

Patient Name : **MR. BHAVESH GANGADHAR SOM**  
Patient ID : 35171  
Age / Sex : 32 years / Male  
Referred by : MEDIWHEEL  
Bill ID : 60339

Collected : Mar 19, 2022, 09:51 a.m.

Reported : Mar 19, 2022, 04:29 p.m.

Sample ID :



169921

Test Description	Results	Units	Biological Reference Range
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**COMPLETE BLOOD COUNT**

Sample Type : EDTA / Whole Blood

Hemoglobin	16.8	g/dl	13.0 - 17.0
RBC COUNT	<b>5.66</b>	Millions/c	4.5 - 5.5
PCV(Hematocrit)	<b>51.6</b>	%	40.0 - 50.0
Mean Cell Volume(MCV)	91.17	fl	80.0 - 100.0
Mean Cell Hemoglobin(MCH)	29.68	pg	27.0 - 33.0
Mean Cell Hb Conc(MCHC)	32.56	g/dl	32 - 36
RDW	13.3	%	11.50 - 14.50
Total Leucocytes (WBC) Count	10240	/cumm	4000-11000

**DIFFERENTIAL COUNT**

Neutrophils	48.3	%	40 - 70
Lymphocytes	33.5	%	20 - 50
Eosionphils	<b>12.4</b>	%	01 - 06
Monocytes	5.1	%	00 - 08
Basophils	0.70	%	00-01

**SMEAR STUDY**

RBC Morphology	Normocytic Normocromic.		
WBC Morphology	<b>Eosinophilia.</b>		
Platelets On Smear	Adequate on Smear		
Platelet Count	296000	/cumm	150000 - 450000
MPV	9.2	fL	6.5 - 10.0

**Comments :-****Method:-**

HB:-Colorimetric, Total WBC:-Impedance/Flow Cytometry, HCT, MCV, MCH, MCHC, RDW-CV:-Calculate, Diff. Count: Flow Cytometry / Manual Stained Smear Microscopy, RBC: Impedance, Platelets : Impedance Method.

**Technique :-**

Fully Automated 5 part Diff. Cell Counter .

All Test Results are subjected to stringent international External and Internal Quality Control Protocols

**\*\*END OF REPORT\*\***

**Dr. Sudhamani S. MD**  
Consultant Pathologist  
Reg. No. : 90461

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Test Description	Results	Units	Biological Reference Range
	<b><u>ESR</u></b>		
Sample Type : EDTA / Whole Blood			
ESR	10	Mm/hr	0 - 15
Method	Westergren		

\*\*END OF REPORT\*\*



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**BLOOD GROUP**

Sample Type : EDTA / Whole Blood

ABO Grouping

"B"

Rh Grouping

POSITIVE


**Note:**

These report is for information purpose only. Blood group needs to be reconfirmed at the time of cross matching for blood transfusion.

**\*\*END OF REPORT\*\***

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### URINE ANALYSE REPORT

Sample Type : Urine

#### PHYSICAL EXAMINATION

COLOUR	Pale Yellow	
APPEARANCE	Clear	
REACTION (PH)	5.0	4.8 - 7.6
SPECIFIC GRAVITY	1.030	1.010 - 1.030
ALBUMIN	Absent	
GLUCOSE	Absent	
BLOOD (U)	Absent	
BILE PIGMENTS	Negative	
BILE SALTS	Absent	
KETONE	Negative	
LEUKOCYTES	Absent	
NITRITE	Absent	
UROBILINOGEN	Negative	

#### MICROSCOPY

PUS CELLS/hpf	1-2
RBCs/hpf	Absent
EPI.CELLS/hpf	1-2
CASTS	Absent
CRYSTALS	Absent
BACTERIA	Absent
Other	Absent

\*\*END OF REPORT\*\*



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**LIPID PROFILE**

Sample Type : Serum

TOTAL CHOLESTEROL

**216.40**

mg/dL

Desirable : &lt;200 mg/dl

[ CHOD-PAP ]

Borderline : 200 - 239mg/dl

High : &gt;240 mg/dl

TRIGLYCERIDES

**163.20**

mg/dL

Desirable : &lt;150 mg/dl

[ Glycerol Phosphate Oxidase ]

Borderline : 150 - 199mg/dl

High : &gt;200mg/dl

HDL CHOLESTEROL [ Direct ]

43.60

mg/dL

Desirable : &gt;40 mg/dl

Borderline Risk : 35 mg/dl

High Risk : &lt;30 mg/dl

LDL CHOLESTEROL [ Calculated ]

**140.16**

mg/dL

Desirable : &lt;100 mg/dl

Borderline : 130 - 160mg/dl

High : &gt;160mg/dl

VLDL Cholesterol

**32.64**

mg/dL

Desirable : &lt;26 mg/dl

[ Calculated ]

Borderline : &gt;30 mg/dl

Total Chol / HDL Chol Ratio

**4.96**

mg/dL

Desirable : &lt;5 %

[ Calculated ]

LDL / HDL Ratio

3.21

1.00 - 3.55

[ Calculated ]

NON-HDL CHOLESTEROL

**172.80**

mg/dL

Desirable : &lt;130 mg/dl

[ Calculated ]

Borderline : 160 - 189 mg/dl

High : &gt;220 mg/dl

**Technique:**

Fully Automated Biochemistry Analyser ERBA EM-200.

**\*\*END OF REPORT\*\***

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**LIVER FUNCTION TEST**

Sample Type : Serum

TOTAL BILIRUBIN [ DIAZO ]	0.82	mg/dl	0.3-1.3 mg/dl
BILIRUBIN-DIRECT [ DIAZO ]	0.34	mg/dl	0.1-0.4 mg/dl
BILLIRUBIN-INDIRECT [ CALCULATED ]	0.48	mg/dl	0.1-0.9 mg/dl
S.G.O.T. (AST) [ IFCC without Pyridoxal Phosphate ]	10.30	IU/L	5-40 IU/L
S.G.P.T.(ALT) [ IFCC without Pyridoxal Phosphate ]	16.30	IU/L	5-40 IU/L
ALKALINE PHOSPHATASE [ Amino Methyl Propanol (AMP) ]	130.00	IU/L	44-147 IU/L
TOTAL PROTEINS [ BIURET ]	7.35	IU/L	6.0 - 8.5g/dL
ALBUMIN [ BROMO CRESOL GREEN (BCG) ]	4.08	g/dl	3.5-5.0 g/dl
GLOBULIN [ CALCULATED ]	3.27	gm%	2.3-3.5 gm%
ALBUMIN/GLOBULIN RATIO [ CALCULATED ]	1.25		
GAMMA GT	15.20	U/L	0 - 45

Technique :

Fully Automated Biochemistry Analyser ERBA EM-200

**\*\*END OF REPORT\*\***

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**CREATININE**

Sample Type : Serum

<b>Creatinine</b>	0.80	mg/dl	0.40 - 1.40
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[ Enzymatic ]

Formula

Technique :- Done On Fully Automated Biochemistry Analyser ERBA EM-200

**\*\*END OF REPORT\*\***

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**SR. URIC ACID**

Sample Type : Serum

<b>Uric Acid</b> [ Uricase - POD ]	4.80	mg/dl	3.6 - 7.7
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Technique :- Done On Fully Automated Biochemistry Analyser ERBA EM-200.

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**BLOOD UREA LEVEL ( BUL )**

Sample Type : Serum

<b>Urea</b>	13.50	mg/dl	10 - 40
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[ Urease - GLDH ]

<b>Bun</b>	6.30	mg/dl	6 - 21
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[ Calculated ]

Technique :- Done On Fully Automated Biochemistry Analyser ERBA EM-200

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<b><u>GLYCOCYLATED HAEMOGLOBIN</u></b>			
Sample Type : EDTA / Whole Blood			
Glycocyalted Haemoglobin (HbA1c) [ Tosoh HPLC ]	<b>6.2</b>	%	<5.7%NON DIABETIC 5.7-6.4% PRE-DIABETIC >6.5% DIABETIC <7.0% GOAL FOR DIABETIC ON TREATMENT
MEAN BLOOD GLUCOSE	131.24	mg/dL	116.89 - 154.2

\*\*END OF REPORT\*\*

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**TOTAL PSA**

Sample Type : Serum

Prostate Specific Antigen (PSA) [ CLIA ]	1.16	ng/ml	0 - 4
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**Clinical Significance**

Serum P.S.A. should not be interpreted as absolute evidence of malignant disease.

Serum P.S.A. should not be used as a screening test for malignant disease.

Prostate biopsy, Prostatectomy and prostatic message may lead to elevated P.S.A. levels persisting upto 3 weeks.

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**TOTAL TRIIODOTHYRONINE (T3)**

Sample Type : Serum

TotalTriiodothyronine (T3) [ CLIA ]	1.66	ng/dL	0.69 - 2.15
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**TOTAL THYROXINE ( T4 )**

Sample Type : Serum

Total Thyroxine ( T4 ) [ CLIA ]	<b>51.20</b>	ng/ml	52 - 127
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**ULTRASENSITIVE THYROID STIMULATING HORMONE (TSH)**

Sample Type : Serum

<b>Ultrasensitive Thyroid Stimulative Hormone (TSH)</b> [ CLIA ]	1.78	μIU/mL	0.3 - 4.5 1st trimester - 0.1 - 2.5μIU/mL 2nd trimester - 0.2 - 3μIU/mL 3rd trimester - 0.3 - 3μIU/mL
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**Clinical Significance :-**

1. Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night.
2. Useful for: Screening for thyroid dysfunction and detecting mild (subclinical), as well as overt, primary hypo- or hyperthyroidism in ambulatory patients.
3. Monitoring patients on thyroid replacement therapy.
4. Confirmation of thyroid-stimulating hormone (TSH) suppression in thyroid cancer patients on thyroxine suppression therapy.
5. Prediction of thyrotropin-releasing hormone-stimulated TSH response.

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**\*\*END OF REPORT\*\***

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