

Name : Mr. SHANKAR S ARVINDH
PID No. : MED111810945
SID No. : 712329375
Age / Sex : 32 Year(s) / Male
Type : OP
Ref. Dr : MediWheel

Register On : 26/08/2023 7:59 AM
Collection On : 26/08/2023 8:11 AM
Report On : 26/08/2023 8:07 PM
Printed On : 26/08/2023 8:48 PM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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BLOOD GROUPING AND Rh TYPING

'O' Positive'

(EDTA Blood/Agglutination)

Remark: Test to be confirmed by gel method.

Complete Blood Count With - ESR

Haemoglobin

15.7

g/dL

13.5 - 18.0

(EDTA Blood/Spectrophotometry)

INTERPRETATION: Haemoglobin values vary in Men, Women & Children. Low haemoglobin values may be due to nutritional deficiency, blood loss, renal failure etc. Higher values are often due to dehydration, smoking, high altitudes, hypoxia etc.

PCV (Packed Cell Volume) / Haematocrit

46.2

%

42 - 52

(EDTA Blood/Derived)

RBC Count

5.70

mill/cu.mm

4.7 - 6.0

(EDTA Blood/Automated Blood cell Counter)

MCV (Mean Corpuscular Volume)

81.0

fL

78 - 100

(EDTA Blood/Derived from Impedance)

MCH (Mean Corpuscular Haemoglobin)

27.5

pg

27 - 32

(EDTA Blood/Derived)

MCHC (Mean Corpuscular Haemoglobin concentration)

33.9

g/dL

32 - 36

(EDTA Blood/Derived)

RDW-CV

13.1

%

11.5 - 16.0

(Derived)

RDW-SD

37.14

fL

39 - 46

(Derived)

Total WBC Count (TC)

9220

cells/cu.m
m

4000 - 11000

(EDTA Blood/Derived from Impedance)

Neutrophils

54

%

40 - 75

(Blood/Impedance Variation & Flow Cytometry)


Mr. S. Mohan Kumar
Sr. Lab Technician

VERIFIED BY




DR KIRAN H S MD
Consultant Pathologist
KMC No: 86542

APPROVED BY

The results pertain to sample tested.

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Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	34	%	20 - 45
Eosinophils (Blood/Impedance Variation & Flow Cytometry)	06	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	06	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	00	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	4.98	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	3.13	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.55	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.55	10 ³ / μ l	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.00	10 ³ / μ l	< 0.2
Platelet Count (EDTA Blood/Derived from Impedance)	301	10 ³ / μ l	150 - 450
MPV (Blood/Derived)	11.4	fL	7.9 - 13.7
PCT	0.34	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citratd Blood/Automated ESR analyser)	05	mm/hr	< 15


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BUN / Creatinine Ratio	7.9		
Glucose Fasting (FBS) (Plasma - F/GOD- POD)	84	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.

Urine sugar, Fasting (Urine - F)	Nil		Nil
Glucose Postprandial (PPBS) (Plasma - PP/GOD - POD)	100	mg/dL	70 - 140

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 Sugar (PP-2 hours) (Urine - PP)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	8.7	mg/dL	7.0 - 21
Creatinine (Serum/Jaffe Kinetic)	1.1	mg/dL	0.9 - 1.3

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 (Serum/Uricase/Peroxidase)	5.1	mg/dL	3.5 - 7.2
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Liver Function Test

Bilirubin(Total) (Serum/Diazotized Sulfanilic Acid)	0.8	mg/dL	0.1 - 1.2
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Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.2	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.60	mg/dL	0.1 - 1.0
Total Protein (Serum/Biuret)	7.2	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.5	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.70	gm/dL	2.3 - 3.6
A : G Ratio (Serum/Derived)	1.67		1.1 - 2.2

INTERPRETATION: Remark : Electrophoresis is the preferred method

SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC / Kinetic)	24	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC / Kinetic)	39	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/PNPP / Kinetic)	70	U/L	53 - 128
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	46	U/L	< 55

Lipid Profile

Cholesterol Total (Serum/Oxidase / Peroxidase method)	200	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
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Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	133	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)	36	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	137.4	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	26.6	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	164.0	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220

INTERPRETATION: 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol.
 2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.


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Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	5.6		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/Calculated)	3.7		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	3.8		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/HPLC)	6.5	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: \geq 6.5
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INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control \geq 8.1 %

Remark: Kindly correlate clinically.

Estimated Average Glucose (Whole Blood)	139.85	mg/dL
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INTERPRETATION: Comments

HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycaemic 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.

THYROID PROFILE / TFT


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T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	1.62	ng/ml	0.7 - 2.04

INTERPRETATION:

Comment :

Total T3 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T3 is recommended as it is Metabolically active.

T4 (Thyroxine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	7.52	Microg/dl	4.2 - 12.0
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INTERPRETATION:

Comment :

Total T4 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T4 is recommended as it is Metabolically active.

TSH (Thyroid Stimulating Hormone) (Serum/Chemiluminescent Immunometric Assay (CLIA))	1.909	μIU/mL	0.35 - 5.50
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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 Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.

2.TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM.The variation can be of the order of 50%,hence time of the day has influence on the measured serum TSH concentrations.

3.Values&lt;0.03 μIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

URINE ROUTINE

PHYSICAL EXAMINATION

Colour : Pale yellow : Yellow to Amber
(Urine/Physical examination)


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Volume (Urine/Physical examination)	20		ml
Appearance (Urine)	clear		
<u>CHEMICAL EXAMINATION</u>			
pH (Urine)	5.0		4.5 - 8.0
Specific Gravity (Urine/Dip Stick ó'Reagent strip method)	1.010		1.002 - 1.035
Protein (Urine/Dip Stick ó'Reagent strip method)	Negative		Negative
Glucose (Urine)	Nil		Nil
Ketone (Urine/Dip Stick ó'Reagent strip method)	Nil		Nil
Leukocytes (Urine)	Negative	leuco/uL	Negative
Nitrite (Urine/Dip Stick ó'Reagent strip method)	Nil		Nil
Bilirubin (Urine)	Negative	mg/dL	Negative
Blood (Urine)	Nil		Nil
Urobilinogen (Urine/Dip Stick ó'Reagent strip method)	Normal		Within normal limits
<u>Urine Microscopy Pictures</u>			
RBCs (Urine/Microscopy)	Nil	/hpf	NIL


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Pus Cells (Urine/Microscopy)	2-4	/hpf	< 5
Epithelial Cells (Urine/Microscopy)	1-2	/hpf	No ranges
Others (Urine)	Nil		Nil

Stool Analysis - ROUTINE

Colour (Stool)	Yelloish		Brown
Blood (Stool)	Not present		Not present
Mucus (Stool)	Not present		Not present
Reaction (Stool)	Alkaline		Alkaline
Consistency (Stool)	Semi solid		Semi solid
Ova (Stool)	Nil		Nil
Others (Stool)	Nil		Nil
Cysts (Stool)	Nil		Nil
Trophozoites (Stool)	Nil		Nil
RBCs (Stool)	Nil	/hpf	Nil
Pus Cells (Stool)	2-3	/hpf	Nil


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Macrophages (Stool)	Nil		Nil
Epithelial Cells (Stool)	1-2	/hpf	Nil


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-- End of Report --

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Age & Gender	32Y/M	Visit Date	Aug 26 2023 7:58AM
Ref Doctor	MediWheel		

X - RAY CHEST PA VIEW

Rotation +

Bilateral lung fields appear normal.

Cardiac size is within normal limits.

Bilateral hilar regions appear normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

Impression: No significant abnormality detected.



DR. MOHAN. B
(DMRD, DNB, EDIR, FELLOW IN CARDIAC
MRI)
CONSULTANT RADIOLOGIST