


NAME : Mrs. R SUGUNA	MR NO. : 22031098
AGE/SEX : 48 Yrs / Female	VISIT NO. : 151950
REFERRED BY :	DATE OF COLLECTION : 19-03-2022 at 09:14 AM
	DATE OF REPORT : 19-03-2022 at 12:31 PM
REF CENTER : MEDIWHEEL	

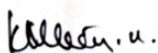
TEST PARAMETER	RESULT	REFERENCE RANGE	SPECIMEN
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MEDIWHEEL HEALTH CHECKUP FEMALE

HAEMATOLOGY

COMPLETE BLOOD COUNT (CBC) WITH ESR

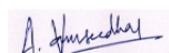
HAEMOGLOBIN <i>Colorimetric Method</i>	13.0 gm/dL	12 - 16 gm/dL
HEMATOCRIT (PCV) <i>Calculated</i>	40.0 %	36 - 47 %
RED BLOOD CELL (RBC) COUNT <i>Electrical Impedance</i>	3.80 million/cu.mm	4 - 5.2 million/cu.mm
PLATELET COUNT <i>Electrical Impedance</i>	3.72 Lakhs/cumm	1.5 - 4.5 Lakhs/cumm
MEAN CELL VOLUME (MCV) <i>Calculated</i>	105.1 fl	80 - 100 fl
Note : All normal and abnormal platelet counts are cross checked on peripheral smear.		
MEAN CORPUSCULAR HEMOGLOBIN (MCH) <i>Calculated</i>	34.2 pg	26 - 34 pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION (MCHC) <i>Calculated</i>	32.6 %	31 - 35 %
TOTAL WBC COUNT (TC) <i>Electrical Impedance</i>	7470 cells/cumm	4000 - 11000 cells/cumm
NEUTROPHILS <i>VCS Technology/Microscopic</i>	56 %	40 - 75 %
LYMPHOCYTES <i>VCS Technology/Microscopic</i>	37 %	25 - 40 %
DIFFERENTIAL COUNT		
EOSINOPHILS <i>VCS Technology/Microscopic</i>	05 %	0 - 7 %
MONOCYTES <i>VCS Technology/Microscopic</i>	02 %	1 - 8 %
BASOPHILS <i>Electrical Impedance</i>	00 %	
ESR <i>Westergren Method</i>	10 mm/hr	0 - 20 mm/hr
BLOOD GROUP & Rh TYPING <i>Tube Agglutination (Forward and Reverse)</i>	"O" Positive	



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BIOCHEMIST




Lab Seal



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GLYCATED HAEMOGLOBIN (HbA1C)
HPLC

5.5 %

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)

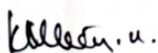
111.15 mg/dL

Calculation

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.



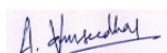
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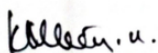
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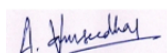
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CLINICAL BIOCHEMISTRY

LIPID PROFILE TEST

TOTAL CHOLESTEROL <i>Cholesterol Oxidase-Peroxidase (CHOD-POD)</i>	160 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>	95.1 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>	55.0 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>	86.0 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>	19.0 mg/dL	2 - 30 mg/dL
TOTAL CHOLESTROL/HDL RATIO <i>Calculation</i>	2.9	up to 3 3.0-4.4 - Moderate >4.4 - High





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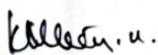
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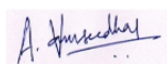
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LDL/HDL RATIO <i>Calculation</i>	1.6	up to 2.5 2.5-3.3 - Moderate >3.3 - High	
BLOOD UREA <i>UREASE-GLUTAMATE DEHYDROGENASE (GLDH)</i>	17.1 mg/dL	15 - 50 mg/dL	
CREATININE <i>Jaffe Kinetic</i>	0.68 mg/dL	0.4 - 1.4 mg/dL	
URIC ACID <i>Uricase-Peroxidase</i>	5.0 mg/dL	2.5 - 6 mg/dL	
SERUM ELECTROLYTES			
SODIUM <i>Ion Selective Electrode (ISE)</i>	137 mmol/L	136 - 145 mmol/L	
POTASSIUM <i>Ion Selective Electrode (ISE)</i>	3.7 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>	0.44 mg/dL	0.2 - 1.2 mg/dL	
DIRECT BILIRUBIN <i>Colorimetric Diazo Method</i>	0.22 mg/dL	0 - 0.4 mg/dL	
INDIRECT BILIRUBIN <i>Calculation</i>	0.22 mg/dl		
S G O T (AST) <i>IFCC Without Pyridoxal Phosphates</i>	20.0 U/L	up to 31 U/L	
S G P T (ALT) <i>IFCC Without Pyridoxal Phosphates</i>	22.6 U/L	up to 46 U/L	
ALKALINE PHOSPHATASE <i>p-Nitrophenyl Phosphate</i>	75.6 U/L	36 - 113 U/L	
SERUM GAMMA GLUTAMYLTRANSFERASE (GGT) <i>GCNA-IFCC</i>	25.5 U/L	5 - 55 U/L	
TOTAL PROTEIN <i>Biuret Colorimetric</i>	6.9 g/dl	6.2 - 8 g/dl	
S.ALBUMIN <i>Bromocresol Green (BCG)</i>	4.12 g/dl	3.5 - 5.2 g/dl	
S.GLOBULIN <i>Calculation</i>	2.8 g/dl	2.5 - 3.8 g/dl	
A/G RATIO <i>Calculation</i>	1.5	1 - 1.5	
FASTING BLOOD SUGAR <i>Hexokinase</i>	107.8 mg/dl	70 - 110 mg/dl	
POST PRANDIAL BLOOD SUGAR <i>Hexokinase</i>	138.4 mg/dl	80 - 150 mg/dl	

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

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pH	6.5	4.6-8.5	
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CHEMICAL EXAMINATION (DIPSTICK)

Protein <i>Strips Method</i>	Nil	Nil -Trace
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>	1 - 2 /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
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POSTPRANDIAL URINE SUGAR	NIL	NIL
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STOOL ROUTINE EXAMINATION

MACROSCOPIC EXAMINATION

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COLOUR <i>Manual</i>	Brownish	Light to Dark brown	
CONSISTENCY <i>Manual</i>	Semi Solid	Well formed-semi solid	
MUCUS <i>Manual</i>	Absent	Absent	
BLOOD <i>Manual</i>	Absent	Absent	
CHEMICAL EXAMINATION			
PUS CELLS <i>Light Microscopy</i>	0 - 1	Absent	
EPITHELIAL CELLS <i>Light Microscopy</i>	Not Seen	Few	
BACTERIA <i>Light Microscopy</i>	Present (+)		
REACTION (pH) <i>Manual pH paper</i>	Acidic	Acidic	
REDUCING SUBSTANCES <i>Manual, Benedict's Qualitative</i>	Absent	Absent	
MICROSCOPIC EXAMINATION			
CYST <i>Light Microscopy</i>	Not Seen	Absent	
OVA <i>Light Microscopy</i>	Not Seen	Absent	
PARASITES (ADULT WORMS) <i>Manual</i>	Absent	Absent	
RED BLOOD CELLS <i>Light Microscopy</i>	Absent	Absent	
MACROPHAGES <i>Light Microscopy</i>	Occasional	Occasional	
FAT GLOBULES <i>Light Microscopy</i>	Absent	Absent	
STARCH GRANULES <i>Light Microscopy, Lugol's Iodine</i>	Absent	Absent	
YEAST CELLS <i>Light Microscopy</i>	Absent	Absent	
VEGETABLE FIBERS <i>Light Microscopy</i>	Present	Present	
VEGETATIVE FORMS <i>Light Microscopy</i>	Absent	Absent	

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IMMUNOASSAY

THYROID PROFILE

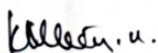
TOTAL TRIIODOTHYRONINE (T3) <small>CMIA</small>	1.04 ng/mL	0.87 - 1.78 ng/mL
TOTAL THYROXINE (T4) <small>CMIA</small>	9.63 µg/dL	6.09 - 12.23 µg/dL
THYROID STIMULATING HORMONE (TSH) <small>CMIA</small>	7.90 µIU/mL	0.38 - 5.33 µIU/mL 1st Trimester: 0.05 - 3.70 2nd Trimester: 0.31 - 4.35 3rd Trimester: 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



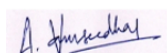
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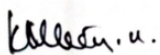
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Dispatched by: Sumalatha

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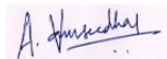
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