



Name: MENKA AMIT SAHANI	Ward: OPD
Lab ID: 00000279	Registration on: 30/03/2023 09:00:00
Age & Sex: 38 Year Male	Reported on: 12:10:47
Reference: VELOCITY HOSPITAL	Sample Type: BLOOD & URINE

MEDIWHEEL BELOW 40

Test	Observed Value	Unit	Biological Reference Interval
Haemoglobin	12.3 L	g/dL	13.5 - 17.5
Total RBC	4.87	mill./cm	4.50 - 5.90
Total WBC	5700	/cmm	4000 - 11000
Platelet Count	277000	/cmm	150000 - 450000
HCT	37.3	%	36.0 - 48.0
MCV	76.6 L	fL	80.0 - 100.0
MCH	25.3 L	pg	27.0 - 32.0
MCHC	33.0	g/dL	31.5 - 36.0
DIFFERENTIAL COUNT			
Neutrophils	52	%	40 - 70
Lymphocytes	40	%	20 - 40
Eosinophils	04	%	02-05
Monocytes	04	%	01-07
Basophils	00	%	00 - 02
Band Cells	00	%	0.0 - 6.0
ABSOLUTE DIFFERENTIAL COUNT			
Neutrophils	2964	/cumm	2000 - 7000
Lymphocytes	2280	/cumm	1000 - 3000
Eosinophils	228	/cumm	20 - 500
Monocytes	300	/cumm	200 - 1000
Basophils	0	/cumm	0 - 100
GLR / NLR (Neutrophil/Lymphocyte Ratio)	1.3		
M ENTZER INDEX			
RDW-CV	12.5	%	11.1 - 14.1
RDW-SD	38.3	fl	
MPV	6.2	fl	
PCT	0.17	%	

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PDW 18.4 %

PERIPHERAL SM EAR EXAMINATION

RBC Morphology
WBC Morphology
Platelets in Smear

**Hypochromia (+), Microcytosis (+), Anisocytosis (+),
Appear normal, Immature cells are not seen .
Adequate.**

Malarial Parasites
ESR AFTER 1 HOUR

Not Detected.
17 H

1.0 - 15.0

Blood Group
Rh Factor

"O"
POSITIVE

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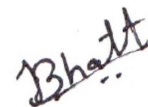




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BLOOD GLUCOSE TEST

<u>Test</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Sample	FLOURIDE PLASMA		
<u>FASTING (FBS)</u>			
Blood Sugar-F	96.4	mg/dL	70.00-110.00



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HEMOGLOBIN A1c TEST

Test	Observed Value	Unit	Biological Reference Interval
HbA1c	5.8	%	> 8 : Action Suggested 7-8 : Good control < 7 : Goal 6.2-7 : Near Normal Glycemia < 6.2 : Non-diabetic Level
Mean Blood Glucose	119.8	mg/dL	70.0 - 140.0

Importance of HbA1c - Glycated Hb. in Diabetes Mellitus

- HbA1c, also known as Glycated Hemoglobin is the most important test for the assessment of long term blood glucose control (also called glycemic control)
- HbA1c reflects mean blood glucose concentration over past 6-8 weeks and provides a much better indication of long term glycemic control than blood glucose determination
- HbA1c is formed by non-enzymatic reaction between glucose and Hb. , this reaction is irreversible and therefore remains unaffected by short term fluctuations in blood glucose levels.
- Long term complications of diabetes such as retinopathy-eye complications, nephropathy-kidney complications and neuropathy-nerve complications, are potentially serious and can lead to blindness, kidney failure etc.
- Glycemic control monitored by HbA1c measurement using HPLC method-(Gold Standard) is considered most important. (Ref. National Glycohemoglobin Standardization Program -NGSP).

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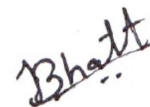
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LIPID PROFILE

Test	Observed Value	Unit	Biological Reference Interval
Sample	Fasting Blood Serum		
Cholesterol	158.1	mg/dL	<200 Desirable 200-29 Borderline >240 High
Triglyceride	68.0	mg/dL	<150 Normal 150-199 Borderline 200-499 High >=500 Very High
HDL Cholesterol	34.1 L	mg/dL	40-60
VLDL	13.60	mg/dL	0.00 - 30.00
LDL Cholesterol	110.40	mg/dL	< 130 : Optimal 130 - 159 : Borderline High 160 - 189 : High >= 190 : Very High
LDL Chol. / HDL Chol. Ratio	3.24		1.0 - 3.4
Cholesterol / HDL Chol. Ratio	4.6 H		0 - 3.5
Total Lipid	489.2	mg/dl	400.0 - 1000.0

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LIVER FUNCTION TEST

Test	Observed Value	Unit	Biological Reference Interval
<u>BILIRUBIN</u>			
Total Bilirubin	0.5	mg/dL	0.00 - 1.20
Direct Bilirubin	0.2	mg/dL	0.00 - 0.40
Indirect Bilirubin	0.30	mg/dL	0.00 - 1.00
SGPT(ALT)	16.1	U/L	0.0 - 40.0
SGOT (AST)	19.2	U/L	0.0 - 46.0
Alkaline Phosphatase	158.0	U/L	80.0 - 306.0
<u>PROTEINS</u>			
Total Protein	7.0	g/dL	6.0 - 8.0
Albumin	4.5	g/dL	3.50 - 5.50
Globulin	2.5	g/dL	2.0 - 4.0
A/G Ratio	1.8		

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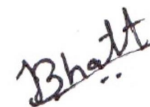
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RENAL FUNCTION TEST

Test		Unit	
S. Creatinine	0.47	mg/dL	0.5-1.30
Bl. Urea	21.0	mg/dL	10.0 - 40.0
BUN	9.8	mg/dl	6.0 - 22.0
Uric Acid	4.07	mg/dL	3.5 - 7.2

PROTEINS

Total Protein	7.0	g/dL	6.0 - 8.0
Albumin	4.5	g/dL	3.50 - 5.50
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URINE ANALYSIS

<u>Test</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Sample	Fresh Urine		
<u>PHYSICAL EXAMINATION</u>			
Quantity	10.0	mL	
Colour	Pale-Yellow		
Appearance	Clear		Clear
pH	7.0		
Specific Gravity	1.010		
Sediments	Absent		Absent
<u>CHEMICAL EXAMINATION</u>			
Protein (Albumin)	Absent		Absent
Sugar	Absent		Absent
Bile Salts	Absent		Absent
Bile Pigment	Absent		Absent
Ketone	Absent		Absent
Occult Blood	Absent		Absent
Nitrite	Absent		Absent
Leukocyte Esterase	Absent		Absent
Urobilinogen	Normal		Normal
<u>MICROSCOPIC EXAMINATION</u>			
Pus Cells	Occasional	/hpf	Absent
Red Blood Cells	Absent	/hpf	Absent
Epithelial Cells	1-2		Absent
Crystals	Absent		Absent
Amorphous material	Absent		Absent
Casts	Absent		Absent
Yeast	Absent		Absent
Bacteria	Absent		Absent

--- End of Report ---

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LABORATORY TEST REPORT



Patient Information	Sample Information	Client/Location Information
Name : Ms Menka Amit Sahani	Lab Id : 032315303252	Client Name : Spectra Diagnostics Lab@Adajan
Sex/Age : Female / 38 Y	Registration on : 30-Mar-2023 10:58	Location :
Ref. Id :	Collected at : non SAWPL	Approved on : 30-Mar-2023 12:02 Status : Final
Ref. By :	Collected on : 30-Mar-2023 10:59	Printed On : 30-Mar-2023 12:12
	Sample Type : Serum	Process At : 153. Lab SAWPL Gujarat Surat Adajan

Thyroid Function Test

Test	Result	Unit	Biological Ref. Interval
T3 - Triiodothyronine <i>Chemiluminescence</i>	1.25	ng/mL	0.58 - 1.59
T4 - Thyroxine <i>Chemiluminescence</i>	8.16	micro g/dL	4.87 - 11.72
TSH - Thyroid Stimulating Hormone <i>Chemiluminescence</i>	2.8293	microIU/mL	0.35 - 4.94

Interpretation

TSH	T3/FT3	T4/FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	Isolated low T3 often seen in elderly & associated Non-Thyroid illness. In elderly the drop in T3 level can be up to 25%
Raised	Within Range	Within Range	- Isolated High TSH Especially in the range of 4.7 to 15 mIU/ml is commonly associated with physiological & Biological TSH Variability. - Subclinical Autoimmune Hypothyroidism. - Intermediate T4 therapy for hypothyroidism. - Recovery phase after Non-Thyroidal illness.
Raised	Decreased	Decreased	- Chronic Autoimmune Thyroiditis. - Post thyroidectomy, post radioiodine. - Hypothyroid phase of transient thyroiditis.
Raised or Within Range	Raised	Raised or Within Range	- Interfering antibodies to thyroid hormones (anti-TPO antibodies) - Intermediate T4 therapy of T4 overdose. - Drug Interference-Amiodarone, Heparin, Beta blocker, steroids, anti-epileptics.
Decreased	Raised or Within Range	Raised or Within Range	- Isolated Low TSH – Especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness. - Subclinical Hypothyroidism. - Thyroxine ingestion.
Decreased	Decreased	Decreased	- Central Hypothyroidism. - Non-Thyroidal illness. - Recent treatment for Hypothyroidism (TSH remains suppressed)
Decreased	Raised	Raised	- Primary Hypothyroidism (Graves' disease), Multinodular goitre Toxic nodule. - Transient thyroiditis: postpartum, Silent(lymphocytic), Post viral (granulomatous, subacute, DeQuervain'a) Gestational thyrotoxicosis hyperemesis gravidarum.
Decreased or Within Range	Raised	Within Range	- T3 toxicosis. - Non-Thyroidal illness

----- End Of Report -----

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M.D. Pathology

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