Name	: Mr. Satish Naik
PID No.	: MED111293168
SID No.	: 422066227
Age / Sex	: 36 Year(s) / Male
Туре	: OP
Ref. Dr	: MediWheel

Register On	:	10/09/2022 10:13 AM
Collection On	:	10/09/2022 10:57 AM
Report On	:	15/09/2022 12:57 PM
Printed On	:	15/09/2022 3:39 PM



Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
HAEMATOLOGY			
Complete Blood Count With - ESR			
Haemoglobin (EDTA Blood'Spectrophotometry)	15.9	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	47.9	%	42 - 52
RBC Count (EDTA Blood)	5.42	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood)	88.5	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	29.4	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	33.2	g/dL	32 - 36
RDW-CV (EDTA Blood)	13.3	%	11.5 - 16.0
RDW-SD (EDTA Blood)	41.20	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	9600	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood)	50.1	%	40 - 75
Lymphocytes (EDTA Blood)	40.5	%	20 - 45
Eosinophils (EDTA Blood)	1.0	%	01 - 06





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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> Reference Interval
Monocytes (EDTA Blood)	7.9	%	01 - 10
Basophils (Blood)	0.5	%	00 - 02
INTERPRETATION: Tests done on Automated Five P	art cell counter. All a	abnormal results are	reviewed and confirmed microscopically.
Absolute Neutrophil count (EDTA Blood)	4.81	10^3 / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	3.89	10^3 / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.10	10^3 / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.76	10^3 / µl	< 1.0
Absolute Basophil count (EDTA Blood)	0.05	10^3 / µl	< 0.2
Platelet Count (EDTA Blood)	312	10^3 / µl	150 - 450
MPV (EDTA Blood)	9.0	fL	7.9 - 13.7
PCT (EDTA Blood/Automated Blood cell Counter)	0.28	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrated Blood)	8	mm/hr	< 15



Sr.Consultant Pathologist Reg No : 100674

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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
BIOCHEMISTRY			
Liver Function Test			
Bilirubin(Total) (Serum/DCA with ATCS)	0.71	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.25	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.46	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/ <i>Modified IFCC</i>)	32.86	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/ <i>Modified IFCC</i>)	50.66	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	33.29	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/ <i>Modified IFCC</i>)	74.8	U/L	53 - 128
Total Protein (Serum/Biuret)	7.76	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.79	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.97	gm/dL	2.3 - 3.6
A : G RATIO	1.61		1.1 - 2.2

A : G RATIO (Serum/Derived)



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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> Reference Interval
Lipid Profile			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	182.45	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/ <i>GPO-PAP with ATCS</i>)	208.28	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

INTERPRETATION: The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence recommending triglycerides estimation in non-fasting condition for evaluating the risk of heart disease and screening for metabolic syndrome, as non-fasting sample is more representative of the `usual_circulating level of triglycerides during most part of the day.

HDL Cholesterol (Serum/Immunoinhibition)	34.92	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/ <i>Calculated</i>)	105.8	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	41.7	mg/dL	< 30
Non HDL Cholesterol (Serum/ <i>Calculated</i>)	147.5	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220





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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> Reference Interval
INTERPRETATION: 1.Non-HDL Cholesterol is now 2.It is the sum of all potentially atherogenic proteins in co-primary target for cholesterol lowering therapy.			
Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	5.2		Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/ <i>Calculated</i>)	6		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	3		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0





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Investigation	<u>Observed</u>	<u>Unit</u>	Biological
Glycosylated Haemoglobin (HbA1c)	<u>Value</u>		Reference Interval
HbA1C (Whole Blood/ <i>HPLC</i>)	6.6	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5

INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 %, Fair control : 7.1 - 8.0 %, Poor control >= 8.1 %

Estimated Average Glucose	142.72	mg/dL
---------------------------	--------	-------

(Whole Blood)

INTERPRETATION: Comments

HbA1c provides an index of Average Blood Glucose levels over the past8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency,

hypertriglyceridemia, hyperbilirubinemia, Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values. Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly, Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c.



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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> Reference Interval
IMMUNOASSAY			
<u>THYROID PROFILE / TFT</u>			
T3 (Triiodothyronine) - Total (Serum/ <i>ECLIA</i>)	1.41	ng/ml	0.7 - 2.04
INTERPRETATION: Comment : Total T3 variation can be seen in other condition like preg Metabolically active.	gnancy, drugs, nepł	nrosis etc. In such ca	ses, Free T3 is recommended as it is
T4 (Tyroxine) - Total (Serum/ <i>ECLIA</i>)	10.27	μg/dl	4.2 - 12.0
INTERPRETATION: Comment : Total T4 variation can be seen in other condition like preg Metabolically active.	nancy, drugs, nepl	nrosis etc. In such ca	ses, Free T4 is recommended as it is
TSH (Thyroid Stimulating Hormone) (Serum/ECLIA)	3.53	µIU/mL	0.35 - 5.50
INTERPRETATION: Reference range for cord blood - upto 20 1 st trimester: 0.1-2.5 2 nd trimester 0.2-3.0 3 rd trimester : 0.3-3.0 (Indian Thyroid Society Guidelines) Comment : 1.TSH reference range during pregnancy depends on Iodi 2.TSH Levels are subject to circadian variation, reaching			

of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations. 3.Values&lt0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.



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Investigation	<u>Observed</u> <u>Unit</u> <u>Value</u>	Biological Reference Interval
CLINICAL PATHOLOGY		
<u>PHYSICAL EXAMINATION (URINE</u> <u>COMPLETE)</u>		
Colour (Urine)	Yellow	Yellow to Amber
Appearance (Urine)	Clear	Clear
Volume(CLU) (Urine)	20	
<u>CHEMICAL EXAMINATION (URINE</u> <u>COMPLETE)</u>		
pH (Urine)	5	4.5 - 8.0
Specific Gravity (Urine)	1.022	1.002 - 1.035
Ketone (Urine)	Negative	Negative
Urobilinogen (Urine)	Normal	Normal
Blood (Urine)	Negative	Negative
Nitrite (Urine)	Negative	Negative
Bilirubin (Urine)	Negative	Negative
Protein	Negative	Negative

Dr.Arjun C.P MBBS.MD Pathology Reg NorKMC 89655

(Urine)

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The results pertain to sample tested.

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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	Biological Reference Interval
Glucose (Urine/GOD - POD)	Negative		Negative
Leukocytes(CP) (Urine)	Negative		
<u>MICROSCOPIC EXAMINATION</u> (URINE COMPLETE)			
Pus Cells (Urine)	0-2	/hpf	NIL
Epithelial Cells (Urine)	0-1	/hpf	NIL
RBCs (Urine)	NIL	/HPF	NIL
Others (Urine)	NIL		

INTERPRETATION: Note: Done with Automated Urine Analyser & Automated urine sedimentation analyser. All abnormal reports are reviewed and confirmed microscopically.

Casts (Urine)	NIL	/hpf	NIL
Crystals (Urine)	NIL	/hpf	NIL



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<u>Unit</u>



Biological

Reference Interval

Investigation

IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING (EDTA Blood/Agglutination)

'O' 'Positive'

<u>Observed</u>

<u>Value</u>



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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> Reference Interval
BIOCHEMISTRY			
BUN / Creatinine Ratio	8.3		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	97.58	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

INTERPRETATION: Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

Glucose, Fasting (Urine)	Negative	Negative
(Urine - F/GOD - POD)		
Glucose Postprandial (PPBS)	129.85 mg/dL	70 - 140
(Plasma - PP/GOD-PAP)		

INTERPRETATION:

Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti- diabetic medication during treatment for Diabetes.

Urine Glucose(PP-2 hours) (Urine - PP)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	7.6	mg/dL	7.0 - 21
Creatinine	0.91	mg/dL	0.9 - 1.3

(Serum/Modified Jaffe)

INTERPRETATION: Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin ,cefazolin, ACE inhibitors ,angiotensin II receptor antagonists,N-acetylcyteine , chemotherapeutic agent such as flucytosine etc.

Uric Acid	6.63	mg/dL	3.5 - 7.2
(Serum/Enzymatic)			



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-- End of Report --



Name	Mr.Satish Naik	ID	MED111293168
Age & Gender	36/MALE	Visit Date	10/09/2022
Ref Doctor Name	MediWheel		

ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in size and shows diffuse fatty changes. No evidence of focal lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

GALL BLADDER shows normal shape and has clear contents. Gall bladder wall is of normal thickness. CBD is of normal calibre.

PANCREAS has normal shape, size and uniform echopattern. No evidence of ductal dilatation or calcification.

SPLEEN shows normal shape, size and echopattern. No demonstrable Para -aortic lymphadenopathy.

KIDNEYS move well with respiration and have normal shape, size and echopattern. Cortico- medullary differentiations are well madeout. No evidence of calculus or hydronephrosis.

The kidney measures as follows:

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	10.7	1.7
Left Kidney	9.8	1.3

URINARY BLADDER shows normal shape and wall thickness. It has clear contents. No evidence of diverticula.

PROSTATE shows normal shape, size and echopattern. It measures 2.8 x 2.4 x 2.5cms (Vol:9cc).

No evidence of ascites / pleural effusion.

IMPRESSION:

- > FATTY LIVER.
- > NO OTHER SIGNIFICANT ABNORMALITY DETECTED.

REPORT DISCLAIMER

- 1. This is only a radiologincal imperssion. Like other investigations, radiological investication also have limitation. Therefore radiologincal reports should be interpreted in correlation with clinical and pathological findings.
- 2. The results reported here in are subject to interpretation by qualified medical professionals only.
- 3.Customer identities are accepted provided by the customer or their representative.
- 4.information about the customer's condition at the time of sample collection such as fasting, food consumption, medication, etc are accepted as provided by the customer or representative and shall not be investigated for its truthfulness.

5.If any specimen/sample is received from any others laboratory/hospital, its is presumed that the sample belongs to the patient identified or named.

6.Test results should be interpreted in context of clinical and other findings if any.In case of any clarification /doubt, the refrering doctor/patient can contact the respective section head of the laboratory. 7.Results of the test are influenced by the various factors such as sensitivity, specificity of the procedures of the tests, quality of the samples and drug interactions etc.,

8.If the test results are found not to be correlating clinically can contact the lab in charge for clarification or retesting where practicable within 24 hours from the time of issue of results.

- 9.Liability is limited to the extend of amount billed.
- 10.Reports are subject to interpretation in their entirety.partial or selective interpretation may lead to false opinion.

11.Disputes, if any, with regard to the report findings are subject to the exclusive jurisdiction of the competent courts chennai only.



Name	Mr.Satish Naik	ID	MED111293168
Age & Gender	36/MALE	Visit Date	10/09/2022
Ref Doctor Name	MediWheel		

DR. APARNA CONSULTANT RADIOLOGIST

A/da

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