ARTHI SCANS

Obli Towers, 594, D.B. Road, R. S. Puram, Coimbatore-641 002. Mobile : 99430 99994 email: info@arthiscans.com

Patient Name : MR. JEYAKUMAR
Age / Gender : 54 years / Male
Patient ID : 76812

Referral : MediWheel
Collection Time : Jan 08, 2022, 10:10 a.m.
Reporting Time : Jan 08, 2022, 05:08 p.m.
Sample ID : 004700822

Test Description	Value(s)	Reference Range	
COMPLETE BLOOD COUNT (CBC)			
ESR	**28**	13.5 - 18.0	mm/hr
Hemoglobin (Hb)	15.4	13.5 - 18.0	gm/dL
Erythrocyte (RBC) Count	5.33	4.7 - 6.0	mil/cu.mm
Packed Cell Volume (PCV)	45.6	42 - 52	%
Mean Cell Volume (MCV)	85.55	78 - 100	fL
Mean Cell Haemoglobin (MCH)	28.89	27 - 31	pg
Mean Corpuscular Hb Concn. (MCHC)	33.77	32 - 36	g/dL
Red Cell Distribution Width (RDW)	12.1	11.5 - 14.0	%
Total Leucocytes (WBC) Count	6600	4000-10000	cell/cu.mm
Neutrophils	47	40 - 80	%
Lymphocytes	**44**	20 - 40	%
Monocytes	7	2 - 10	%
Eosinophils	2	1 - 6	%
Basophils	**0**	1-2	%
Absolute Neutrophil Count	3102	2000 - 7000	/c.mm
Absolute Lymphocyte Count	2904	1000 - 3000	/c.mm
Absolute Monocyte Count	462	200 - 1000	/c.mm
Absolute Eosinophil Count	132	20 - 500	/c.mm
Absolute Basophils Count	**0**	20 - 100	/c.mm
Platelet Count	320	150 - 450	10^3/ul
Mean Platelet Volume (MPV)	8.6	7.2 - 11.7	fL
PCT	0.28	0.2 - 0.5	%
PDW	9.0	9.0 - 17.0	%

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Test Description	Value(s)	Reference Range	
URINE COMPLETE ANALYSIS,			
	Physical Examination		
Quantity	32	-	ml
Colour	Yellow	Pale yellow/Yellow	
Appearance	Cloudy	Clear	
Specific Gravity	1.030	1.005-1.025	
pH	6.5	5.0 - 8.0	
Deposit	**Present**	Absent	
	Chemical Examination		
Protein	**Trace**	Absent	
Sugar	Absent	Absent	
Ketones	Absent	Absent	
Bile Salt	Absent	Absent	
Bile Pigment	Absent	Absent	
Urobilinogen	Normal	Normal	
	Microscopic Examination (/hpf)		
Pus Cell	8-10	Upto 5	
Epithelial Cells	2-4	Upto 5	
Red Blood Cells	**3-4**	Absent	
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous Deposit	Absent	Absent	
Yeast Cells	Absent	Absent	
Bacteria	Absent	Absent	
Other findings	Not seen	Not seen	

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Test Description	Value(s)	Reference Range

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Test Description	Value(s)	Reference Range
BLOOD GROUP & RH TYPING		
Blood Group (ABO typing) Method : Manual-Hemagglutination	**"A"**	
RhD Factor (Rh Typing) Method : Manual hemagglutination	**Negative**	

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Test Description	Value(s)	Reference Range	
Glycosylated HbA1c			
HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD	5.8		%
Method : (HPLC, NGSP certified)			
Estimated Average Glucose :	119.76	-	mg/dL

Interpretation

As per American Diabetes Association (ADA)	
Reference Group	HbA1c in %
Non diabetic adults >=18 years	<5.7
At risk (Prediabetes)	5.7 - 6.4
Diagnosing Diabetes	>= 6.5
Therapeutic goals for glycemic control	Age > 19 years Goal of therapy: < 7.0 Action suggested: > 8.0 Age < 19 years Goal of therapy: <7.5

Note:

1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled .
2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

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 glycemic control as compared to blood and urinary glucose determinations.

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Test Description	Value(s)	Reference Range

ADA criteria for correlation between HbA1c & Mean plasma glucose levels.

HbA1c(%)	Mean Plasma Glucose (mg/dL)
6	126
7	154
8	183
9	212
10	240
11	269
12	298

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Test Description	Value(s)	Reference Range	
THYROID PROFILE TEST - TOTAL			
T3-Total	164.01	60 - 200	ng/dL
T4-Total	8.50	4.52 - 12	ug/dL
TSH-Ultrasensitive	**0.004**	0.32 - 5.5	uIU/mL

Method : CLIA

Interpretation

TSH	T3	T4	Suggested Interpretation for the Thyroid Function Tests Pattern
Raised	Within range	Within range	Raised Within Range Within Range .Isolated High TSHespecially in the range of 4.7 to 15 m1U/m1 is commonly associated with Physiological & Biological TSH Variability. Subclinical Autoimmune Hypothyroidism.Intermittent 14 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 14 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 & Range Range 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 Within Rang	Raised	Within range	T3 toxicosis •Non-Thyroidal illness
Within range	Decreased	Within range	Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness In elderly the drop in 13 level can be upto 25%.

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Test Description	Value(s)	Reference Range	
LIPID PROFILE			
Cholesterol-Total Method : Spectrophotometry	**203**	Desirable level | < 200 Borderline High | 200-239 High | >or = 240	mg/dL
Triglycerides Method : Serum, Enzymatic, endpoint	80	Normal: < 150 Borderline High: 150-199 High: 200-499 Very High: >= 500	mg/dL
HDL Cholesterol Method : Serum, Direct measure-PEG	**37**	Normal: > 40 Major Risk for Heart: < 40	mg/dL
LDL Cholesterol Method : Enzymatic selective protection	150	Optimal < 100 Near / Above Optimal 100-129 Borderline High 130-159 High 160-189 Very High >or = 190	mg/dL
VLDL Cholesterol Method : Serum, Enzymatic	16	6 - 38	mg/dL
CHOL/HDL Ratio Method : Serum, Enzymatic	**5.49**	3.5 - 5.0	
LDL/HDL Ratio Method : Serum, Enzymatic	**4.05**	2.5 - 3.5	

Note:
8-10 hours fasting sample is required.

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Test Description	Value(s)	Reference Range	
RENAL PROFILE			
Urea	31.8	19-42	mg/dL
Method : Uricase			
Blood Urea Nitrogen-BUN	14.84	9-20	mg/dL
Method : Serum, Urease			
Creatinine	0.9	0.66-1.25	mg/dL
Method : Serum, Jaffe			
Uric Acid	5.1	3.5-8.5	mg/dL
Method : Serum, Uricase			

Remark:

In blood, Urea is usually reported as BUN and expressed in mg/dl. BUN mass units can be converted to urea mass units by multiplying by 2.14.

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Test Description	Value(s)	Reference Range	
LIVER FUNCTION TEST			
Total Protein	7.2	6.3-8.2	g/dL
Method : Serum, Biuret, reagent blank end point			
Albumin	4.1	3.5-5.0	g/dL
Method : Serum, Bromocresol green			
Globulin	3.10	1.8 - 3.6	g/dL
Method : Serum, EIA			
A/G Ratio	1.32	1.2 - 2.2	
Method : Serum, EIA			
Bilirubin - Total	0.8	0.3-1.2	mg/dL
Method : Serum, Jendrassik Grof			
Bilirubin - Direct	0.2	< 0.2	mg/dL
Method : Serum, Diazotization			
Bilirubin - Indirect	0.6	0.1 - 1.0	mg/dL
Method : Serum, Calculated			
SGOT	30	17-59	U/L
Method : Serum, UV with P5P, IFCC 37 degree			
SGPT	33	21-72	U/L
Method : Serum, UV with P5P, IFCC 37 degree			
Alkaline Phosphatase	96	30 - 120	U/L
Method : PNPP-AMP Buffer/Kinetic			
GGT-Gamma Glutamyl Transpeptidae	18	< 55	U/L
Method : Serum, G-glutamyl-carboxy-nitoanilide			

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Test Description	Value(s)	Reference Range	
PSA-Total (Prostate-specific antigen-Total)			
PSA Profile *			
PSA (Prostate Specific Antigen)-Total	1.48	0 - 4.0	ng/mL
Method : Serum, CLIA			

Interpretation:

1. Increased levels are noted in Prostate cancer, Bengin prostatic hypertrophy, Prostatitis

PSA (Prostate-Specificantigen)-Free *	-	0.0 - 0.5	ng/mL
Method : Serum, CLIA			

Interpretation & Remarks:

- Normal results do not eliminate the possibility of prostate cancer.
- Values obtained with different assay methods or kits may be different and cannot be used interchangeably.
- Tumor markers are not specific for malignancy. Test results cannot be interpreted as absolute evidence for the presence or absence of malignant disease
- Specimens drawn from patients undergoing prostate manipulation, especially needle biopsy and transurethral resection, may show erroneously high prostatic-specific antigen (PSA) results. Care should be taken that specimens are drawn before these procedures are performed.
- The percentage of free PSA can be used to estimate how likely it is that a biopsy will show cancer.
- If the percentage of free PSA is higher than 25%, the likelihood of prostate cancer is about 8%.
- If the percentage of free PSA is less than 10%, then the likelihood of prostate cancer rises to 56%.

Free PSA / Total PSA %	-	-	
Method : Serum			

Interpretation

- When total prostate-specific antigen (PSA) concentration is <2.0 ng/mL, the probability of prostate cancer in asymptomatic men is low, further testing and free PSA may provide little additional information. When total PSA concentration is >10.0 ng/mL, the probability of cancer is high and prostate biopsy is generally recommended.
- The total PSA range of 4.0 to 10.0 ng/mL has been described as a diagnostic "gray zone," in which the free:total PSA ratio helps to determine the relative risk of prostate cancer (see table below). Therefore, some urologists recommend using the free:total ratio to help select which men should undergo biopsy. However even a negative result of prostate biopsy does not

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Test Description	Value(s)	Reference Range

rule-out prostate cancer. Up to 20% of men with negative biopsy results have subsequently been found to have cancer.

Based on free:total PSA ratio: the percent probability of finding prostate cancer on a needle biopsy by age in years:

Free:total PSA ratio	50-59 years	60-69 years	> or =70 years
< or =0.10	49.2%	57.5%	64.5%
0.11-0.18	26.9%	33.9%	40.8%
0.19-0.25	18.3%	23.9%	29.7%
>0.25	9.1%	12.2%	15.8%

Cautions

- Normal results do not eliminate the possibility of prostate cancer.
- Values obtained with different assay methods or kits may be different and cannot be used interchangeably
- Tumor markers are not specific for malignancy. Test results cannot be interpreted as absolute evidence for the presence or absence of malignant disease.

Interfering factors :

- Prostatic massage
- Proctoscopy
- Prostatic biopsy
- Prostate cancer patients receiving treatment with antiandrogens and luteinizing hormone-releasing factor agonists may exhibit markedly decreased levels of PSA. Also, men treated for benign prostatic hyperplasia with inhibitors of 5-alpha-reductase (finasteride) may demonstrate a significant reduction in PSA levels compared to values before treatment. Care should be taken in interpreting values for these individuals.
- In patients receiving therapy with high biotin doses (ie, >5 mg/day), no sample should be taken until at least 8 hours after the last biotin administration.

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Test Description	Value(s)	Reference Range	
GLUCOSE (F)			
Glucose fasting Method : GOD-POD	92	Normal: 70 - 120	mg/dL

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Test Description	Value(s)	Reference Range	
GLUCOSE (PP)			
Blood Glucose-Post Prandial Method : GOD-POD	116	80 - 140	mg/dL

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