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Patient Name	: **Mr. LOKESH KUMAR YADAV**	**Age/Gender**	: 53 Y Male
UHID/ MR No	: 7105	**OP Visit No**	: **OPD-UNIT-II-2**
Visit Date	: 07/10/2023	**Reported On**	: 09/10/2023 08:40PM
Sample Collected On	: 07/10/2023 04:49PM		
Ref. Doctor	: **SELF**		
Sponsor Name	:		

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
CBC - COMPLETE BLOOD COUNT			
Haemoglobin(HB) Method: CELL COUNTER	13.6	gm/dl	12 - 17
Erythrocyte (RBC) Count Method: CELL COUNTER	5.44	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	40.80	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	**75.0**	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	**25.0**	pg	26 - 34
MCHC (Mean Corpuscular Hb Concn.) Method: CELL COUNTER	33.3	g/dl	32 - 35
RDW (Red Cell Distribution Width) Method: CELL COUNTER	12.3	%	11- 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	5.42	cells/cumm	3.50 - 10.00
Neutrophils Method: CELL COUNTER	73	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	21	%	15.0 - 45.0
Monocytes	04	%	4.0 - 12.0
Eosinophils Method: CELL COUNTER	02	%	1-6%
Basophils Method: CELL COUNTER	00	%	0.0 - 2.0

End of Report

Results are to be corelated clinically

Lab Technician / Technologist

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DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

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HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count	184	lacs/cu.mm	150-400

Method: CELL COUNTER

1. As per the recommendation of International council for Standardization in Hematology, the differential leucocyte counts are additionally being reported as absolute numbers of each cell in per unit volume of blood.
2. Test conducted on EDTA whole blood.

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HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
ESR- Erythrocyte Sedimentation Rate	10	mm /HR	0 - 10

Method: Westergren's Method

1. It indicates presence and intensity of an inflammatory process, never diagnostic of a specific disease. Changes are more significant than a single abnormal test.
2. 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, polymyalgia rheumatica.
3. Also increased in pregnancy, multiple myeloma, menstruation & hypothyroidism

Blood Group (ABO Typing)

Blood Group (ABO Typing)	AB
RhD factor (Rh Typing)	NEGATIVE

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BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
HbA1c (Glycosalated Haemoglobin)			
	11.8	%	Non- diabeticc:<=5.6, Pre-Diabetic 5.7-6.4, Diabetic:>=6.5

1.HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
2.HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
4. Low glycated haemoglobin(below 4%) in a non-diabetic individual are often associated with systemic inflam

1.HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
2.HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
4. Low glycated haemoglobin(below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia(especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
5. To estimate the eAG from the HbA1C value, the following equation is used: eAG(mg/dl) = 28.7*A1c-46.7
6. Interference of Haemoglobinopathies in HbA1c estimation.
A. For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
B. Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
C. Heterozygous state dete

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BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
Glucose Random	194.0	mg/dl	70.0-140.0
Method: REAGENT GRADE WATER			

KFT - RENAL PROFILE - SERUM

BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	13	mg/dl	7 - 20
Creatinine METHOD: Spectrophotometric	1.17	mg/dl	0.6-1.4
Uric Acid Method: Spectrophotomatric	4.52	mg/dL	2.6 - 7.2

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BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAGE)			
Cholesterol - Total	148.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	117.0	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotomatric			
HDL Cholesterol	42.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotomatric			
LDL Cholesterol	82.60	mg/dl	Optimal:< 100 Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189 Very High : >=190
Method: Spectrophotomatric			
VLDL Cholesterol	23.40	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	3.52		3.5-5
Methode: Spectrophotometric			

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BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIVER FUNCTION TEST			
Bilirubin - Total Method: Spectrophotometric	1.0	mg/dl	0.1- 1.2
Bilirubin - Direct Method: Spectrophotometric	0.2	mg/dl	0.05-0.3
Bilirubin (Indirect) Mathod: Calculated	0.80	mg/dl	0 - 1
SGOT (AST) Method: Spectrophotometric	16	U/L	0 - 40
SGPT (ALT) Method: Spectrophotometric	20	U/L	0 - 41
ALKALINE PHOSPHATASE	75	U/L	
Total Proteins Method: Spectrophotometric	6.7	g/dl	6 - 8
Albumin Method: Spectrophotometric	4.4	mg/dl	3.4 - 5.0
Globulin Mathod: Calculated	2.3	g/dl	1.8 - 3.6
A/G Ratio Mathod: Calculated	1.91	%	1.1 - 2.2

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IMMUNO ASSAY

Investigation	Observed Value	Unit	Biological Reference Interval
PSA - TOTAL			
PSA-TOTAL Bordeerline : 4 - 10	1.40	ng/ml	

10 - 49 years: 1.5
50 - 59 " : 2.5
60 - 69 " : 4.5
70 - 79 " : 7.5

1. PSA is detected in serum of males with normal, benign hypertrophic and malignant prostatitis.

2. Measurement of serum PSA level is not recommended as a screening procedure for the diagnosis of cancer, because elevated PSA levels also are observed in patients with benign prostatic hypertrophy.

3. The fact that PSA is unique to prostate tissue makes it a suitable marker for monitoring men with cancer of the prostate.
PSA is also useful for determining possible recurrence after therapy when used in conjunction with other diagnostic indices.

METHOD: Fluorometric Immunoassay (Done with mini VIDAS Bio Meriux France)

PATHOLOGIST *All Reports Require Clinical Interpretation, please consult your Doctor

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IMMUNO ASSAY

Investigation	Observed Value	Unit	Biological Reference Interval
T3, T4, TSH			
T3 (Total) by CLIA,serum	1.18	ng/mL	0.79-1.58

Clinical Use
· Diagnose and monitor treatment of Hyperthyroidism
Increased Levels: Pregnancy, Graves disease, T3 thyrotoxicosis, TSH dependent Hyperthyroidism, Increased TBG
Decreased Levels: Nonthyroidal illness, Hypothyroidism , Nutritional deficiency, Systemic illness, Decreased TBG

T4(Total) by CLIA,serum	9.20	mcg/dl	4.5-12.0

Clinical Use
· Diagnose Hypothyroidism and Hyperthyroidism when overt and / or due to pituitary or hypothalamic disease.
Increased Levels: Hyperthyroidism, Increased TBG, Familial dysalbuminemic hyperthyroxinemia, Increased Transthyretin, Estrogen therapy, Pregnancy
Decreased Levels: Primary hypothyroidism, Pituitary TSH deficiency, Hypothalamic TRH deficiency, Non thyroidal illness, Decreased TBG.

TSH (Ultrasensitive) CLIA Serum	2.36	mIU/ml	0.34- 5.6

Initial test of thyroid function in patients with suspected thyroid dysfunction
· Assess thyroid status in patients with abnormal total T4 concentrations
· Distinguish Euthyroid hyperthyroxinemias from hypothyroidism.
Increased Levels: Thyroid hormone resistance, Hyperthyroidism
Decreased Levels: Primary hypothyroidism, Secondary hypothyroidism
Clinical Use
· Initial test of thyroid function in patients with suspected thyroid dysfunction

Note: Total T3 & T4 levels measure the hormone which is in the bound form and is not available to most tissues. In addition severe systemic illness which affects the thyroid binding proteins can falsely alter Total T4 levels in the absence of a primary thyroid disease. Hence Free T3 & T4 levels are recommended for accurate assessment of thyroid dysfunction.

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CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
URINE ROUTINE EXAMINATION			
Physical Examination			
Volum of urine	30ML		
Appearance	Clear		Clear
Colour	Pale Yellow		Colourless
Specific Gravity	1.020		1.001 - 1.030
Reaction (pH)	5.0		
Chemical Examination			
Protein(Albumin) Urine	Absent		Absent
Glucose(Sugar) Urine	Present 2 +		Absent
Blood	Absent		Absent
Leukocytes	Absent		Absent
Ketone Urine	Absent		Absent
Bilirubin Urine	Absent		Absent
Urobilinogen	Absent		Absent
Nitrite (Urine)	Absent		Absent
Microscopic Examination			
RBC (Urine)	NIL	/hpf	0 - 2
Pus cells	2 - 4	/hpf	0 - 5
Epithelial Cell	2 - 4	/hpf	0 - 5
Crystals	Not Seen	/hpf	Not Seen
Bacteria	Not Seen	/hpf	Not Seen
Budding yeast	Not Seen	/hpf	

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