

DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Ms Reshma Hegde MRN : 2015000000974 Gender/Age : FEMALE , 39y (05/11/1983)

Collected On : 02/08/2023 10:21 AM Received On : 02/08/2023 12:15 PM Reported On : 02/08/2023 11:01 PM

Barcode : 032308020193 Specimen : Urine Consultant : Dr. Priya S(FAMILY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9740131310

CLINICAL PATHOLOGY

Test	Result	Unit
Urine For Sugar (Post Prandial) (Enzyme Method (GOD POD))	Not Present	-

Dr. Shalini K S
DCP, DNB, Pathology
Consultant

CLINICAL PATHOLOGY

Test	Result	Unit
Urine For Sugar (Fasting) (Enzyme Method (GOD POD))	Not Present	-

Dr. Deepak M B
MD, PDF, Hematopathology
Consultant

NARAYANA HRUDAYALAYA BLOOD CENTRE

Test	Result	Unit
BLOOD GROUP & RH TYPING		
Blood Group (Column Agglutination Technology)	O	-

Patient Name : Ms Reshma Hegde MRN : 2015000000974 Gender/Age : FEMALE , 39y (05/11/1983)

RH Typing (Column Agglutination Technology) Positive -



Dr. Prathip Kumar B R
MBBS,MD, Immunohaematology & Blood Transfusion
Consultant


HEMATOLOGY

Test	Result	Unit	Biological Reference Interval
Erythrocyte Sedimentation Rate (ESR) (Westergren Method)	9	mm/1hr	0.0-12.0

Interpretation Notes

- ESR high - Infections, chronic disorders,, plasma cell dyscrasias.

DISCLAIMER:All the laboratory findings should mandatorily interpreted in correlation with clinical findings by a medical expert



Dr. Shalini K S
DCP, DNB, Pathology
Consultant

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
Fasting Blood Sugar (FBS) (Colorimetric - Glucose Oxidase Peroxidase)	91	mg/dL	70 to 99 : Normal 100 to 125 : Pre-diabetes =>126 : Diabetes ADA standards 2020
Post Prandial Blood Sugar (PPBS) (Colorimetric - Glucose Oxidase Peroxidase)	96	mg/dL	70 to 139 : Normal 140 to 199 : Pre-diabetes =>200 : Diabetes ADA standards 2020

SERUM CREATININE

Patient Name : Ms Reshma Hegde MRN : 2015000000974 Gender/Age : FEMALE , 39y (05/11/1983)

Serum Creatinine (Two Point Rate - Creatinine Aminohydrolase) 0.63 mg/dL 0.52-1.04

eGFR (Calculated) 105.3 mL/min/1.73m² Indicative of renal impairment < 60
 Note:eGFR is inaccurate for Hemodynamically unstable patients eGFR is not applicable for less than 18 years of age.

Blood Urea Nitrogen (BUN) (Endpoint /Colorimetric – Urease) 10 mg/dL 7.0-17.0

Serum Uric Acid (Colorimetric - Uricase,Peroxidase) 6.10 mg/dL 2.5-6.2

LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)

Cholesterol Total (Colorimetric - Cholesterol Oxidase) 140 mg/dL Desirable: < 200
 Borderline High: 200-239
 High: > 240

Triglycerides (Colorimetric - Lip/Glycerol Kinase) **152 H** mg/dL Normal: < 150
 Borderline: 150-199
 High: 200-499
 Very High: > 500

HDL Cholesterol (HDLC) (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method) **30 L** mg/dL 40.0-60.0

Non-HDL Cholesterol (Calculated) 110.0 mg/dL Desirable: < 130
 Above Desirable: 130-159
 Borderline High: 160-189
 High: 190-219
 Very High: => 220

LDL Cholesterol (Colorimetric) **83 L** mg/dL Optimal: < 100
 Near to above optimal: 100-129
 Borderline High: 130-159
 High: 160-189
 Very High: > 190

VLDL Cholesterol (Calculated) 30.4 mg/dL 0.0-40.0

Cholesterol /HDL Ratio (Calculated) 4.7 - 0.0-5.0

THYROID PROFILE (T3, T4, TSH)

Tri Iodo Thyronine (T3) (Enhanced Chemiluminescence) 1.23 ng/mL 0.97-1.69

Thyroxine (T4) (Enhanced Chemiluminescence) 8.03 µg/dl 5.53-11.0

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TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminescence)	1.939	μIU/mL	> 18 Year(s) : 0.4 -4.5 Pregnancy: 1st Trimester: 0.129-3.120 2nd Trimester: 0.274-2.652 3rd Trimester: 0.312-2.947

Interpretation Notes

- TSH levels are subjected 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. Alteration in concentration of Thyroid hormone binding protein can profoundly affect Total T3 and/or Total T4 levels especially in pregnancy and in patients on steroid therapy. Unbound fraction (Free,T4 /Free,T3) of thyroid hormone is biologically active form and correlate more closely with clinical status of the patient than total T4/T3 concentration.

LIVER FUNCTION TEST(LFT)

Bilirubin Total (Colorimetric -Diazo Method)	1.10	mg/dL	0.2-1.3
Conjugated Bilirubin (Direct) (Dual Wavelength - Reflectance Spectrophotometry)	0.00	mg/dL	0.0-0.3
Unconjugated Bilirubin (Indirect) (Calculated)	1.1	mg/dL	0.0-1.1
Total Protein (Colorimetric - Biuret Method)	7.00	gm/dL	6.3-8.2
Serum Albumin (Colorimetric - Bromo-Cresol Green)	3.70	gm/dL	3.5-5.0
Serum Globulin (Calculated)	3.3	gm/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.13	-	1.0-2.1
SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	23	U/L	14.0-36.0
SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	19	U/L	<35.0
Alkaline Phosphatase (ALP) (Multipoint-Rate - P-nitro Phenyl Phosphate, AMP Buffer)	66	U/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide (Szasz Method))	20	U/L	12.0-43.0

Interpretation Notes

- Indirect Bilirubin result is a calculated parameter (Indirect Bilirubin = Total Bilirubin - Direct Bilirubin). Indirect bilirubin result includes the delta bilirubin fraction also. Delta Bilirubin is the bilirubin which is covalently bound to albumin. Delta Bilirubin is not expected to be present in healthy adults or neonates.

Patient Name : Ms Reshma Hegde MRN : 2015000000974 Gender/Age : FEMALE , 39y (05/11/1983)



Dr. Anushre Prasad
MBBS,MD, Biochemistry
Consultant Biochemistry



Mrs. Latha B S
MSc, Mphil, Biochemistry
Incharge, Consultant Biochemistry

HEMATOLOGY

Test	Result	Unit	Biological Reference Interval
COMPLETE BLOOD COUNT (CBC)			
Haemoglobin (Hb%) (Photometric Measurement)	13.0	g/dL	12.0-15.0
Red Blood Cell Count (Electrical Impedance)	4.33	million/ μ l	3.8-4.8
PCV (Packed Cell Volume) / Hematocrit (Calculated)	37.4	%	36.0-46.0
MCV (Mean Corpuscular Volume) (Derived)	86.4	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	30.1	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	34.8 H	%	31.5-34.5
Red Cell Distribution Width (RDW) (Derived)	13.4	%	11.6-14.0
Platelet Count (Electrical Impedance Plus Microscopy)	281	$10^3/\mu$ L	150.0-450.0
Mean Platelet Volume (MPV)	7.4	fL	7.0-11.7
Total Leucocyte Count(WBC) (Electrical Impedance)	7.2	$10^3/\mu$ L	4.0-10.0
DIFFERENTIAL COUNT (DC)			
Neutrophils (VCS Technology Plus Microscopy)	63.2	%	40.0-75.0

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Lymphocytes (VCS Technology Plus Microscopy)	26.4	%	20.0-40.0
Monocytes (VCS Technology Plus Microscopy)	7.7	%	2.0-10.0
Eosinophils (VCS Technology Plus Microscopy)	2.4	%	1.0-6.0
Basophils (VCS Technology Plus Microscopy)	0.3	%	0.0-2.0
Absolute Neutrophil Count (Calculated)	4.56	$\times 10^3$ cells/ μ l	2.0-7.0
Absolute Lymphocyte Count (Calculated)	1.91	$\times 10^3$ cells/ μ l	1.0-3.0
Absolute Monocyte Count (Calculated)	0.56	$\times 10^3$ cells/ μ l	0.2-1.0
Absolute Eosinophil Count (Calculated)	0.18	$\times 10^3$ cells/ μ l	0.02-0.5
Absolute Basophil Count (Calculated)	0.03	-	-

As per the recommendation of International Council for Standardization in Hematology, the differential counts are additionally being reported as absolute numbers.

Interpretation Notes

- Haemoglobin , RBC Count and PCV: If below reference range, indicates Anemia. Further evaluation is suggested .
RBC Indices aid in typing of anemia.
 - WBC Count: If below reference range, susceptibility to infection.
If above reference range- Infection*
If very high in lakhs-Leukemia
 - Neutrophils -If above reference range-acute infection, mostly bacterial
 - Lymphocytes -If above reference range-chronic infection/ viral infection
 - Monocytes -If above reference range- TB,Typhoid,UTI
 - Eosinophils -If above reference range -Allergy,cough,Common cold,Asthma & worms
 - Basophils - If above reference range, Leukemia, allergy
 - Platelets: If below reference range- bleeding disorder, Dengue, drug- induced, malignancies
 - * In bacterial infection with fever total WBC count increases.
Eg Tonsillitis,Sinusitis,Bronchitis,Pneumonia,Appendicitis,UTI -12000-25000 cells/cumm.
In typhoid and viral fever WBC may be normal.
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Dr. Sudarshan Chougule
MBBS, MD, Pathology
Consultant & Head - Hematology & Flow Cytometry

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
HBA1C			
HbA1c (HPLC NGSP Certified)	5.0	%	Normal: 4.0-5.6 Prediabetes: 5.7-6.4 Diabetes: => 6.5 ADA standards 2020
Estimated Average Glucose (Calculated)	96.8	-	-

Interpretation:

- HbA1C above 6.5% can be used to diagnose diabetes provided the patient has symptoms. If the patient does not have symptoms with HbA1C>6.5%, repeat measurement on further sample. If the repeat test result is <6.5%, consider as diabetes high risk and repeat measurement after 6 months.
- HbA1C measurement is not appropriate in diagnosing diabetes in children, suspicion of type 1 diabetes, symptoms of diabetes for less than 2 months, pregnancy, hemoglobinopathies, medications that may result sudden increase in glucose, anemia, renal failure, HIV infection, malignancies, severe chronic hepatic, and renal disease.
- Any sample with >15% should be suspected of having a haemoglobin variant.



Dr. Anushre Prasad
MBBS,MD, Biochemistry
Consultant Biochemistry

CLINICAL PATHOLOGY

Test	Result	Unit
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STOOL ROUTINE EXAMINATION

PHYSICAL EXAMINATION

Patient Name : Ms Reshma Hegde MRN : 2015000000974 Gender/Age : FEMALE , 39y (05/11/1983)

Colour Dark Yellow -

Consistency Semi Solid -

Mucus Absent -

CHEMICAL EXAMINATION

Stool For Occult Blood (Standard Guaiac Method) Negative -

Reaction Alkaline -

MICROSCOPE EXAMINATION

Ova Not Seen -

Cyst Of Protozoa Not Seen -

Trophozoite Not Seen -

--End of Report--



Dr. Sudarshan Chougule

MBBS, MD, Pathology

Consultant & Head - Hematology & Flow Cytometry

Note

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.

(Lipid Profile, -> Auto Authorized)

(, -> Auto Authorized)

(CR, -> Auto Authorized)

(LFT, -> Auto Authorized)

(Uric Acid, -> Auto Authorized)

(Blood Urea Nitrogen (Bun), -> Auto Authorized)

(Fasting Blood Sugar (FBS), -> Auto Authorized)

(Post Prandial Blood Sugar (PPBS) -> Auto Authorized)



DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Ms Reshma Hegde MRN : 2015000000974 Gender/Age : FEMALE , 39y (05/11/1983)

Collected On : 02/08/2023 08:51 AM Received On : 02/08/2023 12:16 PM Reported On : 02/08/2023 01:23 PM

Barcode : 032308020131 Specimen : Urine Consultant : Dr. Priya S(FAMILY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9740131310

CLINICAL PATHOLOGY

Test	Result	Unit	Biological Reference Interval
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URINE ROUTINE & MICROSCOPY**PHYSICAL EXAMINATION**

Colour	STRAW	-	-
Appearance	Clear	-	-

CHEMICAL EXAMINATION

pH(Reaction) (pH Indicator Method)	5.0	-	4.5-7.5
Sp. Gravity (Refractive Index)	1.010	-	1.002 - 1.030
Protein (Automated Protein Error Or Ph Indicator)	Not Present	-	Not Present
Urine Glucose (Enzyme Method (GOD POD))	Not Present	-	Not Present
Ketone Bodies (Nitroprusside Method)	Not Present	-	Not Present
Bile Salts (Azo Coupling Method)	Not Present	-	Not Present
Bile Pigment (Bilirubin) (Azo Coupling Method)	Not Present	-	Not Present
Urobilinogen (Azo Coupling Method)	Normal	-	Normal
Urine Leucocyte Esterase (Measurement Of Leukocyte Esterase Activity)	Not Present	-	Not Present
Blood Urine (Peroxidase Reaction)	Trace	-	Not Present
Nitrite (Gries Method)	Not Present	-	Not Present

MICROSCOPIC EXAMINATION

Pus Cells	3.3	/hpf	0-5
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RBC	7.6	/hpf	0-4
Epithelial Cells	4.6	/hpf	0-6
Crystals	0.0	/hpf	0-2
Casts	0.00	/hpf	0-1
Bacteria	64.2	/hpf	0-200
Yeast Cells	0.1	/hpf	0-1
Mucus	Not Present	-	Not Present

Interpretation Notes

- Since the analytical methodology of Urine Microscopy is Flow cytometry based and FDA approved the results of automated urine microscopy which includes RBCs, WBCs Epithelial cells etc are being reported in decimal fraction. Rounding off the value to nearest whole number is suggested.

--End of Report--



Dr. Deepak M B
MD, PDF, Hematopathology
Consultant

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