Method : Serum, Jaffe	0.69	mg/dL	0.66-1.25
Uric Acid Method : Serum, Uricase	8.1	mg/dL	3.5-8.5

Remark:

In blood, Urea is usually reported as BUN and expressed in mg/dl. BUN mass units can be converted to urea mass units by multiplying by 2.14.

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Test Description	Value(s)	Unit(s)	Reference Range
LIVER FUNCTION TEST			
Total Protein Method : Serum, Biuret, reagent blank end point	6.6	g/dL	6.3-8.2
Albumin Method : Serum, Bromocresol green	3.8	g/dL	3.5-5.0
Globulin Method : Serum, EIA	2.80	g/dL	1.8 - 3.6
A/G Ratio Method : Serum, EIA	1.36		1.2 - 2.2
Bilirubin - Total Method : Serum, Jendrassik Grof	0.6	mg/dL	0.3-1.2
Bilirubin - Direct Method : Serum, Diazotization	0.1	mg/dL	< 0.2
Bilirubin - Indirect Method : Serum, Calculated	0.50	mg/dL	0.1 - 1.0
SGOT Method : Serum, UV with P5P, IFCC 37 degree	39	U/L	17-59
SGPT Method : Serum, UV with P5P, IFCC 37 degree	86	U/L	21-72
Alkaline Phosphatase Method : PNPP-AMP Buffer/Kinetic	86	U/L	30 - 120
GGT-Gamma Glutamyl Transpeptidase Method : Serum, G-glutamyl-carboxy-nitroanilide	50	U/L	< 55


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PSA-Total (Prostate-specific antigen-Total)

PSA Profile *

PSA (Prostate Specific Antigen)-Total	0.52	ng/mL	0 - 4.0
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Method : Serum, CLIA

Interpretation:

1. Increased levels are noted in Prostate cancer, Benign prostatic hypertrophy, Prostatitis

PSA (Prostate-Specific antigen)-Free *	-	ng/mL	0.0 - 0.5
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Method : Serum, CLIA

Interpretation & Remarks:

- Normal results do not eliminate the possibility of prostate cancer.
- Values obtained with different assay methods or kits may be different and cannot be used interchangeably.
- Tumor markers are not specific for malignancy. Test results cannot be interpreted as absolute evidence for the presence or absence of malignant disease
- Specimens drawn from patients undergoing prostate manipulation, especially needle biopsy and transurethral resection, may show erroneously high prostatic-specific antigen (PSA) results. Care should be taken that specimens are drawn before these procedures are performed.
- The percentage of free PSA can be used to estimate how likely it is that a biopsy will show cancer.
- If the percentage of free PSA is higher than 25%, the likelihood of prostate cancer is about 8%.
- If the percentage of free PSA is less than 10%, then the likelihood of prostate cancer rises to 56%.

Free PSA / Total PSA %	-	-
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Method : Serum

Interpretation

- When total prostate-specific antigen (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 (see table below). 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

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rule-out prostate cancer. Up to 20% of men with negative biopsy results have subsequently been found to have cancer. Based on free:total PSA ratio: the percent probability of finding prostate cancer on a needle biopsy by age in years:


Free:total PSA ratio	50-59 years	60-69 years	> or =70 years
< or =0.10	49.2%	57.5%	64.5%
0.11-0.18	26.9%	33.9%	40.8%
0.19-0.25	18.3%	23.9%	29.7%
>0.25	9.1%	12.2%	15.8%

Cautions

- Normal results do not eliminate the possibility of prostate cancer.
- Values obtained with different assay methods or kits may be different and cannot be used interchangeably
- Tumor markers are not specific for malignancy. Test results cannot be interpreted as absolute evidence for the presence or absence of malignant disease.

Interfering factors :

- Prostatic massage
- Proctoscopy
- Prostatic biopsy
- Prostate cancer patients receiving treatment with antiandrogens and luteinizing hormone-releasing factor agonists may exhibit markedly decreased levels of PSA. Also, men treated for benign prostatic hyperplasia with inhibitors of 5-alpha-reductase (finasteride) may demonstrate a significant reduction in PSA levels compared to values before treatment. Care should be taken in interpreting values for these individuals.
- In patients receiving therapy with high biotin doses (ie, >5 mg/day), no sample should be taken until at least 8 hours after the last biotin administration.


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GLUCOSE (F)			
Glucose fasting Method : GOD-POD	108.0	mg/dL	Normal: 70 - 120

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GLUCOSE (PP)			
Blood Glucose-Post Prandial Method : GOD-POD	106.0	mg/dL	80 - 140

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