


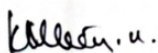
| | |
|-------------------------------|---|
| NAME : Mr. ANIL SHARMA | MR NO. : 22051106 |
| AGE/SEX : 33 Yrs / Male | VISIT NO. : 155708 |
| REFERRED BY : | DATE OF COLLECTION : 28-05-2022 at 09:21 AM |
| | DATE OF REPORT : 28-05-2022 at 01:08 PM |
| REF CENTER : MEDIWHEEL |  |

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

HAEMATOLOGY

COMPLETE BLOOD COUNT (CBC) WITH ESR

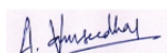
| | | |
|--|-------------------|-------------------------|
| HAEMOGLOBIN <i>Colorimetric Method</i> | 15.5 gm/dL | 13 - 18 gm/dL |
| HEMATOCRIT (PCV) <i>Calculated</i> | 45.7 % | 40 - 54 % |
| RED BLOOD CELL (RBC) COUNT <i>Electrical Impedance</i> | 4.8 million/cu.mm | 4.5 - 5.9 million/cu.mm |
| PLATELET COUNT <i>Electrical Impedance</i> | 2.4 Lakhs/cumm | 1.5 - 4.5 Lakhs/cumm |
| MEAN CELL VOLUME (MCV) <i>Calculated</i> | 94.9 fl | 80 - 100 fl |
| MEAN CORPUSCULAR HEMOGLOBIN (MCH) <i>Calculated</i> | 32.2 pg | 26 - 34 pg |
| MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION (MCHC) <i>Calculated</i> | 34.0 % | 31 - 35 % |
| TOTAL WBC COUNT (TC) <i>Electrical Impedance</i> | 7480 cells/cumm | 4000 - 11000 cells/cumm |
| NEUTROPHILS <i>VCS Technology/Microscopic</i> | 61 % | 40 - 75 % |
| LYMPHOCYTES <i>VCS Technology/Microscopic</i> | 33 % | 25 - 40 % |
| DIFFERENTIAL COUNT | | |
| EOSINOPHILS <i>VCS Technology/Microscopic</i> | 02 % | 0 - 7 % |
| MONOCYTES <i>VCS Technology/Microscopic</i> | 04 % | 1 - 8 % |
| BASOPHILS <i>Electrical Impedance</i> | 00 % | |
| ESR <i>Westergren Method</i> | 10 mm/hr | 0 - 15 mm/hr |
| BLOOD GROUP & Rh TYPING <i>Tube Agglutination (Forward and Reverse)</i> | "O" Positive | |



Dr. KRISHNA MURTHY
MD
BIOCHEMIST




Lab Seal



Dr. VAMSEEDHAR.A
D.C.P, M.D
CONSULTANT PATHOLOGIST

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| | | | |
|---|-------|---|--|
| GLYCATED HAEMOGLOBIN (HbA1C) <i>HPLC</i> | 5.2 % | 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) <i>Calculation</i> | 102.54 mg/dL |
|---|--------------|

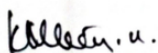
Comments:

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

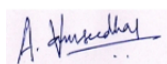
| | | |
|-----------------------------------|------------|-----------------|
| CREATININE <i>Jaffe Method</i> | 0.82 mg/dL | 0.8 - 1.4 mg/dL |
|-----------------------------------|------------|-----------------|



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LIPID PROFILE TEST

| | | | |
|--|-------------|--|--|
| TOTAL CHOLESTEROL <i>Cholesterol Oxidase-Peroxidase (CHOD-POD)</i> | 192 mg/dL | up to 200 mg/dL Border Line: 200 – 240 mg/dL High: > 240 mg/dL | |
| TRIGLYCERIDES <i>Glycerol Peroxidase-Peroxidase (GPO-POD)</i> | 79.1 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 <i>PEG-Cholesterol Esterase</i> | 51.3 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 <i>Cholesterol Esterase-Cholesterol Oxidase</i> | 124.9 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 <i>Calculation</i> | 15.8 mg/dL | 2 - 30 mg/dL | |
| TOTAL CHOLESTROL/HDL RATIO <i>Calculation</i> | 3.7 | up to 3.5 3.5-5.0 - Moderate >5.0 - High | |
| LDL/HDL RATIO <i>Calculation</i> | 2.4 | up to 2.5 2.5-3.3 - Moderate >3.3 - High | |

Krishna M. Murthy



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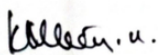
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| FASTING BLOOD SUGAR <i>Hexokinase</i> | 86.7 mg/dl | 70 - 110 mg/dl | |
| POST PRANDIAL BLOOD SUGAR <i>Hexokinase</i> | 94.0 mg/dl | 80 - 150 mg/dl | |
| BLOOD UREA <i>UREASE-GLUTAMATE DEHYDROGENASE (GLDH)</i> | 22.5 mg/dL | 15 - 50 mg/dL | |
| CREATININE <i>Jaffe Kinetic</i> | 0.82 mg/dL | 0.4 - 1.4 mg/dL | |
| URIC ACID <i>Uricase-Peroxidase</i> | 6.2 mg/dL | 3 - 7.2 mg/dL | |
| SERUM ELECTROLYTES | | | |
| SODIUM <i>Ion Selective Electrode (ISE)</i> | 138 mmol/L | 136 - 145 mmol/L | |
| POTASSIUM <i>Ion Selective Electrode (ISE)</i> | 3.6 mmol/L | 3.5 - 5.2 mmol/L | |
| CHLORIDE <i>Ion Selective Electrode (ISE)</i> | 102 mmol/L | 97 - 111 mmol/L | |



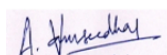
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LIVER FUNCTION TEST (LFT)

| | | | |
|---|-------------------|-----------------|--|
| TOTAL BILIRUBIN <i>Colorimetric Diazo Method</i> | 1.44 mg/dL | 0.2 - 1.2 mg/dL | |
| DIRECT BILIRUBIN <i>Colorimetric Diazo Method</i> | 0.46 mg/dL | 0 - 0.4 mg/dL | |
| INDIRECT BILIRUBIN <i>Calculation</i> | 0.98 mg/dl | 0.2 - 0.8 mg/dl | |
| S G O T (AST) <i>IFCC Without Pyridoxal Phosphates</i> | 40.1 U/L | up to 35 U/L | |
| S G P T (ALT) <i>IFCC Without Pyridoxal Phosphates</i> | 47.3 U/L | up to 50 U/L | |
| ALKALINE PHOSPHATASE <i>p-Nitrophenyl Phosphate</i> | 76 U/L | 36 - 113 U/L | |
| SERUM GAMMA GLUTAMYLTRANSFERASE (GGT) <i>GCNA-IFCC</i> | 28.3 U/L | 15 - 85 U/L | |
| TOTAL PROTEIN <i>Biuret Colorimetric</i> | 6.7 g/dl | 6.2 - 8 g/dl | |
| S.ALBUMIN <i>Bromocresol Green (BCG)</i> | 4.08 g/dl | 3.5 - 5.2 g/dl | |
| S.GLOBULIN <i>Calculation</i> | 2.6 g/dl | 2.5 - 3.8 g/dl | |
| A/G RATIO <i>Calculation</i> | 1.6 | 1 - 1.5 | |

CLINICAL PATHOLOGY

URINE ROUTINE & MICROSCOPIC

PHYSICAL EXAMINATION

| | | |
|--|-------------|---------------------|
| Colour <i>Visual Method</i> | Pale Yellow | Pale yellow- yellow |
| Appearance <i>Visual Method</i> | Clear | Clear/Transparent |
| Specific Gravity <i>Strips Method</i> | 1.010 | 1.005-1.035 |
| pH | 7.5 | 4.6-8.5 |

CHEMICAL EXAMINATION (DIPSTICK)

| | | |
|---------------------------------|-----|------------|
| Protein <i>Strips Method</i> | Nil | Nil -Trace |
|---------------------------------|-----|------------|

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| Glucose <i>Strips Method</i> | Nil | Nil | |
| Blood <i>Strips Method</i> | Negative | Negative | |
| Ketone Bodies <i>Strips Method</i> | Absent | Negative | |
| Urobilinogen <i>Strips Method</i> | Normal | Normal | |
| Bile Salt <i>Strips Method</i> | Negative | Negative | |
| Bilirubin <i>Strips Method</i> | Negative | Negative | |
| Bile Pigments | Negative | NIL | |
| MICROSCOPY | | | |
| Pus Cells (WBC) <i>Light Microscopic</i> | 3 - 4 /hpf | 0-5/hpf | |
| Epithelial Cells <i>Light Microscopic</i> | 2 - 3 /hpf | 0-4/hpf | |
| RBC <i>Light Microscopic</i> | Not Seen /hpf | 0-2/hpf | |
| Cast <i>Light Microscopic</i> | NIL | NIL | |
| Crystal <i>Light Microscopic</i> | NIL | Nil | |
| FASTING URINE SUGAR (FUS) | NIL | NIL | |
| POSTPRANDIAL URINE SUGAR | NIL | NIL | |

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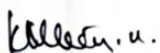
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IMMUNOASSAY

PROSTATIC SPECIFIC ANTIGEN (PSA)

| | | |
|---|------------|--|
| PROSTATIC SPECIFIC ANTIGEN (PSA) <small>CMIA</small> | 0.79 ng/mL | Up to 4ng/mL: Normal 4-10 ng/mL Hypertrophy & benign genito urinary conditions. >10 ng/mL Suspicious of malignancy. |
|---|------------|--|

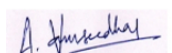
PSA is used for monitoring patients with a history of prostate cancer and as an early indicator of recurrence and response to treatment. The test is commonly used for Prostate cancer screening.



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THYROID PROFILE

| | | | |
|---|--------------|----------------------------|--|
| TOTAL TRIIODOTHYRONINE (T3) <small>CMA</small> | 1.01 ng/mL | 0.87 - 1.78 ng/mL | |
| TOTAL THYROXINE (T4) <small>CMA</small> | 9.85 µg/dL | 6.09 - 12.23 µg/dL | |
| THYROID STIMULATING HORMONE (TSH) <small>CMA</small> | 1.525 µIU/mL | 0.38 - 5.33 µIU/mL | |
| | | 1st Trimester: 0.05 - 3.70 | |
| | | 2nd Trimester: 0.31 - 4.35 | |
| | | 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

Dispatched by: Sumalatha

**** End of Report ****

Printed by: Sumalatha on 28-05-2022 at 01:09 PM



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