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TEST REPORT

Name	: **MR.SHEKHAWAT NARENDRA SINGH [100877]**	TID/SID	: UMR0753080/ 23341780
Age / Gender	: 45 Years / Male	Registered on	: 26-Mar-2022 / 09:25 AM
Ref.By	: -	Collected on	: 26-Mar-2022 / 09:29 AM
Req.No	BIL1907461	Reported on	: 26-Mar-2022 / 14:09 PM
		Reference	: Medi Wheel

DEPARTMENT OF CLINICAL PATHOLOGY

Complete Urine Examination (CUE), Urine

Investigation	Observed Value	Units	Biological Reference Interval
Colour Method:Photo detectors(instrument)	Yellow		Light Yellow
Appearance Method:Photo diode array sensor	Clear		Clear
Specific gravity Method:Ion concentration/colour indicator	1.010		1.003-1.030
Reaction and pH Method:Double Indicator	6.0		5.0-8.0
Protein Method:Protein Error of pH indicators	Negative		Negative
Glucose Method:Double sequential enzymatic/GOD-PAP	Negative		Negative
Urobilinogen Method:Reagent strip/Reflectance photometry	Negative		0.2-1.0 mg%
Ketones Method:Strip method/Nitroprusside method	Negative		Negative
Blood Method:Peroxidase	Negative		Negative
Bile Salt Method:Hays Method	Negative		Negative
Bile Pigment Method:Fouchets Method	Negative		Negative
Microscopic Examination			
Pus cells (leukocytes) Method:Microscopy Of Sediment	1 - 2	/hpf	0-5 /hpf
RBC (erythrocytes) Method:Microscopy Of Sediment	Nil	/hpf	0-2 /hpf
Epithelial cells Method:Microscopy Of Sediment	Nil	/hpf	0-8 /hpf
Crystals Method:Microscopy Of Sediment	Nil	/lpf	Nil /lpf

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Req.No	BIL1907461	Reported on	: 26-Mar-2022 / 14:09 PM
		Reference	: Medi Wheel

DEPARTMENT OF CLINICAL PATHOLOGY

Complete Urine Examination (CUE), Urine

Investigation	Observed Value	Units	Biological Reference Interval
Casts Method:Microscopy Of Sediment	Nil	/lpf	Nil /lpf
Others Method:Microscopy Of Sediment	Nil		Nil

* Sample processed at Parkline

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Dr.Jyothi Kiranmai
Regd. No: 52272
MD PATHOLOGY

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Age / Gender	: 45 Years / Male	Registered on	: 26-Mar-2022 / 09:25 AM
Ref.By	: -	Collected on	: 26-Mar-2022 / 09:29 AM
Req.No	BIL1907461	Reported on	: 26-Mar-2022 / 14:02 PM
		Reference	: Medi Wheel

DEPARTMENT OF HEMATOLOGY

Blood Grouping ABO And Rh Typing, EDTA Whole Blood

Parameter	Results	
Blood Grouping (ABO)	O	
Rh Typing (D)	POSITIVE	-

Method:Agglutination

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TEST REPORT

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Req.No	BIL1907461	Reported on	: 26-Mar-2022 / 14:02 PM
		Reference	: Medi Wheel

DEPARTMENT OF HEMATOLOGY

Complete Blood Picture (CBP), EDTA Whole Blood

Investigation	Observed Value	Units	Biological Reference Interval
Hemoglobin Method:Spectrophotometry	16.7	g/dL	13.0-17.0 g/dL
Erythrocyte Count(RBC) Method:Electrical Impedence	5.4	10^6/µL	4.5-5.5 10^6/µL
PCV/HCT Method:Numeric Integration	48	%	40-50 %
MCV Method:Calculated	89	fL	83-101 fL
MCH Method:Calculated	30.5	pg	27-32 pg
MCHC Method:Calculated	34.1	gm/dL	31.5-34.5 gm/dL
RDW (CV) Method:Calculated	**15.9**	%	11.6-14.0 %
Total WBC Count Method:Impedence flowcytometry/Light scattering	6.8	10^3/µL	4-10 10cap;3/µL 10^3/µL
Differential Count			
Neutrophils Method:Flowcytometry/Microscopy	59	%	40-80 %
Lymphocytes Method:Flowcytometry/Microscopy	34	%	20-40 %
Monocytes Method:Flowcytometry/Microscopy	5	%	2-10 %
Eosinophils Method:Flowcytometry/Microscopy	2	%	1-6 %
Basophils Method:Flowcytometry/Microscopy	0	%	0-2 %
Absolute Neutrophil Count	4.01	10^3/µL	2.0-7.0 10cap;3/µL 10^3/µL
Absolute Lymphocyte Count	2.31	10^3/µL	1.0-3.0 10^3/µL
Absolute Monocyte Count	0.34	10^3/µL	0.20-1.0 10^3/µL

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Req.No	BIL1907461	Reported on	: 26-Mar-2022 / 14:02 PM
		Reference	: Medi Wheel

DEPARTMENT OF HEMATOLOGY

Complete Blood Picture (CBP), EDTA Whole Blood

Investigation	Observed Value	Units	Biological Reference Interval
Absolute Eosinophil Count	0.14	10^3/µL	0.02-0.5 10^3/µL
Absolute Basophil Count	**0**	10^3/µL	0.02-0.1 10^3/µL
Platelet Count Method:Electrical Impedence	220	10^3/µL	150-410 10^3/µL
Peripheral Smear			
RBC Method:Microscopy	Normocytic and Normochromic,Macro cytes+		
WBC Method:Microscopy	Within normal limits.No abnormal cells seen.		
Platelets Method:Microscopy	Discrete and adequate.Normal in morphology		

* Sample processed at Parkline

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Age / Gender	: 45 Years / Male	Registered on	: 26-Mar-2022 / 09:25 AM
Ref.By	: -	Collected on	: 26-Mar-2022 / 09:29 AM
Req.No	BIL1907461	Reported on	: 26-Mar-2022 / 14:02 PM
		Reference	: Medi Wheel

DEPARTMENT OF HEMATOLOGY

Erythrocyte Sedimentation Rate (ESR), Sodium Citrate Whole Blood

Investigation	Observed Value	Units	Biological Reference Intervals
ESR 1st Hour Method:Westergren	06	mm/hour	0-10 mm/hour

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TEST REPORT

Name	: **MR.SHEKHAWAT NARENDRA SINGH [100877]**	TID/SID	: UMR0753080/ 23341779
Age / Gender	: 45 Years / Male	Registered on	: 26-Mar-2022 / 09:25 AM
Ref.By	: -	Collected on	: 26-Mar-2022 / 09:29 AM
Req.No	BIL1907461	Reported on	: 26-Mar-2022 / 14:40 PM
		Reference	: Medi Wheel

DEPARTMENT OF CLINICAL BIOCHEMISTRY I

Blood Urea Nitrogen (BUN), Serum

Investigation	Observed Value	Units	Biological Reference Interval
Blood Urea Nitrogen.	9.4	mg/dL	7-23 mg/dL
Method:Calculated			

Creatinine, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Creatinine.	1.02	mg/dL	0.60-1.30 mg/dL
Method:Alkaline Picrate			

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TEST REPORT

Name	: **MR.SHEKHAWAT NARENDRA SINGH [100877]**	TID/SID	: UMR0753080/ 23341781F
Age / Gender	: 45 Years / Male	Registered on	: 26-Mar-2022 / 09:25 AM
Ref.By	: -	Collected on	: 26-Mar-2022 / 09:29 AM
Req.No	BIL1907461	Reported on	: 26-Mar-2022 / 14:40 PM
		Reference	: Medi Wheel

DEPARTMENT OF CLINICAL BIOCHEMISTRY I

Glucose Fasting (FBS), Sodium Fluoride Plasma

Investigation	Observed Value	Units	Biological Reference Interval
Glucose Fasting Method:GOD - PAP	94	mg/dL	Normal: <100 Impaired FG: 100-125 Diabetic : >/=126 mg/dL

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TEST REPORT

Name	: **MR.SHEKHAWAT NARENDRA SINGH [100877]**	TID/SID	: UMR0753080/ 23341781P
Age / Gender	: 45 Years / Male	Registered on	: 26-Mar-2022 / 09:25 AM
Ref.By	: -	Collected on	: 26-Mar-2022 / 12:41 PM
Req.No	BIL1907461	Reported on	: 26-Mar-2022 / 14:40 PM
		Reference	: Medi Wheel

DEPARTMENT OF CLINICAL BIOCHEMISTRY I

Glucose Post Prandial (PPBS), Sodium Fluoride Plasma

Investigation	Observed Value	Units	Biological Reference Interval
Glucose Post Prandial Method:GOD - PAP	107	mg/dL	Normal : 90 - 140 Impaired Glucose Tolerance: 141-199 Diabetic : >/=200 mg/dL

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Age / Gender	: 45 Years / Male	Registered on	: 26-Mar-2022 / 09:25 AM
Ref.By	: -	Collected on	: 26-Mar-2022 / 09:29 AM
Req.No	BIL1907461	Reported on	: 26-Mar-2022 / 12:53 PM
		Reference	: Medi Wheel

DEPARTMENT OF CLINICAL BIOCHEMISTRY I

Glycosylated Hemoglobin (HbA1C), EDTA Whole Blood

Investigation	Observed Value	Units	Biological Reference Interval
Glycosylated Haemoglobin Method:High Performance Liquid Chromatography(HPLC)	5.2	%	< 5.7% : Normal 5.7% - 6.4% : Prediabetes > 6.4% Diabetes
Mean Plasma Glucose (MPG) Estimate Method:Derived from HBA1c	102	mg/dL	Excellent Control : 90 to 120 Good Control : 121 to 150 Average Control : 151 to 180 Panic Value : > 211 mg/dL

Note:Mean Plasma Glucose is calucated from HBA1c value and it indicates Average Blood Sugar level over the past three months.

INTERPRETATION:

1.Glycated hemoglobin (glycohemoglobin / HbA1c) is a form of hemoglobin (Hb) that is chemically linked to a sugar.
2.A1c is measured primarily to determine the three-month average blood sugar level and can be used as a diagnostic test for diabetes mellitus and as an assessment test for glycemic control in people with diabetes.
3.In diabetes, higher amounts of glycated hemoglobin, indicating poorer control of blood glucose levels, have been associated with cardiovascular disease, nephropathy, neuropathy, and retinopathy.
4. American diabetes Association (ADA) recommends an A1C goal for many non pregnant adults of < 7% (without significant hypoglycemia). On the basis of provider judgment and patient preference, achievement of lower A1C levels than the goal of 7% may be acceptable, and even beneficial, if it can be achieved safely without significant hypoglycemia or other adverse effects of treatment. Less stringent A1C goals (such as < 8%) may be appropriate for patients with severe hypoglycemia, extensive co morbid conditions etc, or where the harms of treatment are greater than the benefits.
5. Glycemic goals for some older adults might reasonably be relaxed as part of individualized care, but hyperglycemia leading to symptoms or risk of acute hyperglycemia complications should be avoided in all patients.

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Name	: **MR.SHEKHAWAT NARENDRA SINGH [100877]**	TID/SID	: UMR0753080/ 23341779
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Req.No	BIL1907461	Reported on	: 26-Mar-2022 / 14:40 PM
		Reference	: Medi Wheel

DEPARTMENT OF CLINICAL BIOCHEMISTRY I

Lipid Profile, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Total Cholesterol Method:CHOD-PAP	192	mg/dL	Desirable Level: < 200 Borderline : 200 - 239 High : > 240 mg/dL
HDL Cholesterol Method:Enzymatic Reaction	36	mg/dL	<40:Major risk factor for heart disease 40-59:The higher,the better >/=60:Considered protective against heart disease mg/dL
LDL Cholesterol Method:Calculated	**133**	mg/dL	< 100 mg/dL
VLDL Cholesterol Method:Calculated	23	mg/dL	10-55 mg/dL
Triglycerides Method:GPO-POD	118	mg/dL	Normal:<150 Borderline:150-199 High:200-499 Very High:>/=500 mg/dL
Chol/HDL Ratio Method:Calculated	5.33		Normal : <4 Low risk : 4 - 6 High risk : >6
LDL Cholesterol/HDL Ratio	3.69		

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Req.No	BIL1907461	Reported on	: 26-Mar-2022 / 14:40 PM
		Reference	: Medi Wheel

DEPARTMENT OF CLINICAL BIOCHEMISTRY I

Liver Function Test (LFT), Serum

Investigation	Observed Value	Units	Biological Reference Interval
Total Bilirubin. Method:Diazo with sulphanilic acid	0.79	mg/dL	0.3-1.2 mg/dL
Direct Bilirubin. Method:Diazo with sulphanilic acid	0.14	mg/dL	0.00-0.40 mg/dL
Indirect Bilirubin. Method:Calculated	0.65	mg/dL	
Alanine Aminotransferase ,(ALT/SGPT) Method:IFCC without P5P	**91**	U/L	10-40 U/L
Aspartate Aminotransferase,(AST/SGOT) Method:IFCC without P5P	**46**	U/L	10-40 U/L
ALP (Alkaline Phosphatase). Method:AMP-IFCC	82	U/L	30-115 U/L
PROTEINS			
Total Protein. Method:Biuret	7.58	g/dL	6.0-8.0 g/dL
Albumin. Method:Bromocresol Green (BCG)	4.62	g/dL	3.5-4.8 g/dL
Globulin. Method:Calculated	2.96	g/dL	2.3-3.5 g/dL
A/GRatio. Method:Calculated	1.56		0.8-2.0
Gamma GT. Method:IFCC-Enzymatic	25	U/L	7.0-50.0 U/L

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Ref.By	: -	Collected on	: 26-Mar-2022 / 09:29 AM
Req.No	BIL1907461	Reported on	: 26-Mar-2022 / 13:11 PM
		Reference	: Medi Wheel

DEPARTMENT OF CLINICAL BIOCHEMISTRY I

Prostate Specific Antigen (PSA) Total, Serum

Investigation	Observed Value		Biological Reference Interval
Prostate Specific Antigen (PSA) Total	0.452	ng/mL	0-3.9 ng/mL
Method:Enhanced chemiluminescence			

Interpretation:

1.Prostate specific antigen (PSA) is a glycoprotein that is expressed by both normal and neoplastic prostate tissue

2.Elevated serum PSA concentrations are found in men with prostate cancer, benign prostatic hyperplasia (BPH) or inflammatory conditions of other adjacent genitourinary tissues. PSA can also be elevated after digital rectal examination,prostatic massage,cystoscopy,needle biopsy etc

3.Measurement of serum PSA by itself is not recommended as a screening procedure for the diagnosis of cancer because elevated PSA levels are also observed in patients with benign prostatic hyperplasia.

4. When employed for the management of prostate cancer patients, serial measurement of PSA is useful in detecting residual tumor and recurrent cancer after radical prostatectomy.

5.PSA has been demonstrated to be an accurate marker for monitoring advanced clinical stage in untreated patients and for monitoring response to therapy by radical prostatectomy, radiation therapy and anti-androgen therapy.

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Req.No	BIL1907461	Reported on	: 26-Mar-2022 / 13:11 PM
		Reference	: Medi Wheel

DEPARTMENT OF CLINICAL BIOCHEMISTRY I

Thyroid Profile (T3,T4,TSH), Serum

Investigation	Observed Value	Units	Biological Reference Interval
Triiodothyronine Total (T3) Method:Enhanced chemiluminescence	**1.77**	ng/mL	0.970-1.69 ng/mL
Thyroxine Total (T4) Method:Enhanced chemiluminescence	10.1	µg/dL	5.53-11.0 µg/dL
Thyroid Stimulating Hormone (TSH) Method:Enhanced chemiluminescence	2.04	µIU/mL	0.465-4.68 µIU/mL

Note: Change in method and reference range
NOTE:
TSH - Reference ranges during pregnancy:*
1st Trimester : 0.10 - 2.50
2nd Trimester : 0.20 - 3.00
3dr Trimester : 0.30 - 3.00
*As per the Guidelines of American Thyroid Association for the diagnosis and management of thyroid disease during pregnancy and post partum.
1.Primary Hyperthyroidism is accompanied by elevated T3 & T4 values along with depressed TSH level.
2.Primary Hypothyroidism is accompanied by depressed T3 & T4 levels and elevated TSH levels.
3.Normal T4 levels accompanied by high T3 levels are seen in patients with T3 Thyrotoxicosis.
4.Slightly elevated T3 levels may be found in pregnancy and estrogen therapy, while depressed levels may be encountered in severe illness, malnutrition, renal failure and during therapy with drugs like propanolol and propylthiouracil.
5.Although elevated TSH levels are nearly always indicative of primary hypothyroidism, rarely they can result form TSH secreting pituitary tumors(secondary).

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Req.No	BIL1907461	Reported on	: 26-Mar-2022 / 14:40 PM
		Reference	: Medi Wheel

DEPARTMENT OF CLINICAL BIOCHEMISTRY I

Uric Acid, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Uric Acid. Method:Uricase	3.90	mg/dL	2.5-8.0 mg/dL

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TEST REPORT

Name	: **MR.SHEKHAWAT NARENDRA SINGH [100877]**	TID/SID	: UMR0753080/ 23342974
Age / Gender	: 45 Years / Male	Registered on	: 26-Mar-2022 / 09:25 AM
Ref.By	: -	Collected on	: 26-Mar-2022 / 12:41 PM
Req.No	BIL1907461	Reported on	: 26-Mar-2022 / 14:51 PM
		Reference	: Medi Wheel

DEPARTMENT OF HEALTH CHECKUP

Glucose Urine Fasting

Urine Glucose Fasting	Nil	NIL

Method:Reagent strip/Reflectance photometry

Glucose Urine Post Prandial

Urine Glucose Post Prandial	Nil	NIL

Method:Reagent strip/Reflectance photometry

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