# 

**TEST REPORT** 

Reg. No : 2310100632

Name : SOURABH BHANDARI

Age/Sex : 35 Years / Male Ref. By

Client : MEDIWHEEL WELLNESS Reg. Date

: 14-Oct-2023

Collected On : 14-Oct-2023 11:00

Approved On : 14-Oct-2023 12:39

**Printed On** : 20-Oct-2023 12:27

<u>Parameter</u>	Result	<u>Unit</u>	Reference Interval		
KIDNEY FUNCTION TEST					
UREA (Urease & glutamate dehydrogenase)	14.6	mg/dL	10 - 50		
Creatinine (Jaffe method)	0.91	mg/dL	0.5 - 1.4		
Uric Acid (Enzymatic colorimetric)	5.2	mg/dL	2.5 - 7.0		

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

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Reg. Date : 14-Oct-2023 Name : SOURABH BHANDARI **Collected On** : 14-Oct-2023 11:00 Age/Sex : 35 Years / Male **Approved On**: 14-Oct-2023 11:45 **Printed On** : 20-Oct-2023 12:27

Ref. By

Client : MEDIWHEEL WELLNESS

> Unit Result Reference Interval

<u>Parameter</u>	Result	<u>Unit</u>	Reference Interval		
COMPLETE BLOOD COUNT (CBC)  SPECIMEN: EDTA BLOOD					
Hemoglobin	15.2	g/dL	13.0 - 17.0		
RBC Count	5.88	million/cmm	4.5 - 5.5		
Hematrocrit (PCV)	51.3	%	40 - 54		
MCH	25.9	Pg	27 - 32		
MCV	87.2	fL	83 - 101		
MCHC	29.6	%	31.5 - 34.5		
RDW	13.5	%	11.5 - 14.5		
WBC Count	5940	/cmm	4000 - 11000		
DIFFERENTIAL WBC COUNT (Flow	cytometry)				
Neutrophils (%)	44	%	38 - 70		
Lymphocytes (%)	43	%	20 - 40		
Monocytes (%)	04	%	2 - 8		
Eosinophils (%)	08	%	0 - 6		
Basophils (%)	01	%	0 - 2		
Neutrophils	2614	/cmm			
Lymphocytes	2554	/cmm			
Monocytes	238	/cmm			
Eosinophils	475	/cmm			
Basophils	59	/cmm			
Platelet Count (Flow cytometry)	199000	/cmm	150000 - 450000		
MPV	10.1	fL	7.5 - 11.5		
ERYTHROCYTE SEDIMENTATION I	ERYTHROCYTE SEDIMENTATION RATE				
ESR (After 1 hour)	25	mm/hr	0 - 14		
Modified Westergren Method					

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DR PS RAO MD Pathologist

Approved by:



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<u>Parameter</u>	<u>Result</u>	<u>Unit</u>	Reference Interval
	LIF	PID PROFILE	
Cholesterol (Enzymatic colorimetric)	168.0	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride (Enzymatic colorimetric)	63.7	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
VLDL	12.74	mg/dL	15 - 35
Calculated			
LDL CHOLESTEROL	116.56	mg/dL	Optimal: < 100.0 Near / above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: >190.0
HDL Cholesterol	38.7	mg/dL	30 - 70
Homogeneous enzymatic colorir	metric		
Cholesterol /HDL Ratio Calculated	4.34		0 - 5.0
LDL / HDL RATIO Calculated	3.01		0 - 3.5

MD Pathologist



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: 20-Oct-2023 12:27

NEW ATP III GUIDELINES (MAY 2001), MODIFICATION OF NCEP<?xml:namespace prefix = "o" ns = "urn:schemasmicrosoft-com:office:office" />

> LDL CHOLESTEROL **CHOLESTEROL HDL CHOLESTEROL TRIGLYCERIDES** Optimal<100 Desirable<200 Low<40

Normal<150 Near Optimal 100-129 Border Line 200-239 High >60 Border High 150-199 Borderline 130-159 High >240

High 200-499 High 160-189

- LDL Cholesterol level is primary goal for treatment and varies with risk category and assesment
- For LDL Cholesterol level Please consider direct LDL value

Risk assessment from HDL and Triglyceride has been revised. Also LDL goals have changed.

- Detail test interpreation available from the lab
- All tests are done according to NCEP guidelines and with FDA approved kits.
- LDL Cholesterol level is primary goal for treatment and varies with risk category and assesment

# For test performed on specimens received or collected from non-KSHIPRA locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender.

KSHIPRA will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

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<u>Parameter</u>	<u>Result</u>	<u>Unit</u>	Reference Interval	
	LIVE	R FUNCTION TES	Т	
Total Bilirubin	0.68	mg/dL	0.10 - 1.0	
Colorimetric diazo method				
Conjugated Bilirubin	0.26	mg/dL	0.0 - 0.3	
Sulph acid dpl/caff-benz				
Unconjugated Bilirubin	0.42	mg/dL	0.0 - 1.1	
Sulph acid dpl/caff-benz				
SGOT	15.4	U/L	0 - 37	
(Enzymatic)				
SGPT	20.0	U/L	0 - 40	
(Enzymatic)				
Alakaline Phosphatase	77.8	U/L	53 - 130	
$(Colorimetric\ standardized\ method)$				
Protien with ratio				
Total Protein	6.6	g/dL	6.5 - 8.7	
(Colorimetric standardized method)				
Albumin	4.1	mg/dL	3.5 - 5.3	
(Colorimetric standardized method)				
Globulin	2.50	g/dL	2.3 - 3.5	
Calculated				
A/G Ratio	1.64		0.8 - 2.0	
Calculated				

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# **HEMOGLOBIN A1 C ESTIMATION**

Specimen: Blood EDTA

Hb A1C

Boronate Affinity with Fluorescent Quenching

% of Total Hb

Poor Control: > 7.0 % Good Control: 6.2-7.0 % Non-diabetic Level: 4.3-6.2 %

146.98 mg/dL

Calculated

### **Degree of Glucose Control Normal Range:**

Poor Control >7.0% \*

Mean Blood Glucose

Good Control 6.0 - 7.0 %\*\*Non-diabetic level < 6.0 %

- \* High risk of developing long term complication such as retinopathy, nephropathy, neuropathy, cardiopathy, etc.
- \* Some danger of hypoglycemic reaction in Type I diabetics.
- \* Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1c levels in this area.

6.3

# **EXPLANATION:-**

Total haemoglobin A1 c is continuously symthesised in the red blood cell throught its 120 days life span. The concentration of HBA1c in the cell reflects the average blood glucose concentration it encounters.

\*The level of HBA1c increases proportionately in patients with uncontrolled diabetes. It reflects the average blood glucose oncentration over an extended time period and remains unaffected by short-term fluctuations in blood glucose levels.

\*The measurement of HbA1c can serve as a convenient test for evaluating the adequacy of diabetic control and in preventing various diabetic complications. Because the average half life of a red blood cell is sixty days. HbA1c has been accepted as a measurnment which eflects the mean daily blood glucose concentration, better than fasting blood glucose determination, and the degree of carbohydrate imbalance over the preceding two months.

\*It may also provide a better index of control of the diabetic patient without resorting to glucose loading procedures.

### **HbA1c** assay Interferences:

\*Errneous values might be obtained from samples with abnormally elevated quantities of other Haemoglobins as a result of either their simultaneous elution with HbA1c(HbF) or differences in their glycation from that of HbA(HbS)

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DR PS RAO

MD Pathologist

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Result Unit Reference Interval

Fasting Blood Sugar (FBS)

Hexokinase Method

85.5

mg/dL

70 - 110

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Parameter	<u>Result</u>	<u>Unit</u>	Reference Interval		
THYROID FUNCTION TEST					
T3 (Triiodothyronine)	1.00	ng/mL	0.87 - 1.81		
Chemiluminescence					
T4 (Thyroxine)	11.38	μg/dL	5.89 - 14.9		
Chemiluminescence					
TSH ( ultra sensitive )	1.738	µIU/ml	0.34 - 5.6		

Chemiluminescence

SUMMARY The hypophyseal release of TSH (thyrotropic hormone) is the central regulating mechanism for the biological action of thyroid hormones. TSH is a very sensitive and specific parameter for assessing thyroid function and is particularly suitable for early detection or exclusion of disorders in the central regulating circuit between the hypothalamus, pituitary and thyroid. LIMITATION Presence of autoantibodies may cause unexpected high value of TSH

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