PID No. : MED111128360 Register On : 422045885 SID No. Collection On : 02/06/2022 10:46 AM

Age / Sex : 45 Year(s) / Female

: OP

Report On : 02/06/2022 4:04 PM

Printed On : 04/06/2022 1:05 PM

: 02/06/2022 10:02 AM

Ref. Dr : MediWheel

Type



| Investigation | Observed Value | <u>Unit</u> | <u>Biological</u> <u>Reference Interval</u> |
|---|-------------------|-------------|--|
| HAEMATOLOGY | | | |
| Complete Blood Count With - ESR | | | |
| Haemoglobin (EDTA Blood/Spectrophotometry) | 8.1 | g/dL | 12.5 - 16.0 |
| Packed Cell Volume(PCV)/Haematocrit (EDTA Blood) | 27.5 | % | 37 - 47 |
| RBC Count (EDTA Blood) | 4.65 | mill/cu.mm | 4.2 - 5.4 |
| Mean Corpuscular Volume(MCV) (EDTA Blood) | 59.2 | fL | 78 - 100 |
| Mean Corpuscular Haemoglobin(MCH) (EDTA Blood) | 17.5 | pg | 27 - 32 |
| Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood) | 29.6 | g/dL | 32 - 36 |
| RDW-CV (EDTA Blood) | 20.0 | % | 11.5 - 16.0 |
| RDW-SD (EDTA Blood) | 41.44 | fL | 39 - 46 |
| Total Leukocyte Count (TC) (EDTA Blood) | 7300 | cells/cu.mm | 4000 - 11000 |
| Neutrophils (EDTA Blood) | 62.5 | % | 40 - 75 |
| Lymphocytes (EDTA Blood) | 28.0 | % | 20 - 45 |
| Eosinophils (EDTA Blood) | 3.2 | % | 01 - 06 |





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|--|-----------------------|----------------------|--|
| Monocytes (EDTA Blood) | 5.6 | % | 01 - 10 |
| Basophils (Blood) | 0.7 | % | 00 - 02 |
| INTERPRETATION: Tests done on Automated Five Pa | art cell counter. All | abnormal results are | reviewed and confirmed microscopically. |
| Absolute Neutrophil count (EDTA Blood) | 4.56 | 10^3 / μ1 | 1.5 - 6.6 |
| Absolute Lymphocyte Count (EDTA Blood) | 2.04 | 10^3 / μ1 | 1.5 - 3.5 |
| Absolute Eosinophil Count (AEC) (EDTA Blood) | 0.23 | 10^3 / μ1 | 0.04 - 0.44 |
| Absolute Monocyte Count (EDTA Blood) | 0.41 | 10^3 / μ1 | < 1.0 |
| Absolute Basophil count (EDTA Blood) | 0.05 | 10^3 / μ1 | < 0.2 |
| Platelet Count (EDTA Blood) | 412 | $10^3 / \mu l$ | 150 - 450 |
| MPV (EDTA Blood) | 8.8 | fL | 8.0 - 13.3 |
| PCT (EDTA Blood/Automated Blood cell Counter) | 0.36 | % | 0.18 - 0.28 |
| ESR (Erythrocyte Sedimentation Rate) (Citrated Blood) | 28 | mm/hr | < 20 |

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| Investigation BIOCHEMISTRY | Observed Value | <u>Unit</u> | <u>Biological</u> <u>Reference Interval</u> |
|--|-------------------|-------------|--|
| Liver Function Test | | | |
| Bilirubin(Total) (Serum/DCA with ATCS) | 0.73 | mg/dL | 0.1 - 1.2 |
| Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid) | 0.23 | mg/dL | 0.0 - 0.3 |
| Bilirubin(Indirect) (Serum/Derived) | 0.50 | mg/dL | 0.1 - 1.0 |
| SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC) | 13.76 | U/L | 5 - 40 |
| SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC) | 14.23 | U/L | 5 - 41 |
| GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic) | 33.11 | U/L | < 38 |
| Alkaline Phosphatase (SAP) (Serum/Modified IFCC) | 132.1 | U/L | 42 - 98 |
| Total Protein (Serum/Biuret) | 8.13 | gm/dl | 6.0 - 8.0 |
| Albumin (Serum/Bromocresol green) | 4.87 | gm/dl | 3.5 - 5.2 |
| Globulin (Serum/Derived) | 3.26 | gm/dL | 2.3 - 3.6 |
| A: GRATIO (Serum/Derived) | 1.49 | | 1.1 - 2.2 |

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| Investigation | Observed Value | <u>Unit</u> | <u>Biological</u> <u>Reference Interval</u> |
|--|-------------------|-------------|---|
| <u>Lipid Profile</u> | | | |
| Cholesterol Total (Serum/CHOD-PAP with ATCS) | 200.25 | mg/dL | Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240 |
| Triglycerides (Serum/GPO-PAP with ATCS) | 184.58 | mg/dL | Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500 |

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INTERPRETATION: The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence recommending triglycerides estimation in non-fasting condition for evaluating the risk of heart disease and screening for metabolic syndrome, as non-fasting sample is more representative of the õusualö"circulating level of triglycerides during most part of the day.

| HDL Cholesterol (Serum/Immunoinhibition) | 42.01 | mg/dL | Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50 |
|--|-------|-------|--|
| LDL Cholesterol (Serum/Calculated) | 121.3 | mg/dL | Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190 |
| VLDL Cholesterol (Serum/Calculated) | 36.9 | mg/dL | < 30 |
| Non HDL Cholesterol (Serum/Calculated) | 158.2 | mg/dL | Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220 |





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<u>Investigation</u> <u>Observed</u> <u>Unit</u> <u>Biological</u> <u>Value</u> <u>Reference Interval</u>

INTERPRETATION: 1. Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol. 2. It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.

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Total Cholesterol/HDL Cholesterol Ratio 4.8 Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0

Triglyceride/HDL Cholesterol Ratio 4.4 Optimal: < 2.5 (TG/HDL) Mild to moderate risk: 2.5 - 5.0

(Serum/Calculated) High Risk: > 5.0

LDL/HDL Cholesterol Ratio 2.9 Optimal: 0.5 - 3.0 (Serum/Calculated) Borderline: 3.1 - 6.0 High Risk: > 6.0





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| <u>Investigation</u> | Observed <u>Value</u> | <u>Unit</u> | <u>Biological</u> <u>Reference Interval</u> |
|----------------------------------|--------------------------|-------------|---|
| Glycosylated Haemoglobin (HbA1c) | | | |
| HbA1C (Whole Blood/HPLC) | 6.9 | % | Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5 |

INTERPRETATION: If Diabetes - Good control: 6.1 - 7.0 %, Fair control: 7.1 - 8.0 %, Poor control >= 8.1 %

Estimated Average Glucose 151.33 mg/dL

(Whole Blood)

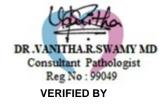
INTERPRETATION: Comments

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.

Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency,

hypertriglyceridemia,hyperbilirubinemia,Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbAlC values.

Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly, Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbAlc.





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<u>Unit</u> **Biological** <u>Investigation</u> <u>Observed</u> <u>Value</u> Reference Interval

IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total 1.31 ng/ml 0.7 - 2.04

(Serum/ECLIA)

INTERPRETATION:

Comment:

Total T3 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T3 is recommended as it is

Metabolically active.

T4 (Tyroxine) - Total 9.55 μg/dl 4.2 - 12.0

(Serum/ECLIA)

INTERPRETATION:

Comment:

Total T4 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T4 is recommended as it is Metabolically active.

 $\mu IU/mL$ 0.35 - 5.50TSH (Thyroid Stimulating Hormone) 4.73

(Serum/ECLIA)

INTERPRETATION:

Reference range for cord blood - upto 20

1 st trimester: 0.1-2.5 2 nd trimester 0.2-3.0 3 rd trimester: 0.3-3.0

(Indian Thyroid Society Guidelines)

Comment:

1.TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.

2.TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM. The variation can be of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations.

3. Values & amplt 0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.





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| <u>Investigation</u> | <u>Observed</u> <u>Un</u> | <u>t Biological</u> |
|----------------------|---------------------------|---------------------|
| _ | Value | Reference Interval |

CLINICAL PATHOLOGY

PHYSICAL EXAMINATION (URINE **COMPLETE**)

| Colour | Yellow | Yellow to Amber |
|--------|--------|-----------------|
| | | |

(Urine)

Clear Clear Appearance

(Urine)

20 Volume(CLU)

(Urine)

CHEMICAL EXAMINATION (URINE

COMPLETE)

pН 5.5 4.5 - 8.0

(Urine)

1.008 1.002 - 1.035 Specific Gravity

(Urine)

Negative Negative Ketone

(Urine)

Urobilinogen Normal Normal

(Urine)

Blood Negative Negative

Negative Negative Nitrite

(Urine)

(Urine)

Bilirubin Negative Negative

(Urine)

Negative Protein Negative

(Urine)





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Glucose Negative Negative

Observed

<u>Value</u>

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<u>Unit</u>

(Urine/GOD - POD)

Leukocytes(CP) Negative

(Urine)

MICROSCOPIC EXAMINATION (URINE COMPLETE)

(01111112 001111 11111)

Pus Cells 2-4 /hpf NIL

(Urine)

Epithelial Cells 2-4 /hpf NIL

(Urine)

RBCs Nil /hpf NIL

(Urine)

Others

(Urine)

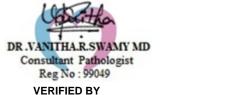
INTERPRETATION: Note: Done with Automated Urine Analyser & Automated urine sedimentation analyser. All abnormal reports are reviewed and confirmed microscopically.

Casts Nil /hpf NIL

(Urine)

Crystals Nil /hpf NIL

(Urine)





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IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING 'O' 'Positive'

(EDTA Blood/Agglutination)





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| Investigation | Observed Value | <u>Unit</u> | <u>Biological</u> <u>Reference Interval</u> |
|---|-------------------|-------------|--|
| BIOCHEMISTRY | | | |
| BUN / Creatinine Ratio | 13.33 | | 6.0 - 22.0 |
| Glucose Fasting (FBS) (Plasma - F/GOD-PAP) | 109.87 | mg/dL | Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126 |

INTERPRETATION: Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

| Glucose, Fasting (Urine) (Urine - F/GOD - POD) | Negative | | Negative |
|--|----------|-------|----------|
| Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP) | 124.62 | mg/dL | 70 - 140 |

INTERPRETATION:

Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti- diabetic medication during treatment for Diabetes.

| Blood Urea Nitrogen (BUN) | 8.8 | mg/dL | 7.0 - 21 |
|-----------------------------|------|-------|-----------|
| (Serum/Urease UV / derived) | | | |
| Creatinine | 0.66 | mg/dL | 0.6 - 1.1 |
| (Serum/Modified Jaffe) | | | |

INTERPRETATION: Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin, cefazolin, ACE inhibitors, angiotensin II receptor antagonists, N-acetylcyteine, chemotherapeutic agent such as flucytosine

Uric Acid 4.15 2.6 - 6.0 mg/dL

(Serum/Enzymatic)





APPROVED BY

-- End of Report --