SPECTRA DIAGNOSTIC
LABORATORY SERVICE PROVIDER

Name:	**VIJAY KUMAR SHRIVASTAVA**	Ward:	OPD
Lab ID	**00000091**	Registration on:	11/02/2023 10:07:00
Age & Sex:	**54 Year | Male**	Reported on:	13:14:00
Reference:	**VELOCITY HOSPITAL**	Sample Type:	BLOOD & URINE

CBC ESR

Test	Observed Value	Unit	Biological Reference Interval
Haemoglobin	**13.3 L**	g/dL	13.5 - 17.5
Total RBC	4.83	mill./cm	4.50 - 5.90
Total WBC	5200	/cmm	4000 - 11000
Platelet Count	**120000 L**	/cmm	150000 - 450000
HCT	39.6	%	36.0 - 48.0
MCV	82.0	fL	80.0 - 100.0
MCH	27.5	pg	27.0 - 32.0
MCHC	33.6	g/dL	31.5 - 36.0
DIFFERENTIAL COUNT			
Neutrophils	47	%	40 - 70
Lymphocytes	**43 H**	%	20 - 40
Eosinophils	05	%	02-05
Monocytes	05	%	01-07
Basophils	00	%	00 - 02
Band Cells	00	%	0.0 - 6.0
ABSOLUTE DIFFERNTIAL COUNT			
Neutrophils	2444	/cumm	2000 - 7000
Lymphocytes	2236	/cumm	1000 - 3000
Eosinophils	260	/cumm	20 - 500
Monocytes	260	/cumm	200 - 1000
Basophils	0	/cumm	0 - 100
GLR / NLR (Neutrophil/Lymphocyte Ratio)	**1.1**		
M ENTZER INDEX	**17.0**		
RDW-CV	12.8	%	11.1 - 14.1
RDW-SD	41.0	fl	31.0-46.0
MPV	9.3	fl	7.00 - 11.00
PCT	0.11	%	0.10-0.30

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PDW	16.4		%	10.0-18.00

PERIPHERAL SMEAR EXAMINATION

RBC Morphology	**Normochromic and normocytic.**
WBC Morphology	**Appear normal,Immature cells are not seen .**
Platelets in Smear	**Thrombocytopenia, Giant platelets are seen.**

Malarial Parasites	Not Detected.			
ESR				
AFTER 1 HOUR	**25**	**H**	mm/hr	0.0 - 15.0

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BLOOD GROUP

Test	Observed Value	Unit	Biological Reference Interval
Blood Group	"AB"		
Rh Factor	POSITIVE		

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BLOOD GLUCOSE TEST

Test		Unit	
Sample	FLOURIDE PLASMA		
FASTING (FBS)			
Blood Sugar-F	**128.6 H**	mg/dL	70.00-110.00

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Reference:	**VELOCITY HOSPITAL**	Sample Type:	BLOOD & URINE

HEMOGLOBIN A1c TEST

Test	Observed Value		Unit	Biological Reference Interval
HbA1c	**7.5**	**H**	%	> 8 : Action Suggested 7-8 : Good control < 7 : Goal 6.2-7 : Near Normal Glycemia < 6.2 : Non-diabetic Level
Mean Blood Glucose	**168.6**	**H**	mg/dL	70.0 - 140.0

Importance of HbA1c - Glycated Hb. in Diabetes Mellitus

- HbA1c, also known as Glycated Hemoglobin is the most important test for the assessment of long term blood glucose control (also called glycemic control)
- HbA1c reflects mean blood glucose concentration over past 6-8 weeks and provides amuch better indication of long term glycemic control than blood glucose determination
- HbA1c is formed by non-enzymatic reaction between glucose and Hb. , this reaction is irreversible and therefore remains unaffected by short term fluctuations in blood glucose levels.
- Long term complications of diabetes such as retinopathy-eye complications, nephropathy-kidney complications and neuropathy-nerve complications, are potentially serious and can lead to blindness, kidney failure etc.
- Glycemic control monitored by HbA1c measurement using HPLC method-(Gold Standard) is considered most important. (Ref. National Glycohemoglobin Standardization Program -NGSP).

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LIPID PROFILE

Test	Observed Value	Unit	Biological Reference Interval
Sample	Fasting Blood Serum		0.0 - 0.0
Cholesterol	171.1	mg/dL	<200 Desirable 200-239 Borderline >240 Hig
Triglyceride	123.1	mg/dL	< 150 Normal 150 - 199 Borderline High 200 - 499 High >=500 Very High
HDL Cholesterol	45.8	mg/dL	40-60
VLDL	24.62	mg/dL	10-40
LDL Cholesterol	100.68	mg/dL	<100 Optimal 100-129 Near optimal/above optimal 130-159 Borderline High 160-189 High >190 Very high
Cholesterol / HDL Chol. Ratio	2.20		0 - 4.1
Total Lipid	**3.7 L**	mg/dl	400.0 - 1000.0

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RENAL FUNCTION TEST

Test		Unit	
S. Creatinine	0.82	mg/dL	0.5-1.30
Bl. Urea	27.3	mg/dL	10.0 - 50.0
BUN	12.8	mg/dl	6.0 - 22.0
Uric Acid	3.6	mg/dL	3.5 - 7.2
PROTEINS			
Total Protein	7.5	g/dL	6.0 - 8.0
Albumin	4.5	g/dL	3.50 - 5.50
Globulin	3.0	g/dL	2.0 - 4.0
A/G Ratio	1.5		

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Reference:	**VELOCITY HOSPITAL**	Sample Type:	BLOOD & URINE

LIVER FUNCTION TEST

Test	Observed Value	Unit	Biological Reference Interval
BILIRUBIN			
Total Bilirubin	0.6	mg/dL	0.00 - 1.20
Direct Bilirubin	0.2	mg/dL	0.00 - 0.40
Indirect Bilirubin	0.40	mg/dL	0.20 - 1.00
SGPT(ALT)	16.5	U/L	0.0 - 40.0
SGOT (AST)	15.5	U/L	0.0 - 46.0
Alkaline Phosphatase	95.8	U/L	80-306

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Reference:	**VELOCITY HOSPITAL**	Sample Type:	BLOOD & URINE

URINE ANALYSIS

Test	Observed Value	Unit	Biological Reference Interval
Sample	Fresh Urine		
PHYSICAL EXAMINATION			
Quantity	10.0	mL	
Colour	Pale-Yellow		
Appearance	Clear		
pH	6.0		
Specific Gravity	1.020		
Sediments	Absent		Absent
CHEMICAL EXAMINATION			
Protein (Albumin)	Absent		Absent
Sugar	Absent		Absent
Bile Salts	Absent		Absent
Bile Pigment	Absent		Absent
Ketone	Absent		Absent
Occult Blood	Absent		Absent
Nitrite	Absent		Absent
Leukocyte Esterase	Absent		Absent
Urobilinogen	Normal		Normal
MICROSCOPIC EXAMINATION			
Pus Cells	**Occasional**	/hpf	Absent
Red Blood Cells	Absent	/hpf	Absent
Epithelial Cells	Absent		Absent
Crystals	Absent		Absent
Amorphous material	Absent		Absent
Casts	Absent		Absent
Yeast	Absent		Absent
Bacteria	Absent		Absent

--- End of Report ---

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LABORATORY TEST REPORT

Patient Information		Sample Information		Client/Location Information	
Name : **Mr Vijaykumar Shrivastava**		**Lab Id** : **022315301128**		Client Name : Spectra Diagnostics Lab@Adajan	
Sex/Age : **Male / 54 Y**		Registration on : 11-Feb-2023 10:39		Location :	
Ref. Id :		Collected at : non SAWPL		Approved on : 11-Feb-2023 11:58	Status : Final
Ref. By :		Collected on : 11-Feb-2023 10:39		Printed On : 11-Feb-2023 12:09	
		Sample Type : Serum		Process At : 153. Lab SAWPL Gujarat Surat Adajan	

Thyroid Function Test

Test	Result	Unit	Biological Ref. Interval
T3 - Triiodothyronine *Chemiluminescence*	0.87	ng/mL	0.58 - 1.59
T4 - Thyroxine *Chemiluminescence*	5.66	micro g/dL	4.87 - 11.72
TSH - Thyroid Stimulating Hormone *Chemiluminescence*	3.6464	microIU/mL	0.35 - 4.94

TSH	T3/FT3	T4/FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	- Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%
Raised	Within Range	Within Range	- Isolated High TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with physiological & Biological TSH Variability. - Subclinical Autoimmune Hypothyroidism - Intermitted T4 therapy for hypothyroidism - Recovery phase after Non-Thyroidal illness
Raised	Decreased	Decreased	- Chronic autoimmune Thyroiditis - Post thyroidectomy, Post radioiodine - Hypothyroid phase of transient thyroiditis
Raised or Within Range	Raised	Raised or Within range	- Interfering antibodies to thyroid hormones (anti-TPO antibodies) - intermittent T4 therapy or T4 overdose - Drug interference-Amiodarone, Heparin, Beta blockers, steroids. anti-epileptics
Decreased	Raised or within Range	Raised or within Range	- Isolated Low TSH - especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness - Subclinical Hyperthyroidism - Thyroxine ingestion
Decreased	Decreased	Decreased	- Central Hypothyroidism - Non-Thyroidal illness - Recent treatment for Hyperthyroidism (TSH remains suppressed)
Decreased	Raised	Raised	- Primary Hyperthyroidism (Graves disease), Multinodular goitre Toxic nodule - Transient thyroiditis:Postpartum, Silent (lymphocytic), Postviral (granulomatous, subacute, DeQuervain's) Gestational thyrotoxicosis with hyperemesis gravidarum
Decreased or within range	Raised	Within Range	- T3 toxicosis - Non-Thyroidal illness

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Sex/Age : **Male / 54 Y**	Registration on : 11-Feb-2023 10:39	Location :
Ref. Id :	Collected at : non SAWPL	Approved on : 11-Feb-2023 11:58 Status : Final
Ref. By :	Collected on : 11-Feb-2023 10:39	Printed On : 11-Feb-2023 12:09
	Sample Type : Serum	Process At : 153. Lab SAWPL Gujarat Surat Adajan

Immunoassay

Test	Result	Unit	Biological Ref. Interval
PSA-Prostate Specific Antigen, Total *Chemiluminescence*	1.524	ng/mL	0 - 4

PSA is a glycoprotein that is expresses by both normal and neoplastic prostate tissue and is prostate tissue specific and not prostate cancer specific. PSA is constantly expressed in nearly all prastate cancers, although its level of expression on a percell basis is lower than in normal prostate epithelium. The absolute value of serum PSA is useful for determining the extent of prostate cancer and assessing the response to prostate cancer treatment; its use as a screening method to detect prostate cancer is also common.

Interpretation

Increased in

- Prostate disease (Cancer, Prostatitis, Benign prostatic hyperplasia, Acute urinary retention)
- Manipulations (Cystoscopy, Needle biopsy, Radiation therapy, Indwelling catheter, Prostatic massage)
- Transurethral resection
- Prostatic ischemia

Decreased in

- Castration
- Prostatectomy
- Radiation therapy
- Ejaculation withi 24 - 48 hours
- 5-alpha-reductase inhibitor reduces PSA by 50% after 6 months in men without cancer

Limitations

- PSA has been recommended by the American Cancer Society for use in conjunction with a DRE for early detection of prostate cancer starting at the age of 50 years for men with at least 10 year life expectancy
- PSA levels that are measured repeatedly over time may vary because of biologic variability where the true PSA level in a given man is different on different measurements.
- A change in PSA of >30% in man with a PSA initially below 2.0 ng/mL was likely to indicate a true change beyond normal random variation.

---------- End Of Report ----------

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