Name	: **Mr. BALU ANAND CHAUDHARI**		
PID No.	: MED111149267	**Register On**	: 11/06/2022 10:39 AM
SID No.	: 79499564	**Collection On**	: 11/06/2022 11:03 AM
Age / Sex	: 44 Year(s) / Male	**Report On**	: 11/06/2022 4:48 PM
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Investigation	Observed Value	Unit	Biological Reference Interval
HAEMATOLOGY			
Complete Blood Count With - ESR			
Haemoglobin (Blood/*Spectrophotometry*)	16.2	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (Blood/*Derived from Impedance*)	44.9	%	42 - 52
RBC Count (Blood/*Impedance Variation*)	4.82	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (Blood/*Derived from Impedance*)	93	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (Blood/*Derived from Impedance*)	**33.6**	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (Blood/*Derived from Impedance*)	**36.1**	g/dL	32 - 36
RDW-CV (*Derived from Impedance*)	14.9	%	11.5 - 16.0
RDW-SD (*Derived from Impedance*)	**48.50**	fL	39 - 46
Total Leukocyte Count (TC) (Blood/*Impedance Variation*)	6200	cells/cu.mm	4000 - 11000
Neutrophils (Blood/*Impedance Variation & Flow Cytometry*)	60	%	40 - 75
Lymphocytes (Blood/*Impedance Variation & Flow Cytometry*)	34	%	20 - 45
Eosinophils (Blood/*Impedance Variation & Flow Cytometry*)	01	%	01 - 06
Monocytes (Blood/*Impedance Variation & Flow Cytometry*)	05	%	01 - 10

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The results pertain to sample tested.

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Investigation	Observed Value	Unit	Biological Reference Interval
Basophils (Blood/*Impedance Variation & Flow Cytometry)*	00	%	00 - 02
INTERPRETATION: Tests done on Automated Three Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (Blood/*Impedance Variation & Flow Cytometry)*	3.72	10^3 / µl	1.5 - 6.6
Absolute Lymphocyte Count (Blood/*Impedance Variation & Flow Cytometry)*	2.11	10^3 / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (Blood/*Impedance Variation & Flow Cytometry)*	0.06	10^3 / µl	0.04 - 0.44
Absolute Monocyte Count (Blood/*Impedance Variation & Flow Cytometry)*	0.31	10^3 / µl	< 1.0
Absolute Basophil count (Blood/*Impedance Variation & Flow Cytometry)*	0.00	10^3 / µl	< 0.2
Platelet Count (Blood/*Impedance Variation)*	2.04	lakh/cu.mm	1.4 - 4.5
MPV (Blood/*Derived from Impedance)*	9.1	fL	7.9 - 13.7
PCT (*Automated Blood cell Counter)*	0.19	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/*Automated ESR analyser)*	11	mm/hr	< 15

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Investigation	Observed Value	Unit	Biological Reference Interval
BIOCHEMISTRY			
Liver Function Test			
Bilirubin(Total) (Serum/*DCA with ATCS)*	0.72	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/*Diazotized Sulfanilic Acid)*	0.22	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/*Derived)*	0.50	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/*Modified IFCC)*	23	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/*Modified IFCC)*	38	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/*Modified IFCC)*	83	U/L	53 - 128
Total Protein (Serum/*Biuret)*	7.8	gm/dL	6.0 - 8.0
Albumin (Serum/*Bromocresol green)*	4.3	gm/dL	3.5 - 5.2
Globulin (Serum/*Derived)*	3.50	gm/dL	2.3 - 3.6
A : G RATIO (Serum/*Derived)*	1.23		1.1 - 2.2

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Investigation	Observed Value	Unit	Biological Reference Interval
Lipid Profile			
Cholesterol Total (Serum/*CHOD-PAP with ATCS)*	**211**	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/*GPO-PAP with ATCS)*	142	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

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 ñusualò circulating level of triglycerides during most part of the day.

HDL Cholesterol (Serum/*Immunoinhibition)*	**42.8**	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/*Calculated)*	139.8	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/*Calculated)*	28.4	mg/dL	< 30
Non HDL Cholesterol (Serum/*Calculated)*	168.2	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220

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Investigation	Observed Value	Unit	Biological Reference Interval
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)*	4.9		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)*	3.3		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/*Calculated)*	3.3		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

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Investigation	Observed Value	Unit	Biological Reference Interval
Glycosylated Haemoglobin (HbA1c)			
HbA1C (Whole Blood/*Ion exchange HPLC)*	**5.8**	%	Non-diabetic: <= 5.6 Pre-diabetic: 5.7-6.4 Diabetic: >= 6.5

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

Remark: * Test outsourced to metropolis

Mean Blood Glucose (Whole Blood*)*	120	mg/dL

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 glycemic 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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Investigation	Observed Value	Unit	Biological Reference Interval

IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/*Chemiluminescent Immunometric Assay (CLIA)*)	1.40	ng/ml	0.7 - 2.04

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 (Tyroxine) - Total (Serum/*Chemiluminescent Immunometric Assay (CLIA)*)	8.08	µg/dl	4.2 - 12.0

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)-Ultrasensitive (Serum/*Chemiluminescent Immunometric Assay (CLIA)*)	**6.8609**	µIU/mL	0.35 - 5.50

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&amplt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

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Reg No: 2011/04/0990

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Investigation	Observed Value	Unit	Biological Reference Interval
CLINICAL PATHOLOGY			
Urine Analysis - Routine			
Physical Examination			
Colour (Urine)	Yellow		Yellow to Amber
Appearance (Urine)	Clear		
Chemical Examination			
Protein (Urine)	Negative		Negative
Glucose (Urine)	Negative		Negative
Microscopic Examination			
Pus Cells (Urine)	0-1	/hpf	NIL
Epithelial Cells (Urine)	0-1	/hpf	Nil
RBCs (Urine)	0-1	/hpf	Nil
Others (Urine)	Nil		Nil

INTERPRETATION: Note: Done with Automated Urine Analyser & microscopy

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Investigation	Observed Value	Unit	Biological Reference Interval
HAEMATOLOGY			
BLOOD GROUPING AND Rh TYPING (Blood/*Agglutination)*	'A' 'Positive'		.

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Investigation	Observed Value	Unit	Biological Reference Interval
BIOCHEMISTRY			
BUN / Creatinine Ratio	11.21		
Glucose Fasting (FBS) (Plasma - F/*GOD-PAP)*	**105**	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.

Glucose, Fasting (Urine) (Urine - F*)*	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/*GOD-PAP)*	82	mg/dL	70 - 140

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.

Urine Glucose(PP-2 hours) (Urine - PP*)*	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/*Urease UV / derived)*	11.21	mg/dL	7.0 - 21
Creatinine (Serum/*Modified Jaffe)*	1.00	mg/dL	0.9 - 1.3
Uric Acid (Serum/*Enzymatic)*	5.84	mg/dL	3.5 - 7.2

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Investigation	Observed Value	Unit	Biological Reference Interval
IMMUNOASSAY			
Prostate specific antigen - Total(PSA) (Serum/*Manometric method)*	0.267	ng/mL	Normal: 0.0 - 4.0 Inflammatory & Non Malignant conditions of Prostate & genitourinary system: 4.01 - 10.0 Suspicious of Malignant disease of Prostate: > 10.0

INTERPRETATION: Analytical sensitivity: 0.008 - 100 ng/mL
PSA is a tumor marker for screening of prostate cancer. Increased levels of PSA are associated with prostate cancer and benign conditions like bacterial infection, inflammation of prostate gland and benign hypertrophy of prostate/ benign prostatic hyperplasia (BPH).
Transient elevation of PSA levels are seen following digital rectal examination, rigorous physical activity like bicycle riding, ejaculation within 24 hours.
PSA levels tend to increase in all men as they age.
Clinical Utility of PSA:
- In the early detection of Prostate cancer.
- As an aid in discriminating between Prostate cancer and Benign Prostatic disease.
- To detect cancer recurrence or disease progression.

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-- End of Report --

Name	MR.BALU ANAND CHAUDHARI	ID	MED111149267
Age & Gender	44Y/MALE	Visit Date	11 Jun 2022
Ref Doctor Name	MediWheel		

HEALTH CHECKUP

CHIEF COMPLAINTS: Nil

PAST HISTORY:

Medical: H/O Thyroidisam on Rx

Surgical: No

PERSONAL HISTORY:

Marital Status: Married No. of Children:-01

Habits: No. Tobacco & snuff: No. Smoking: No. Alcohol: No.

Physical Activity: No.

Drug Allergies: Nil.

FAMILY HISTORY:

Father: Age 78 yrs - Healthy.

Mother: Age 70 yrs - Healthy.

Siblings: Brother-01 -Healthy, Sister-02 -Healthy

PHYSICAL EXAMINATION:

HEIGHT: 168 Cms. WEIGHT: 81 Kgs.

BLOOD PRESSURE: 130 /80 mmHg. PULSE: 80 /Min.

SKIN: Free From Contagious Diseases.

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SYSTEMIC REVIEW

Pallor: No Icterus:-No Cyanosis: No

Clubbing: No Oedema: No

Lymphadenopathy : NO

Cardiovascular System: WNL

Respiratory System: WNL

Gastro Intestinal System: WNL

Central Nervous System: WNL

Genito Urinary System: WNL

Extremities & Spine: WNL

Final Impression:

Recommendation :

Signature

Consultant Physician

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Age & Gender	44Y/MALE	Visit Date	11 Jun 2022
Ref Doctor Name	MediWheel		

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X - RAY CHEST PA VIEW

Bilateral lung parenchyma appear normal.

Cardiac size is within normal limits.

Bilateral hilar regions appear normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

Impression: **Essentially normal study**

Dr. Parimal Sonawane
DMRD, DNB.

Dr. Rohan Kashyape
MD, DNB.