

Diagnosics & Speciality Centre

NAME	: Mr. UMESHA S	MR NO.	: 23020721
AGE/SEX	: 49 Yrs / Male	VISIT NO.	: 170416
REFERRED BY :		DATE OF COLLECTION	: 25-02-2023 at 08:41 AM
REF CENTER	: MEDIWHEEL	DATE OF REPORT	: 25-02-2023 at 02:55 PM



TEST PARAMETER	RESULT	REFERENCE RANGE	SPECIMEN
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HAEMATOLOGY

COMPLETE BLOOD COUNT (CBC) WITH ESR

Automated Cell Counter

HAEMOGLOBIN <i>Colorimetric Method</i>	17.3 gm/dL	13 - 18 gm/dL
HEMATOCRIT (PCV) <i>Calculated</i>	49.2 %	40 - 54 %
RED BLOOD CELL (RBC) COUNT <i>Electrical Impedance</i>	5.6 million/cu.mm	4.5 - 5.9 million/cu.mm
PLATELET COUNT <i>Electrical Impedance</i>	2.8 Lakhs/cumm	1.5 - 4.5 Lakhs/cumm
MEAN CELL VOLUME (MCV) <i>Calculated</i>	88.9 fl	80 - 100 fl

Note : All normal and abnormal platelet counts are cross checked on peripheral smear.

MEAN CORPUSCULAR HEMOGLOBIN (MCH) <i>Calculated</i>	31.2 pg	26 - 34 pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION (MCHC) <i>Calculated</i>	35.1 %	31 - 35 %
TOTAL WBC COUNT (TC) <i>Electrical Impedance</i>	7220.0 cells/cumm	4000 - 11000 cells/cumm
NEUTROPHILS <i>VCS Technology/Microscopic</i>	41 %	40 - 75 %
LYMPHOCYTES <i>VCS Technology/Microscopic</i>	48 %	25 - 40 %

DIFFERENTIAL COUNT

EOSINOPHILS <i>VCS Technology/Microscopic</i>	06 %	0 - 7 %
MONOCYTES <i>VCS Technology/Microscopic</i>	05 %	1 - 8 %
BASOPHILS <i>Electrical Impedance</i>	00 %	
ESR <i>Westergren Method</i>	10 mm/hr	0 - 15 mm/hr

BLOOD GROUP & Rh TYPING <i>Tube Agglutination (Forward and Reverse)</i>	"B" Positive
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Krishna M. Murthy



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GLYCATED HAEMOGLOBIN (HbA1C) <i>HPLC</i>	5.7 %	American Diabetic Association (ADA) recommendations: Non diabetic adults : <5.7 % At risk (Pre diabetic): 5.7 – 6.4% Diabetic : >= 6.5% Therapeutic goal for glycemic control : Goal for therapy: < 7.0% Action suggested: > 8.0%	

ESTIMATED AVERAGE GLUCOSE (eAG) 116.89 mg/dL
Calculation

Comments:

This assay is useful for diagnosing Diabetes and evaluating long term control of blood glucose concentrations in diabetic patients. It reflects the mean glucose concentration over the previous period of 8 to 12 weeks and is a better indicator of long term glycemic control as compared with blood and urine glucose measurements. This provides a additional criterion for assessing glucose control because glycosylated hemoglobin values are free of day-to-day glucose fluctuation and are unaffected by exercise or food ingestion.

After a sudden alteration in blood glucose concentration, the rate of change of HbA1c is rapid during initial 2 months, followed by more gradual change approaching steady state 3 months later.

CLINICAL BIOCHEMISTRY

POST PRANDIAL BLOOD SUGAR 120 mg/dl 80 - 150 mg/dl
Hexokinase

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LIPID PROFILE TEST

Spectrometry

TOTAL CHOLESTEROL

Cholesterol Oxidase-Peroxidase (CHOD-POD)

148 mg/dL

up to 200 mg/dL

Border Line: 200 – 240 mg/dL

High: > 240 mg/dL

TRIGLYCERIDES

Glycerol Peroxidase-Peroxidase (GPO-POD)

62.8 mg/dL

up to 150 mg/dL

Desirable: <150 mg/dL

Border Line: 150 – 200 mg/dL

High: >200 – 500 mg/dL

Very High: > 500 mg/dL

HDL CHOLESTEROL - DIRECT

PEG-Cholesterol Esterase

31 mg/dl

40 - 60 mg/dl

>= 60mg/dL - Excellent (protects against heart disease)

40-59 mg/dL - Higher the better

<40 mg/dL - Lower than desired

(major risk for heart disease)

LDL CHOLESTEROL - DIRECT

Cholesterol Esterase-Cholesterol Oxidase

104.4 mg/dL

up to 100 mg/dL

100-129 mg/dL- Near optimal/above optimal

130-159 mg/dL- Borderline High

160-189 mg/dL- High

190->190 mg/dL - Very High

VLDL CHOLESTEROL

Calculation

12.6 mg/dL

2 - 30 mg/dL

TOTAL CHOLESTROL/HDL RATIO

Calculation

4.8

up to 3.5

3.5-5.0 - Moderate

>5.0 - High

LDL/HDL RATIO

Calculation

3.4

up to 2.5

2.5-3.3 - Moderate

>3.3 - High

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BLOOD UREA <i>UREASE-GLUTAMATE DEHYDROGENASE (GLDH)</i>	16.0 mg/dL	15 - 50 mg/dL	
CREATININE <i>Jaffe Kinetic</i>	0.74 mg/dL	0.4 - 1.4 mg/dL	
URIC ACID <i>Uricase-Peroxidase</i>	7.5 mg/dL	3 - 7.2 mg/dL	
SERUM ELECTROLYTES			
SODIUM <i>Ion Selective Electrode (ISE)</i>	136.8 mmol/L	136 - 145 mmol/L	
POTASSIUM <i>Ion Selective Electrode (ISE)</i>	4.16 mmol/L	3.5 - 5.2 mmol/L	
CHLORIDE <i>Ion Selective Electrode (ISE)</i>	102 mmol/L	97 - 111 mmol/L	
LIVER FUNCTION TEST (LFT) <i>Spectrometry</i>			
TOTAL BILIRUBIN <i>Colorimetric Diazo Method</i>	1.68 mg/dL	0.2 - 1.2 mg/dL	
DIRECT BILIRUBIN <i>Colorimetric Diazo Method</i>	0.58 mg/dL	0 - 0.4 mg/dL	
INDIRECT BILIRUBIN <i>Calculation</i>	1.10 mg/dl	0.2 - 0.8 mg/dl	
S G O T (AST) <i>IFCC Without Pyridoxal Phosphates</i>	33 U/L	up to 35 U/L	
S G P T (ALT) <i>IFCC Without Pyridoxal Phosphates</i>	46.5 U/L	up to 50 U/L	
ALKALINE PHOSPHATASE <i>p-Nitrophenyl Phosphate</i>	74 U/L	36 - 113 U/L	
SERUM GAMMA GLUTAMYLTRANSFERASE (GGT) <i>GCNA-IFCC</i>	22.8 U/L	15 - 85 U/L	
TOTAL PROTEIN <i>Biuret Colorimetric</i>	6.35 g/dl	6.2 - 8 g/dl	
S.ALBUMIN <i>Bromocresol Green (BCG)</i>	3.88 g/dl	3.5 - 5.2 g/dl	
S.GLOBULIN <i>Calculation</i>	2.5 g/dl	2.5 - 3.8 g/dl	
A/G RATIO <i>Calculation</i>	1.6	1 - 1.5	
FASTING BLOOD SUGAR <i>Hexokinase</i>	92 mg/dl	70 - 110 mg/dl	

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CLINICAL PATHOLOGY

URINE ROUTINE & MICROSCOPIC

Strips & Microscopy

PHYSICAL EXAMINATION

Colour <i>Visual Method</i>	Pale Yellow	Pale yellow- yellow
Appearance <i>Visual Method</i>	Clear	Clear/Transparent
Specific Gravity <i>Strips Method</i>	1.025	1.005-1.035
pH	6.0	4.6-8.5

CHEMICAL EXAMINATION (DIPSTICK)

Protein <i>Strips Method</i>	Nil	Nil -Trace
Glucose <i>Strips Method</i>	Nil	Nil
Blood <i>Strips Method</i>	Negative	Negative
Ketone Bodies <i>Strips Method</i>	Absent	Negative
Urobilinogen <i>Strips Method</i>	Normal	Normal
Bile Salt <i>Strips Method</i>	Negative	Negative
Bilirubin <i>Strips Method</i>	Negative	Negative
Bile Pigments	Negative	NIL

MICROSCOPY

Pus Cells (WBC) <i>Light Microscopic</i>	3 - 4 /hpf	0-5/hpf
Epithelial Cells <i>Light Microscopic</i>	0 - 1 /hpf	0-4/hpf
RBC <i>Light Microscopic</i>	Not Seen /hpf	0-2/hpf
Cast <i>Light Microscopic</i>	NIL	NIL
Crystal <i>Light Microscopic</i>	NIL	Nil

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IMMUNOASSAY

THYROID PROFILE

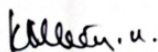
TOTAL TRIIODOTHYRONINE (T3) <small>CMA</small>	1.07 ng/mL	0.87 - 1.78 ng/mL
TOTAL THYROXINE (T4) <small>CMA</small>	7.97 µg/dL	6.09 - 12.23 µg/dL
THYROID STIMULATING HORMONE (TSH) <small>CMA</small>	0.913 µIU/mL	0.38 - 5.33 µIU/mL 1st Trimester: 0.05 - 3.70 2nd Trimester: 0.31 - 4.35 3rd Trimester: 0.41 - 5.18

Note:

- TSH levels are subject to circadian variation, reaching peak levels between 2 - 4 a.m. and at a minimum between 6-10 pm. The variation is of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations.
- Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
- Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Clinical Use:

- Primary Hypothyroidism
- Hyperthyroidism
- Hypothalamic - Pituitary hypothyroidism
- Inappropriate TSH secretion
- Nonthyroidal illness
- Autoimmune thyroid disease
- Pregnancy associated thyroid disorders
- Thyroid dysfunction in infancy and early childhood

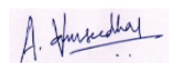


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PROSTATIC SPECIFIC ANTIGEN (PSA)

ECLIA

PROSTATIC SPECIFIC ANTIGEN (PSA)

CMIA

1.80 ng/mL

Up to 4ng/mL: Normal
4-10 ng/mL Hypertrophy
& benign genito urinary
conditions.
>10 ng/mL Suspicious of
malignancy.

PSA is used for monitoring patients with a history of prostate cancer and as an early indicator of recurrence and response to treatment. The test is commonly used for Prostate cancer screening.

Dispatched by: KIRAN

**** End of Report ****

Printed by: Kiran kumar H P on 25-02-2023 at 02:55

PM



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