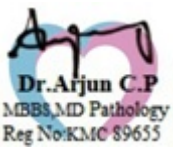


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SID No. : 812202026
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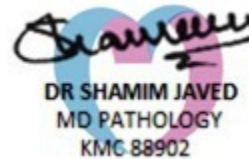


<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Monocytes (Blood/Impedance Variation & Flow Cytometry)	9.6	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	0.5	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.61	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	1.38	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.14	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.44	10 ³ / μ l	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.02	10 ³ / μ l	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	150	10 ³ / μ l	150 - 450
MPV (Blood/Derived from Impedance)	12.1	fL	7.9 - 13.7
PCT (Automated Blood cell Counter)	0.16	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrated Blood/Modified Westergren)	2	mm/hr	< 15



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>Lipid Profile</u>			
Cholesterol Total (Serum/Cholesterol oxidase/Peroxidase)	233	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	208	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)	42	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	149.4	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	41.6	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	191.0	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220


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Investigation

Observed Value

Unit

Biological Reference Interval

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)	5.5	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
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Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	5	Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
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LDL/HDL Cholesterol Ratio (Serum/Calculated)	3.6	Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/HPLC)	5.5	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: \geq 6.5

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

Estimated Average Glucose 111.15 mg/dL
(Whole Blood)

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.


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IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/CMIA)	1.48	ng/mL	0.7 - 2.04
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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/CMIA)	7.77	µg/dL	4.2 - 12.0
--	------	-------	------------

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 Microparticle Immunoassay(CMIA))	3.72	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$\leq 0.03 \mu\text{IU/mL}$ need to be clinically correlated due to presence of rare TSH variant in some individuals.

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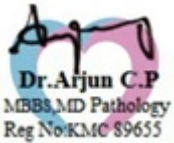
CLINICAL PATHOLOGY

PHYSICAL EXAMINATION

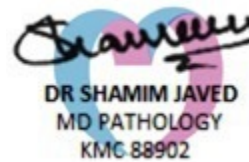
Colour (Urine)	Pale Yellow		
Appearance (Urine)	Clear		Clear
Volume (Urine)	10	mL	

CHEMICAL EXAMINATION(Automated-Urineanalyser)

pH (Urine/AUTOMATED URINANALYSER)	5.5		4.5 - 8.0
Specific Gravity (Urine)	1.025		1.002 - 1.035
Ketones (Urine)	Negative		Negative
Urobilinogen (Urine/AUTOMATED URINANALYSER)	0.2		0.2 - 1.0
Blood (Urine/AUTOMATED URINANALYSER)	Negative		Negative
Nitrite (Urine/AUTOMATED URINANALYSER)	Negative		Negative
Bilirubin (Urine/AUTOMATED URINANALYSER)	Negative		Negative
Protein (Urine)	Negative		Negative



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Glucose (Urine)	Negative		Negative
Leukocytes (Urine)	Negative	leuco/uL	Negative
<u>MICROSCOPY(URINE DEPOSITS)</u>			
Pus Cells (Urine/Flow cytometry)	0-2	/hpf	3-5
Epithelial Cells (Urine)	0-2	/hpf	1-2
RBCs (Urine/Flow cytometry)	Nil	/hpf	NIL
Others (Urine)	Nil		Nil
Casts (Urine/Flow cytometry)	Nil	/hpf	0 - 1
Crystals (Urine)	Nil		NIL

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IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING
(EDTA Blood/Agglutination)

'B' Positive'

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Age & Gender	32/Male	Visit Date	29-03-2022 00:00:00
Ref Doctor Name	MediWheel		



ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in shape, size (14.6cm) and has uniform echopattern. No evidence of focal lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

GALL BLADDER show normal shape and has clear contents. Gall bladder wall is of normal thickness.

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

SPLEEN shows normal shape, size (11.8cm) and echopattern.

BOTH KIDNEYS

Right kidney: Normal in shape, size and echopattern. Cortico-medullary differentiation is well madeout. No evidence of calculus or hydronephrosis.

Left kidney: Normal in shape, size and echopattern. Cortico-medullary differentiation is well madeout. No evidence of calculus or hydronephrosis.

The kidney measures as follows:

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	10.6	1.1
Left Kidney	10.3	1.2

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

PROSTATE shows normal shape, size and echopattern.

No evidence of ascites.

IMPRESSION:

- **No significant abnormality detected.**

DR.S.K.SOMU ELANGO VAN

DR ANAND H.K.

DR. HAMSINI B.C.

Name	ASHUTOSH KANKNE	ID	MED111038071
Age & Gender	32/Male	Visit Date	29-03-2022 00:00:00
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CONSULTANT RADIOLOGISTS:

Name	ASHUTOSH KANKNE	ID	MED111038071
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X - RAY CHEST PA VIEW

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: *Essentially normal study.*