Req.No	: 446063	**Referred By**	: SELF
Name	: Ms. DHARAVATH KALPANA [180086]	**Req Date/Time**	: 14/08/2021 /09:32
R/O	: -- -	**Sampling Date/Time**	: 14/8/2021 /12:57
Age / Sex	: 30 Years / Female	**Sample**	: EDTA Whole Blood
Bar Code	: ‖‖‖‖‖‖‖‖	**Centre**	: MEDIWHEEL

HAEMATOLOGY

HAEMOGRAM WITH ESR

TEST(Methodology)		RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
HAEMOGLOBIN	L	10.0	g/dL	12.0 - 15.0
ERYTHROCYTE COUNT(RBC)	H	5.1	10^6/μL	3.8 - 4.8
PACKED CELL VOLUME (PCV)	L	32	%	36 - 46
MCV	L	64	fL	83 - 101
MCH	L	19.6	pg	27 - 32
MCHC	L	30.7	gm/dL	31.5 - 34.5
RDW	H	16.8	%	11.6 - 14.0
TOTAL WBC COUNT		6.9	10^3/μL	4 - 10

DIFFERENTIAL LEUCOCYTE COUNT
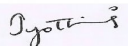
NEUTROPHILS		62	%	40 - 80
LYMPHOCYTES		31	%	20 - 40
MONOCYTES		5	%	2 - 10
EOSINOPHILS		2	%	1 - 6
BASOPHILS		0	%	0 - 2
PLATELET COUNT		250	10^3/μL	150 - 400

PERIPHERAL SMEAR

RBC		Microcytic and Hypochromic.		
W.B.C		Within normal limits.No abnormal cells seen.		
PLATELETS.		Discrete and adequate.Normal in morphology		
ESR I HOUR	H	22	mm/hr	0 - 20

NOTE : Advised Hb Electrophoresis.
Method: Cell Counter (Photometry, Impedance, Light scattering, Calculation), Microscopy.

**** End of Report ****

DR. JYOTHI KIRANMAI
MD PATHOLOGY

Req.No : **446063**	**Referred By** : **SELF**
Name : **Ms. DHARAVATH KALPANA [180086]**	**Req Date/Time** : 14/08/2021 /09:32
R/O : -- -	**Sampling Date/Time** : 14/08/2021 /12:57
Age / Sex : **30 Years / Female**	**Sample** : EDTA Whole Blood
Bar Code :	**Centre** : MEDIWHEEL

HAEMATOLOGY

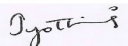| TEST(Methodology)	RESULT
Method: Agglutination	
BLOOD GROUPING & RH TYPING	O POSITIVE

Note : Reconfirm the Blood Group and Rh Type & Cross-match before blood transfusion.

**** END OF REPORT ****

MEDIWHEEL FEMALE 30 YRS AND BELOW

Reported on : 14/08/2021/ 13:06

Printed on : 16/08/2021/ 11:15

DR. JYOTHI KIRANMAI
MD PATHOLOGY

Req.No	: **446063**		**Referred By**	**: SELF**
Name	: **Ms. DHARAVATH KALPANA [180086]**		**Registration**	: 14/08/2021 /09:32
R/o	: -- -		**Sampling Date/Time**	: 14/08/2021 /12:57
Age / Sex	: **30 Years / Female**		**Sample**	: Fluoride Plasma
Bar Code	:		**Centre**	: MEDIWHEEL
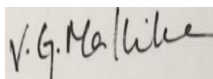
BIOCHEMISTRY
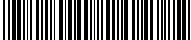
TEST(Methodology)	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
BLOOD GLUCOSE FASTING Method: GOD-PAP	93	mg/dL	<100 : Normal 100 - 125 : Impaired fasting glucose >125 : Diabetic
BLOOD GLUCOSE POST PRANDIAL Method: GOD-PAP	109	mg/dL	90-140 : Normal 141-199 : Impaired glucose tolerance >=200 : Diabetic

**** End of Report ****

MEDIWHEEL FEMALE 30 YRS AND BELOW

V.G.Mallika

DR.V.G MALLIKA
MD PATHOLOGY

Reported on : 14/08/2021 /15:54
Printed on : 16/08/2021 /11:15

Req.No	**: 446063**	
Name	**: Ms. DHARAVATH KALPANA [180086]**	
R/O	**: -- -**	
Age / Sex	**: 30 Years / Female**	
Bar Code	**:** |||||||||||	
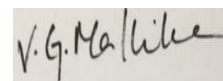
Referred By	**: SELF**
Req Date/Time	**:** 14/08/2021 /09:32
Sampling Date/Time	**:** 14/08/2021 /12:57
Sample	**:** Urine
Centre	**:** MEDIWHEEL

CLINICAL PATHOLOGY

TEST(Methodology)	RESULT	BIOLOGICAL REFERENCE INTERVAL
Method: Reagent strip/Reflectance photometry		
URINE SUGAR (F)*	Nil	NIL
URINE SUGAR (PP)*	Nil	NIL

**** End of Report ****

Reported on   : 14/08/2021 /15:54
Printed on   : 16/08/2021 /11:15

DR.V.G MALLIKA
MD PATHOLOGY
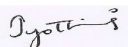
BIOCHEMISTRY

LIPID PROFILE [FASTING SAMPLE]

TEST(Methodology)	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
CHOLESTEROL			
TOTAL CHOLESTEROL Method: CHOD-PAP	104	mg/dL	Desirable Level: < 200 Borderline : 200 - 239 High : > 240
HDL CHOLESTEROL Method: Enzymatic Reaction	31	mg/dL	<40:Major risk factor for heart disease 40-59:The higher,the better >/=60:Considered protective against heart disease.
LDL CHOLESTEROL Method: Calculated	61	mg/dL	<100
VLDL CHOLESTEROL Method: Calculated	12	mg/dL	10 - 55
TRIGLYCERIDES Method: GPO-POD	61	mg/dL	Normal:<150 Borderline:150-199 High:200-499 Very High:>/=500
CHOL:HDL RATIO Method: Calculated	3.35		Normal : <4 Low risk : 4 - 6 High risk : >6
LDL:HDL RATIO. Method: Calculated	1.97		

**** End of Report ****

Reported on   : 14/08/2021 /13:40

Printed on   : 16/08/2021 /11:15

DR. JYOTHI KIRANMAI
MD PATHOLOGY

BIOCHEMISTRY

LIVER FUNCTION TEST 16 YEARS And ABOVE

TEST(Methodology)	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
BILIRUBIN			
BILIRUBIN TOTAL Method: Diazo with Sulphanilic acid	0.35	mg/dL	0.3 - 1.2
DIRECT BILIRUBIN Method: Diazo with sulphanilic acid	0.12	mg/dL	0.0 - 0.40
INDIRECT BILIRUBIN Method: Calculated	0.23	mg/dL	
SERUM SGPT(ALT) Method: IFCC without P5P	18	U/L	10 - 40
SERUM SGOT(AST) Method: IFCC without P5P	21	U/L	10 - 40
SERUM ALKALINE PHOSPHATASE Method: AMP-IFCC	54	U/L	30 - 115
PROTEINS			
Total Proteins Method: Biuret	7.46	g/dL	6.0 - 8.0
ALBUMIN Method: Bromocresol Green (BCG)	4.51	G/dL	3.5 - 4.8
SERUM GLOBULIN Method: Calculated	2.95	g/dL	2.3 - 3.5
A/G RATIO Method: Calculated	1.53		0.8 - 2.0
SERUM GAMMA GT Method: IFCC-Enzymatic	12	U/L	7.0 - 50.0

**** End of Report ****

Reported on : 14/08/2021 /14:03

Printed on : 16/08/2021 /11:15

DR. JYOTHI KIRANMAI
MD PATHOLOGY

Req.No	: 446063		Referred By	: SELF
Name	: Ms. DHARAVATH KALPANA [180086]		Registration	: 14/08/2021 /09:32
R/o	: -- -		Sampling Date/Time	: 14/08/2021 /12:57
Age / Sex	: 30 Years / Female		Sample	: -
Bar Code	: ‖‖‖‖‖‖‖‖‖‖‖		Centre	: MEDIWHEEL

BIOCHEMISTRY

TEST(Methodology)	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
BLOOD UREA NITROGEN (B.U.N)* Method: Calculated	7.6	mg/dL	7 - 23
SERUM CREATININE Method: Alkaline picrate method	0.76	mg/dL	0.50 - 1.20
SERUM URIC ACID Method: Uricase(Peroxidase)	3.19	mg/dL	1.9 - 7.5

**** End of Report ****

MEDIWHEEL FEMALE 30 YRS AND BELOW

Reported on : 14/08/2021 /14:03
Printed on : 16/08/2021 /11:15

DR. JYOTHI KIRANMAI
MD PATHOLOGY

Req.No	: 446063	Referred By	: SELF
Name	: Ms. DHARAVATH KALPANA [180086]	Registration	: 14/08/2021 /09:32
R/o	: -- -	Sampling Date/Time	: 14/08/2021 /12:57
Age / Sex	: 30 Years / Female	Sample	: EDTA Whole Blood
Bar Code	: |||||||||||||||	Centre	: MEDIWHEEL

BIOCHEMISTRY

TEST(Methodology)	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Haemoglobin (Hb A1c)* Method: High Performance Liquid Chromatography (HPLC)	5.4	%	< 5.7% : Normal 5.7% - 6.4% : Prediabetes > 6.4% : Diabetes
MEAN PLASMA GLUCOSE (MPG) ESTIMATE* Method: Derived from HBA1c	108	mg/dL	Excellent control : 90 to 120 Good control : 121 to 150 Average control : 151 to 180 Panic value : > 211

Note:Mean Plasma Glucose is calucated from HBA1c value and it indicates Average Blood Sugar level over the past three months.
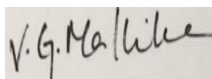
MEDIWHEEL FEMALE 30 YRS AND BELOW

INTERPRETATION :
1.Glycated hemoglobin(glycohemoglobin /HbA1c) is a form ofhemoglobin(Hb) that is chemically linked to a sugar.
2.A1c is measured primarily to determine the three-month averageblood sugar leveland can be used as a diagnostic test fordiabetes mellitusand 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 withcardiovascular disease,nephropathy,neuropathy, andretinopathy.
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.

**** End of Report ****

Reported on : 14/08/2021 /15:54
Printed on : 16/08/2021 /11:15

DR.V.G MALLIKA
MD PATHOLOGY
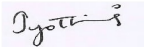
CLINICAL PATHOLOGY

URINE ANALYSIS

TEST(Methodology)	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
Metho Physical examination			
COLOUR	Straw		LIGHT YELLOW
APPEARANCE	Clear		CLEAR
SP GRAVITY	1.005		1.003 - 1.030
pH	6.0		5.0 - 8.0
PROTEIN	Negative		NEGATIVE
GLUCOSE	Negative		NEGATIVE
UROBILINOGEN	Negative		0.2 - 1.0 mg% (Normal)
KETONE	Negative		NEGATIVE
BLOOD.	Negative		NEGATIVE
BILE SALT	Negative		NEGATIVE
BILE PIGMENT	Negative		NEGATIVE
MICROSCOPIC EXAMINATION			
PUS CELLS.	1 - 2	/hpf	0 - 5
RBCs	Nil	/hpf	0 - 2
EPITHELIAL CELLS	1 - 2	/hpf	0 - 8
CRYSTALS	Nil	/lpf	Nil
CASTS*	Nil	/lpf	Nil
OTHERS	Nil		Nil

**** END OF REPORT ****

Reported on : 14/08/20 / 13:40
Printed on : 16/08/20 / 11:15

DR. JYOTHI KIRANMAI
MD PATHOLOGY

Req.No	: 446063	Referred By	: SELF
Name	: Ms. DHARAVATH KALPANA [180086]	Req Date/Time	: 14/08/2021 /09:32
R/O	: -- -	Sampling Date/Time	: 14/08/2021 /09:38
Age / Sex	: 30 Years / Female	Sample	: Serum
Bar Code	:	Centre	: MEDIWHEEL

IMMUNOASSAYS

THYROID FUNCTION TEST (TOTAL)*

TEST(Methodology)		RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
Metho Enhanced chemiluminescence				
T3 (TRI - IODOTHYRONINE)*		1.54	ng/mL	0.970 - 1.69
T4 (THYROXINE)*	H	13.1	µg/dL	5.53 - 11.0
TSH (THYROID STIMULATING HORMONE)*		0.97	µIU/mL	0.465 - 4.68

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.
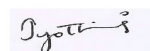4.Slightly elevated T3 levels may be found in pregnancy and estrogen therapy, while depressed levels may be encountered in severe illness, malnutrition, renal failure and during therapy with drugs like propanolol and propylthiouracil.
5.Although elevated TSH levels are nearly always indicative of primary hypothyroidism, rarely they can result form TSH secreting pituitary tumors(secondary).

**** END OF REPORT ****

Reported on : 14/08/20 / 12:28
Printed on : 16/08/20 / 11:15

DR. JYOTHI KIRANMAI
MD PATHOLOGY