


## Diagnosics & Speciality Centre

|                             |                                                                                     |
|-----------------------------|-------------------------------------------------------------------------------------|
| NAME : <b>Mr. R HEMANTH</b> | MR NO. : 22110325                                                                   |
| AGE/SEX : 34 Yrs / Male     | VISIT NO. : 165354                                                                  |
| REFERRED BY :               | DATE OF COLLECTION : 11-11-2022 at 09:09 AM                                         |
|                             | DATE OF REPORT : 11-11-2022 at 01:43 PM                                             |
| REF CENTER : MEDIWHEEL      |  |

| TEST PARAMETER | RESULT | REFERENCE RANGE | SPECIMEN |
|----------------|--------|-----------------|----------|
|----------------|--------|-----------------|----------|

### HAEMATOLOGY

#### **COMPLETE BLOOD COUNT (CBC) WITH ESR**

*Automated Cell Counter*

|                                                                                       |                              |                         |
|---------------------------------------------------------------------------------------|------------------------------|-------------------------|
| HAEMOGLOBIN<br><i>Colorimetric Method</i>                                             | 13.2 gm/dL                   | 13 - 18 gm/dL           |
| HEMATOCRIT (PCV)<br><i>Calculated</i>                                                 | <b>38.5 %</b>                | 40 - 54 %               |
| RED BLOOD CELL (RBC) COUNT<br><i>Electrical Impedance</i>                             | <b>4.38</b><br>million/cu.mm | 4.5 - 5.9 million/cu.mm |
| PLATELET COUNT<br><i>Electrical Impedance</i>                                         | 2.22 Lakhs/cumm              | 1.5 - 4.5 Lakhs/cumm    |
| MEAN CELL VOLUME (MCV)<br><i>Calculated</i>                                           | 87.8 fl                      | 80 - 100 fl             |
| Note : All normal and abnormal platelet counts are cross checked on peripheral smear. |                              |                         |
| MEAN CORPUSCULAR HEMOGLOBIN (MCH)<br><i>Calculated</i>                                | 30.1 pg                      | 26 - 34 pg              |
| MEAN CORPUSCULAR HEMOGLOBIN<br>CONCENTRATION (MCHC)<br><i>Calculated</i>              | 34.8 %                       | 31 - 35 %               |
| TOTAL WBC COUNT (TC)<br><i>Electrical Impedance</i>                                   | 7610 cells/cumm              | 4000 - 11000 cells/cumm |
| NEUTROPHILS<br><i>VCS Technology/Microscopic</i>                                      | 64 %                         | 40 - 75 %               |
| LYMPHOCYTES<br><i>VCS Technology/Microscopic</i>                                      | 31 %                         | 25 - 40 %               |
| <b>DIFFERENTIAL COUNT</b>                                                             |                              |                         |
| EOSINOPHILS<br><i>VCS Technology/Microscopic</i>                                      | 03 %                         | 0 - 7 %                 |
| MONOCYTES<br><i>VCS Technology/Microscopic</i>                                        | 02 %                         | 1 - 8 %                 |
| BASOPHILS<br><i>Electrical Impedance</i>                                              | 00 %                         |                         |
| ESR<br><i>Westergren Method</i>                                                       | 05 mm/hr                     | 0 - 15 mm/hr            |
| BLOOD GROUP & Rh TYPING<br><i>Tube Agglutination (Forward and Reverse)</i>            | "O" Positive                 |                         |

*Krishna M.*



*A. Vamseedhar*

**Dr. KRISHNA MURTHY**


MD  
BIOCHEMIST

**Lab Seal**

**Dr. VAMSEEDHAR.A**

D.C.P, M.D  
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GLYCATED HAEMOGLOBIN (HbA1C)  
*HPLC*

5.6 %

**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) 114.02 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

|                                                            |             |                  |
|------------------------------------------------------------|-------------|------------------|
| BLOOD UREA<br><i>UREASE-GLUTAMATE DEHYDROGENASE (GLDH)</i> | 43.9 mg/dL  | 15 - 50 mg/dL    |
| CREATININE<br><i>Jaffe Kinetic</i>                         | 2.45 mg/dL  | 0.4 - 1.4 mg/dL  |
| URIC ACID<br><i>Uricase-Peroxidase</i>                     | 5.6 mg/dL   | 3 - 7.2 mg/dL    |
| <b>SERUM ELECTROLYTES</b>                                  |             |                  |
| SODIUM<br><i>Ion Selective Electrode (ISE)</i>             | 137 mmol/L  | 136 - 145 mmol/L |
| POTASSIUM<br><i>Ion Selective Electrode (ISE)</i>          | 4.59 mmol/L | 3.5 - 5.2 mmol/L |
| CHLORIDE<br><i>Ion Selective Electrode (ISE)</i>           | 97 mmol/L   | 97 - 111 mmol/L  |

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### LIVER FUNCTION TEST (LFT)

*Spectrometry*

TOTAL BILIRUBIN

*Colorimetric Diazo Method*

0.33 mg/dL

0.2 - 1.2 mg/dL

DIRECT BILIRUBIN

*Colorimetric Diazo Method*

0.19 mg/dL

0 - 0.4 mg/dL

INDIRECT BILIRUBIN

*Calculation*

**0.14** mg/dl

0.2 - 0.8 mg/dl

S G O T (AST)

*IFCC Without Pyridoxal Phosphates*

25 U/L

up to 35 U/L

S G P T (ALT)

*IFCC Without Pyridoxal Phosphates*

23.4 U/L

up to 50 U/L

ALKALINE PHOSPHATASE

*p-Nitrophenyl Phosphate*

**142** U/L

36 - 113 U/L

SERUM GAMMA GLUTAMYLTRANSFERASE **14.8** U/L

15 - 85 U/L

(GGT)

*GCNA-IFCC*

TOTAL PROTEIN

*Biuret Colorimetric*

6.62 g/dl

6.2 - 8 g/dl

S.ALBUMIN

*Bromocresol Green (BCG)*

4.13 g/dl

3.5 - 5.2 g/dl

S.GLOBULIN

*Calculation*

**2.5** g/dl

2.5 - 3.8 g/dl

A/G RATIO

*Calculation*

**1.7**

1 - 1.5

POST PRANDIAL BLOOD SUGAR

*Hexokinase*

140.9 mg/dl

80 - 150 mg/dl

CREATININE

*Jaffe Method*

**2.45** mg/dL

0.8 - 1.4 mg/dL

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### LIPID PROFILE TEST

*Spectrometry*

#### TOTAL CHOLESTEROL

*Cholesterol Oxidase-Peroxidase (CHOD-POD)*

110 mg/dL

up to 200 mg/dL

Border Line: 200 – 240 mg/dL

High: > 240 mg/dL

#### TRIGLYCERIDES

*Glycerol Peroxidase-Peroxidase (GPO-POD)*

101.1 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*

36.7 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*

53.1 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*

20.2 mg/dL

2 - 30 mg/dL

#### TOTAL CHOLESTROL/HDL RATIO

*Calculation*

3.0

up to 3.5

3.5-5.0 - Moderate

>5.0 - High

#### LDL/HDL RATIO

*Calculation*

1.4

up to 2.5

2.5-3.3 - Moderate

>3.3 - High

#### FASTING BLOOD SUGAR

*Hexokinase*

120 mg/dl

70 - 110 mg/dl

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### CLINICAL PATHOLOGY

#### **URINE ROUTINE & MICROSCOPIC**

*Strps & Microscopy*

#### **PHYSICAL EXAMINATION**

|                                          |             |                     |
|------------------------------------------|-------------|---------------------|
| Colour<br><i>Visual Method</i>           | Pale Yellow | Pale yellow- yellow |
| Appearance<br><i>Visual Method</i>       | Clear       | Clear/Transparent   |
| Specific Gravity<br><i>Strips Method</i> | 1.015       | 1.005-1.035         |
| pH                                       | 6.0         | 4.6-8.5             |

#### **CHEMICAL EXAMINATION (DIPSTICK)**

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

#### **MICROSCOPY**

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

|                           |     |     |
|---------------------------|-----|-----|
| FASTING URINE SUGAR (FUS) | NIL | NIL |
|---------------------------|-----|-----|

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|--------------------------|--------|-----------------|----------|
| POSTPRANDIAL URINE SUGAR | NIL    | NIL             |          |

Dispatched by: KIRAN

\*\*\*\* End of Report \*\*\*\*

Printed by: Kiran kumar H P on 11-11-2022 at 01:44

PM



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| REFERRED BY : |                 | DATE OF COLLECTION | : 11-11-2022 at 09:09 AM |
| REF CENTER    | : MEDIWHEEL     | DATE OF REPORT     | : 11-11-2022 at 07:28 PM |



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### IMMUNOASSAY

#### THYROID PROFILE

|                                                         |                    |                                                                                                              |
|---------------------------------------------------------|--------------------|--------------------------------------------------------------------------------------------------------------|
| TOTAL TRIIODOTHYRONINE (T3)<br><small>CMA</small>       | <b>0.83</b> ng/mL  | 0.87 - 1.78 ng/mL                                                                                            |
| TOTAL THYROXINE (T4)<br><small>CMA</small>              | <b>4.44</b> µg/dL  | 6.09 - 12.23 µg/dL                                                                                           |
| THYROID STIMULATING HORMONE (TSH)<br><small>CMA</small> | <b>9.73</b> µIU/mL | 0.38 - 5.33 µIU/mL<br>1st Trimester: 0.05 - 3.70<br>2nd Trimester: 0.31 - 4.35<br>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)

*CMA*

0.63 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 11-11-2022 at 07:29

PM



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| NAME        | : Mr. R HEMANTH | MR/VISIT NO    | : 22110325 / 165354      |
| AGE/SEX     | : 34 Yrs / Male | BILLED TIME    | : 11-11-2022 at 09:03 AM |
| REFERRED BY | :               | BILL NO        | : 197026                 |
| REF CENTER  | : MEDIWHEEL     | DATE OF REPORT | : 11-11-2022 at 12:50 PM |

**RADIOLOGY****USG REPORT - ABDOMEN AND PELVIS****OBSERVATION:****LIVER:**

Liver is normal in size (12.6 cm) and normal homogenous echotexture. No focal lesion is seen. Intrahepatic biliary radicles not dilated. Hepatic & portal veins are normal. CBD is normal.

**GALL BLADDER:**

Normal in distension. Lumen echo free. Wall thickness is normal.

**PANCREAS:**

Body and head appears normal. No focal lesion seen. Pancreatic duct not dilated. Tail not visualized.

**SPLEEN:**

Normal in size (9.5 cm) with normal homogenous echotexture. No focal lesion is seen.

**RIGHT KIDNEY:**

Right kidney measures 8.9 x 1.0 cm (Length x parenchymal thickness). **Increased renal cortical echogenicity with maintained cortical medullary differentiation.**

The shape, size and contour of the right kidney appear normal.

No evidence of pelvicalyceal dilatation.

No sonological detectable calculi seen.

**LEFT KIDNEY:**

Left kidney measures 8.2 x 0.9 cm (Length x parenchymal thickness). **Increased renal cortical echogenicity with maintained cortical medullary differentiation.**

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**There is small cortical cyst measuring 10 x 9 mm in the lower pole with tiny wall calcification seen.**

The shape, size and contour of the left kidney appear normal.

No evidence of pelvicalyceal dilatation. No sonological detectable calculi seen.

### **URINARY BLADDER:**

Is normal in contour. No intraluminal echoes are seen. No calculus or diverticulum is seen. Wall thickness appears normal.

### **PROSTATE:**


Is normal in size (Volume -20 cc) with normal echo pattern. No focal lesion seen.

No evidence of free fluid in the abdomen or pelvis.

### **IMPRESSION:**

- **Bilateral increased renal cortical echogenecity with maintained cortical medullary differentiation.** (Suggested RFT correlation).
- **Left renal complex cyst.**



|                             |                                                                                     |
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| HEMATOCRIT (PCV)<br><i>Calculated</i>                                                 | <b>38.5 %</b>                | 40 - 54 %               |
| RED BLOOD CELL (RBC) COUNT<br><i>Electrical Impedance</i>                             | <b>4.38</b><br>million/cu.mm | 4.5 - 5.9 million/cu.mm |
| PLATELET COUNT<br><i>Electrical Impedance</i>                                         | 2.22 Lakhs/cumm              | 1.5 - 4.5 Lakhs/cumm    |
| MEAN CELL VOLUME (MCV)<br><i>Calculated</i>                                           | 87.8 fl                      | 80 - 100 fl             |
| Note : All normal and abnormal platelet counts are cross checked on peripheral smear. |                              |                         |
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| LYMPHOCYTES<br><i>VCS Technology/Microscopic</i>                                      | 31 %                         | 25 - 40 %               |
| <b>DIFFERENTIAL COUNT</b>                                                             |                              |                         |
| EOSINOPHILS<br><i>VCS Technology/Microscopic</i>                                      | 03 %                         | 0 - 7 %                 |
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| BASOPHILS<br><i>Electrical Impedance</i>                                              | 00 %                         |                         |
| ESR<br><i>Westergren Method</i>                                                       | 05 mm/hr                     | 0 - 15 mm/hr            |
| BLOOD GROUP & Rh TYPING<br><i>Tube Agglutination (Forward and Reverse)</i>            | "O" Positive                 |                         |

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*HPLC*

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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) 114.02 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 glycated 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

BLOOD UREA 43.9 mg/dL 15 - 50 mg/dL  
*UREASE-GLUTAMATE DEHYDROGENASE (GLDH)*

CREATININE 2.45 mg/dL 0.4 - 1.4 mg/dL  
*Jaffe Kinetic*

URIC ACID 5.6 mg/dL 3 - 7.2 mg/dL  
*Uricase-Peroxidase*

### **SERUM ELECTROLYTES**

SODIUM 137 mmol/L 136 - 145 mmol/L  
*Ion Selective Electrode (ISE)*

POTASSIUM 4.59 mmol/L 3.5 - 5.2 mmol/L  
*Ion Selective Electrode (ISE)*

CHLORIDE 97 mmol/L 97 - 111 mmol/L  
*Ion Selective Electrode (ISE)*

*Krishna M. Murthy*



*A. Vamseedhar*

**Dr. KRISHNA MURTHY**

MD  
BIOCHEMIST

**Lab Seal**

**Dr. VAMSEEDHAR.A**

D.C.P, M.D  
CONSULTANT PATHOLOGIST

## Diagnosics & Speciality Centre

NAME : **Mr. R HEMANTH**

AGE/SEX : 34 Yrs / Male

REFERRED BY :

REF CENTER : MEDIWHEEL

MR NO. : 22110325

VISIT NO. : 165354

DATE OF COLLECTION : 11-11-2022 at 09:09 AM

DATE OF REPORT : 11-11-2022 at 01:43 PM



| TEST PARAMETER | RESULT | REFERENCE RANGE | SPECIMEN |
|----------------|--------|-----------------|----------|
|----------------|--------|-----------------|----------|

### LIVER FUNCTION TEST (LFT)

*Spectrometry*

TOTAL BILIRUBIN

*Colorimetric Diazo Method*

0.33 mg/dL

0.2 - 1.2 mg/dL

DIRECT BILIRUBIN

*Colorimetric Diazo Method*

0.19 mg/dL

0 - 0.4 mg/dL

INDIRECT BILIRUBIN

*Calculation*

**0.14** mg/dl

0.2 - 0.8 mg/dl

S G O T (AST)

*IFCC Without Pyridoxal Phosphates*

25 U/L

up to 35 U/L

S G P T (ALT)

*IFCC Without Pyridoxal Phosphates*

23.4 U/L

up to 50 U/L

ALKALINE PHOSPHATASE

*p-Nitrophenyl Phosphate*

**142** U/L

36 - 113 U/L

SERUM GAMMA GLUTAMYLTRANSFERASE **14.8** U/L

15 - 85 U/L

(GGT)

*GCNA-IFCC*

TOTAL PROTEIN

*Biuret Colorimetric*

6.62 g/dl

6.2 - 8 g/dl

S.ALBUMIN

*Bromocresol Green (BCG)*

4.13 g/dl

3.5 - 5.2 g/dl

S.GLOBULIN

*Calculation*

**2.5** g/dl

2.5 - 3.8 g/dl

A/G RATIO

*Calculation*

**1.7**

1 - 1.5

POST PRANDIAL BLOOD SUGAR

*Hexokinase*

140.9 mg/dl

80 - 150 mg/dl

CREATININE

*Jaffe Method*

**2.45** mg/dL

0.8 - 1.4 mg/dL

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### LIPID PROFILE TEST

*Spectrometry*

#### TOTAL CHOLESTEROL

*Cholesterol Oxidase-Peroxidase (CHOD-POD)*

110 mg/dL

up to 200 mg/dL

Border Line: 200 – 240 mg/dL

High: > 240 mg/dL

#### TRIGLYCERIDES

*Glycerol Peroxidase-Peroxidase (GPO-POD)*

101.1 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*

36.7 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*

53.1 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*

20.2 mg/dL

2 - 30 mg/dL

#### TOTAL CHOLESTROL/HDL RATIO

*Calculation*

3.0

up to 3.5

3.5-5.0 - Moderate

>5.0 - High

#### LDL/HDL RATIO

*Calculation*

1.4

up to 2.5

2.5-3.3 - Moderate

>3.3 - High

#### FASTING BLOOD SUGAR

*Hexokinase*

120 mg/dl

70 - 110 mg/dl

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### CLINICAL PATHOLOGY

#### **URINE ROUTINE & MICROSCOPIC**

*Strps & Microscopy*

#### **PHYSICAL EXAMINATION**

|                                          |             |                     |
|------------------------------------------|-------------|---------------------|
| Colour<br><i>Visual Method</i>           | Pale Yellow | Pale yellow- yellow |
| Appearance<br><i>Visual Method</i>       | Clear       | Clear/Transparent   |
| Specific Gravity<br><i>Strips Method</i> | 1.015       | 1.005-1.035         |
| pH                                       | 6.0         | 4.6-8.5             |

#### **CHEMICAL EXAMINATION (DIPSTICK)**

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

#### **MICROSCOPY**

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

|                           |     |     |
|---------------------------|-----|-----|
| FASTING URINE SUGAR (FUS) | NIL | NIL |
|---------------------------|-----|-----|

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| POSTPRANDIAL URINE SUGAR | NIL    | NIL             |          |

Dispatched by: KIRAN

\*\*\*\* End of Report \*\*\*\*

Printed by: Kiran kumar H P on 11-11-2022 at 01:44

PM



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| REF CENTER    | : MEDIWHEEL     | DATE OF REPORT     | : 11-11-2022 at 07:28 PM |



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|----------------|--------|-----------------|----------|
|----------------|--------|-----------------|----------|

### IMMUNOASSAY

#### THYROID PROFILE

|                                                         |                    |                                                                                                              |
|---------------------------------------------------------|--------------------|--------------------------------------------------------------------------------------------------------------|
| TOTAL TRIIODOTHYRONINE (T3)<br><small>CMA</small>       | <b>0.83</b> ng/mL  | 0.87 - 1.78 ng/mL                                                                                            |
| TOTAL THYROXINE (T4)<br><small>CMA</small>              | <b>4.44</b> µg/dL  | 6.09 - 12.23 µg/dL                                                                                           |
| THYROID STIMULATING HORMONE (TSH)<br><small>CMA</small> | <b>9.73</b> µIU/mL | 0.38 - 5.33 µIU/mL<br>1st Trimester: 0.05 - 3.70<br>2nd Trimester: 0.31 - 4.35<br>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)

*CMA*

0.63 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 11-11-2022 at 07:29

PM



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