Name	: Mr. ANIL BOKKA	
PID No.	: MED111017126	
SID No.	: 78393139	
Age / Sex	: 29 Year(s) / Male	
Туре	: OP	
Ref. Dr	: MediWheel	

Register On	:	12/03/2022 8:49 AM
Collection On	:	12/03/2022 9:35 AM
Report On	:	14/03/2022 7:07 PM
Printed On	:	18/03/2022 4:08 PM



Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
HAEMATOLOGY			
<u>Complete Blood Count With - ESR</u>			
Haemoglobin (Blood/Photometry ó"Cell counter)	14.91	g/dL	13.5 - 18.0
PCV (Packed Cell Volume) / Haematocrit (Blood/Numeric Integration of MCV)	45.28	%	42 - 52
RBC Count (Whole Blood/Electrical Impedance)	04.92	mill/cu.mm	4.7 - 6.0
MCV (Mean Corpuscular Volume) (Blood/ <i>Calculated</i>)	92.05	fL	78 - 100
MCH (Mean Corpuscular Haemoglobin) (Blood/Calculated)	30.31	pg	27 - 32
MCHC (Mean Corpuscular Haemoglobin concentration) (Blood/ <i>Calculated</i>)	32.93	g/dL	32 - 36
RDW-CV	10.82	%	11.5 - 16.0
RDW-SD	40.0	fL	39 - 46
Total WBC Count (TC) (Whole Blood/ <i>Electrical Impedance</i>)	6200	cells/cu.mm	4000 - 11000
Neutrophils (Blood/Impedance and absorbance)	39.20	%	40 - 75
Lymphocytes (Blood/Impedance and absorbance)	49.50	%	20 - 45
Eosinophils (Blood/Impedance and absorbance)	04.30	%	01 - 06
Monocytes (Blood/Impedance and absorbance)	06.80	%	01 - 10

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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	Biological Reference Interval
Basophils	00.20	%	00 - 02
(Blood/Impedance and absorbance)			
INTERPRETATION: Tests done on Automated Five	Part cell counter. All	abnormal results are revie	ewed and confirmed microscopically.
Absolute Neutrophil count (Blood/Impedance and absorbance)	02.43	10^3 / µl	1.5 - 6.6
Absolute Lymphocyte Count (Blood/Impedance and absorbance)	03.07	10^3 / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (Blood/Impedance and absorbance)	00.27	10^3 / µl	0.04 - 0.44
Absolute Monocyte Count (Blood/Impedance and absorbance)	00.42	10^3 / µl	< 1.0
Absolute Basophil count (Blood/Impedance and absorbance)	00.01	10^3 / µl	< 0.2
Platelet Count (Blood/Electrical Impedance)	2.2	lakh/cu.mm	1.4 - 4.5
INTERPRETATION: Platelet count less than 1.5 lakh	s will be confirmed m	nicroscopically.	
MPV	08.32	fL	7.9 - 13.7
(Blood/Automated Blood cell Counter)			
РСТ	0.21	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated ESR analyser)	10	mm/hr	< 15

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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	Biological Reference Interval
BIOCHEMISTRY			
Liver Function Test			
Bilirubin(Total) (Serum/DCA with ATCS)	0.66	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.19	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.47	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/ <i>Modified IFCC</i>)	29.0	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/ <i>Modified IFCC</i>)	26.4	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	16.1	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/ <i>Modified IFCC</i>)	54.2	U/L	53 - 128
Total Protein (Serum/Biuret)	7.39	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.28	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.11	gm/dL	2.3 - 3.6
A : G RATIO	1.38		1.1 - 2.2

A : G RATIO (Serum/Derived)





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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>)	5.3	%	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	105.41	mg/dL
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(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 HbAlC 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 HbAlc.





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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	Biological Reference Interval
Lipid Profile			
Cholesterol Total (Serum/Cholesterol oxidase/Peroxidase)	156	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol-phosphate oxidase/Peroxidase)	104	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 õusualö" circulating level of triglycerides during most part of the day.

HDL Cholesterol (Serum/Direct Detergent)	50.15	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/ <i>Calculated</i>)	85.1	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	20.8	mg/dL	< 30
DR.FAYIOAH MD(PATH) CONSULTANT - PATHOLOGIST REG NO:116685 VERIFIED BY		/	Saravanan M.D(Path) Isultant Pathologist Reg No : 73347

The results pertain to sample tested.

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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	Biological Reference Interval
Non HDL Cholesterol (Serum/ <i>Calculated</i>)	105.8	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.

Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	3.1	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>)	2.1	Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	1.7	Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0



CONSULTANT - PATHOLOGIST REG NO:116685 VERIFIED BY

ANNA Dr.E.Saravanan M.D(Path) **Consultant Pathologist** Reg No : 73347

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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	Biological Reference Interval
IMMUNOASSAY			
THYROID PROFILE / TFT			
T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	1.27	ng/mL	0.7 - 2.04
INTERPRETATION: Comment : Total T3 variation can be seen in other condition like prea Metabolically active.	gnancy, drugs, nephi	osis etc. In such cases, Free T	T3 is recommended as it is
T4 (Thyroxine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	9.5	µg/dL	4.2 - 12.0
INTERPRETATION: Comment : Total T4 variation can be seen in other condition like pres Metabolically active.	gnancy, drugs, nephr	osis etc. In such cases, Free T	F4 is recommended as it is
TSH (Thyroid Stimulating Hormone) (Serum/Chemiluminescence)	2.59	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 Iod: 2.TSH Levels are subject to circadian variation, reaching	peak levels between	2-4am and at a minimum be	
of the order of 50%, hence time of the day has influence of 2 Veluce for the day has influence of the day has a second to be a line and the day has a second to be a line and the day has a second to be a line and the day has a second to be a line and the day has a second to be a line and the day has a second to be a line and the day has a second to be a line and the day has a second to be a line and the day has a second to be a line and the day has a second to be a line and the day has a second to be a line and the day has a second to be a s			

3. Values&lt,0.03 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>Value</u>	<u>Unit</u>	Biological Reference Interval
CLINICAL PATHOLOGY			
PHYSICAL EXAMINATION			
Colour (Urine/Physical examination)	Pale Yellow		Yellow to Amber
Appearance (Urine/Physical examination)	claar		
Volume(CLU)	30 ml		
CHEMICAL EXAMINATION			
Leukocytes(CP)	Negative		
pH (Urine/Double Indicator)	7.0		4.5 - 8.0
Specific Gravity (Urine/Ionic concentration)	1.025		1.002 - 1.035
Ketone (Urine/Dip Stick Reagent strip Method / Rotheraøs mixture.)	Negative		Negative
Urobilinogen (Urine/Dipstik ó"Reagent strip method / Ehrlichøs Reaction)	Normal		Within normal limits
Blood (Urine/Dip-Stick Method Peroxidase like activity of HB)	Negative		Negative
Nitrite (Urine/Dip Stick ó"Reagent strip method.)	Negative		Negative
Bilirubin (Urine/Dip Stick óDiazotized Dichloro aniline/Fouchets method.)	Negative		Negative

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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	Biological Reference Interval
Protein (Urine/Dipstick-Error of indicator/ Sulphosalicylic acid method)	Negative		Negative
Glucose (Urine/Dip Stick Method / Glucose Oxidase - Peroxidase / Benedictøs semi quantitative method.)	Negative		Negative
<u>Urine Microscopy Pictures</u>			
RBCs (Urine/Microscopy exam of urine sediment)	Nil	/hpf	Nil
Pus Cells (Urine/Microscopy exam of urine sediment)	3-4	/hpf	NIL
Casts (Urine/Microscopy exam of urine sediment)	Nil	/hpf	NIL
Epithelial Cells (Urine/Microscopy exam of urine sediment)	1-2	/hpf	Nil
Urine Crystals (Stool)	Nil	/hpf	NIL
Others (Urine)	Nil		Nil

(Urine)

INTERPRETATION: Note: Done with Automated Urine Analyser & microscopy

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Investigation

<u>Observed</u> <u>Value</u>

Biological Reference Interval

HAEMATOLOGY

BLOOD GROUPING AND Rh TYPING (Blood/Agglutination)

'B' 'Negative'

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<u>Unit</u>

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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
BIOCHEMISTRY			
BUN / Creatinine Ratio	14.16		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/Glucose oxidase/Peroxidase)	87	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)			
Glucose Postprandial (PPBS)	95	mg/dL	70 - 140
(Plasma - PP/Glucose oxidase/Peroxidase)			

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)	13.6	mg/dL	7.0 - 21
Creatinine (Serum/ <i>Jaffe ó"Alkaline Picrate</i>)	1.29	mg/dL	0.9 - 1.3
Uric Acid (Serum/ <i>Enzymatic</i>)	5.9	mg/dL	3.5 - 7.2





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-- End of Report --