

Name : Mr. KETAN VASHISHT
PID No. : MED111034597
SID No. : 712209536
Age / Sex : 32 Year(s) / Male
Type : OP
Ref. Dr : MediWheel

Register On : 26/03/2022 9:40 AM
Collection On : 26/03/2022 10:33 AM
Report On : 27/03/2022 10:54 AM
Printed On : 02/04/2022 1:56 PM



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

Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/Spectrophotometry)	15.7	g/dL	13.5 - 18.0
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INTERPRETATION: Haemoglobin values vary in Men, Women & Children. Low haemoglobin values may be due to nutritional deficiency, blood loss, renal failure etc. Higher values are often due to dehydration, smoking, high altitudes, hypoxia etc.

PCV (Packed Cell Volume) / Haematocrit (EDTA Blood/Derived)	47.8	%	42 - 52
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RBC Count (EDTA Blood/Automated Blood cell Counter)	5.74	mill/cu.mm	4.7 - 6.0
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MCV (Mean Corpuscular Volume) (EDTA Blood/Derived from Impedance)	83.0	fL	78 - 100
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MCH (Mean Corpuscular Haemoglobin) (EDTA Blood/Derived)	27.4	pg	27 - 32
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MCHC (Mean Corpuscular Haemoglobin concentration) (EDTA Blood/Derived)	32.8	g/dL	32 - 36
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RDW-CV (Derived)	13.9	%	11.5 - 16.0
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RDW-SD (Derived)	40.38	fL	39 - 46
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Total WBC Count (TC) (EDTA Blood/Derived from Impedance)	11000	cells/cu.mm	4000 - 11000
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Neutrophils (Blood/Impedance Variation & Flow Cytometry)	52	%	40 - 75
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Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	44	%	20 - 45
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Dr Shouree K.R
MBBS MD DNB
Consultant Pathologist
Reg No : KMC 103138

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Eosinophils (Blood/Impedance Variation & Flow Cytometry)	02	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	02	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	00	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	5.72	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	4.84	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.22	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.22	10 ³ / μ l	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.00	10 ³ / μ l	< 0.2
Platelet Count (EDTA Blood/Derived from Impedance)	319	10 ³ / μ l	150 - 450
MPV (Blood/Derived)	8.4	fL	7.9 - 13.7
PCT	0.27	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citratd Blood/Automated ESR analyser)	10	mm/hr	< 15


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BIOCHEMISTRY

Liver Function Test

Bilirubin(Total) (Serum/Diazotized Sulfanilic Acid)	0.9	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.2	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.70	mg/dL	0.1 - 1.0
Total Protein (Serum/Biuret)	7.7	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.5	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.20	gm/dL	2.3 - 3.6
A : G Ratio (Serum/Derived)	1.41		1.1 - 2.2

INTERPRETATION: Remark : Electrophoresis is the preferred method

SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC / Kinetic)	35	U/L	5 - 40
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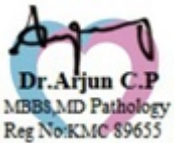
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC / Kinetic)	63	U/L	5 - 41
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Remark: kindly correlate clinically

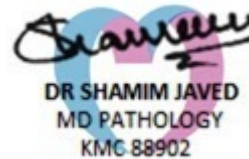
Alkaline Phosphatase (SAP) (Serum/PNPP / Kinetic)	98	U/L	53 - 128
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GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	73	U/L	< 55
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Remark: kindly correlate clinically



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Lipid Profile

Cholesterol Total (Serum/Oxidase / Peroxidase method)	238	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
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Remark: kindly correlate clinically

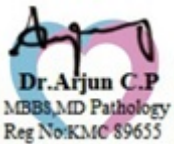
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	113	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500
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INTERPRETATION: The reference ranges are based on fasting condition. Triglyceride levels change drastically 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 "usual" circulating level of triglycerides during most part of the day.

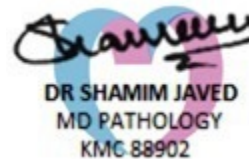
HDL Cholesterol (Serum/Immunoinhibition)	60	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
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LDL Cholesterol (Serum/Calculated)	155.4	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
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VLDL Cholesterol (Serum/Calculated)	22.6	mg/dL	< 30
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Non HDL Cholesterol (Serum/Calculated)	178.0	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220

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.

Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	4		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 (TG/HDL) (Serum/Calculated)	1.9		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.6		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

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Reg No: KMC 89655

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DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

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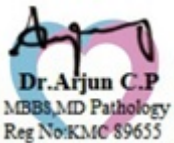
<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/HPLC)	6.2	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: \geq 6.5

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

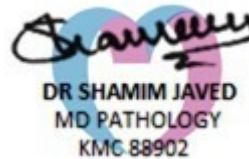
Estimated Average Glucose 131.24 mg/dL
(Whole Blood)

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 glycaemic 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 HbA1C 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 HbA1c.



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IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	1.06	ng/ml	0.7 - 2.04
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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 (Thyroxine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	8.53	Microg/dl	4.2 - 12.0
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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.

TSH (Thyroid Stimulating Hormone) (Serum/Chemiluminescent Immunometric Assay (CLIA))	2.725	µIU/mL	0.35 - 5.50
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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&lt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.


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CLINICAL PATHOLOGY

PHYSICAL EXAMINATION

Colour (Urine/Physical examination)	Pale yellow		Yellow to Amber
Volume (Urine/Physical examination)	30		ml
Appearance (Urine)	Clear		

CHEMICAL EXAMINATION

pH (Urine)	7.5		4.5 - 8.0
Specific Gravity (Urine/Dip Stick – Reagent strip method)	1.015		1.002 - 1.035
Protein (Urine/Dip Stick – Reagent strip method)	Negative		Negative
Glucose (Urine)	Nil		Nil
Ketone (Urine/Dip Stick – Reagent strip method)	Nil		Nil
Leukocytes (Urine)	Negative	leuco/uL	Negative
Nitrite (Urine/Dip Stick – Reagent strip method)	Nil		Nil
Bilirubin (Urine)	Negative	mg/dL	Negative

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Blood (Urine)	Nil		Nil
Urobilinogen (Urine/Dip Stick – Reagent strip method)	Normal		Within normal limits
<u>Urine Microscopy Pictures</u>			
RBCs (Urine/Microscopy)	Nil	/hpf	NIL
Pus Cells (Urine/Microscopy)	1-2	/hpf	< 5
Epithelial Cells (Urine/Microscopy)	3-4	/hpf	No ranges
Others (Urine)	Nil		Nil


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<u>Stool Analysis - ROUTINE</u>			
Colour (Stool)	Brownish		Brown
Blood (Stool)	Not present		Not present
Mucus (Stool)	Not present		Not present
Reaction (Stool)	Alkaline		Alkaline
Consistency (Stool)	Semi solid		Semi solid
Ova (Stool)	Nil		Nil
Others (Stool)	Nil		Nil
Cysts (Stool)	Nil		Nil
Trophozoites (Stool)	Nil		Nil
RBCs (Stool)	Nil	/hpf	Nil
Pus Cells (Stool)	2-3	/hpf	Nil
Macrophages (Stool)	Nil		Nil
Epithelial Cells (Stool)	Nil	/hpf	Nil


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IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING
(EDTA Blood/Agglutination)

'AB' 'Positive'

Remark: Test to be confirmed by Gel method .



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<u>BIOCHEMISTRY</u>			
BUN / Creatinine Ratio	9		6-22
Glucose Fasting (FBS) (Plasma - F/GOD- POD)	95	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.

Urine sugar, Fasting (Urine - F)	Nil		Nil
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Glucose Postprandial (PPBS) (Plasma - PP/GOD - POD)	98	mg/dL	70 - 140
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INTERPRETATION:

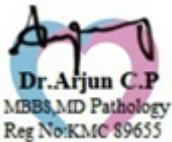
Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise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

Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	9	mg/dL	7.0 - 21
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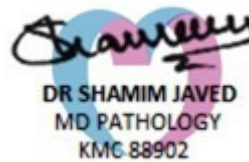
Creatinine (Serum/Jaffe Kinetic)	1.0	mg/dL	0.9 - 1.3
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INTERPRETATION: Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, 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 etc.

Uric Acid (Serum/Uricase/Peroxidase)	5.6	mg/dL	3.5 - 7.2
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-- End of Report --

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Ref Doctor Name	MediWheel		



ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in shape, size and has uniform echopattern.
No evidence of focal lesion or intrahepatic biliary ductal dilatation.
Hepatic and portal vein radicals are normal.

GALL BLADDER show normal shape and has clear contents.
Gall bladder wall is of normal thickness. CBD is of normal calibre.

PANCREAS has normal shape, size and uniform echopattern.
No evidence of ductal dilatation or calcification.

SPLEEN show normal shape, size and echopattern.
No demonstrable Para-aortic lymphadenopathy.

KIDNEYS move well with respiration and have normal shape, size and echopattern.
Cortico- medullary differentiations are well madeout.

No evidence of calculus or hydronephrosis.

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	10.0	1.4
Left Kidney	10.5	1.5

URINARY BLADDER show normal shape and wall thickness.
It has clear contents. No evidence of diverticula.

PROSTATE shows normal shape, size and echopattern.
No evidence of ascites.

IMPRESSION:

➤ **ESSENTIALLY NORMAL STUDY.**

CONSULTANT RADIOLOGISTS

DR. ANITHA ADARSH

DR. MOHAN B

AA/SV

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X – RAY CHEST PA VIEW

LUNGS:

Both lung fields are clear.

Vascular markings are normal.

Tracheal air lucency is normal.

No evidence of abnormal hilar opacities.

Costophrenic angle recesses are normal.

CARDIA:

Cardia is normal shape and configuration.

Diaphragm, Thoracic cage, soft tissues are normal.

IMPRESSION:

- **NO SIGNIFICANT DIAGNOSTIC ABNORMALITY.**

PR/SV