



TIME DIAGNOSTICS
(A Unit of Time Health Care)

Patient Name : MRS. KEDARISSETTY VIJAYA LAKSHMI

Age / Gender : 56 years / Female

Patient ID : 7388

Source : MEDI WHEEL

Referral : SELF

Collection Time : Jul 30, 2022, 11:21 a.m.

Reporting Time : Jul 30, 2022, 06:33 p.m.

Sample ID :



668420756

Test Description	Value(s)	Reference Range	Unit
<u>CBC; Complete Blood Count</u>			
Hemoglobin (Hb)* Method : Cynmeth Photometric Measurement	11.2	12.0 - 15.0	gm/dL
Erythrocyte (RBC) Count* Method : Electrical Impedence	4.06	3.8 - 4.8	mil/cu.mm
Packed Cell Volume (PCV)* Method : Calculated	34.9	36 - 46	%
Mean Cell Volume (MCV)* Method : Electrical Impedence	86	83 - 101	fL
Mean Cell Haemoglobin (MCH)* Method : Calculated	27.7	27 - 32	pg
Mean Corpuscular Hb Concn. (MCHC)* Method : Calculated	32.2	31.5 - 34.5	gm/dL
Red Cell Distribution Width (RDW)* Method : Electrical Impedence	14.8	11.6 - 14.0	%
Total Leucocytes (WBC) Count* Method : Electrical Impedence	7600	4000-10000	cell/cu.mm
Neutrophils* Method : VCSn Technology	56	40 - 80	%
Lymphocytes* Method : VCSn Technology	35	20 - 40	%
Monocytes* Method : VCSn Technology	6	2 - 10	%
Eosinophils* Method : VCSn Technology	3	1 - 6	%
Basophils	0	0 - 1	
Platelet Count* Method : Electrical Impedence	2.67	1.5 - 4.5	10 ³ /ul
Mean Platelet Volume (MPV)* Method : Electrical Impedence	8.7	7.2 - 11.7	fL

Dr.CH.Deepthi Chandrika
M.D. Pathology
Reg.No.APCM/FMR/77174

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Test Description	Value(s)	Reference Range	Unit
PCT* Method : Calculated	0.23	0.2 - 0.5	%
PDW* Method : Calculated	14.5	9.0 - 17.0	%

Tests done on Automated Three Part Cell Counter. (WBC, RBC, Platelet count by impedance method, colorimetric method for Hemoglobin, WBC differential by flow cytometry using laser technology other parameters are calculated). All Abnormal Haemograms are reviewed confirmed microscopically.

Esr, Erythrocyte Sedimentation Rate

Esr, Erythrocyte Sedimentation Rate (Westergren) 25 0-30 mm/hr

Interpretation:

- It indicates presence and intensity of an inflammatory process. It does not diagnose a specific disease. Changes in the ESR are more significant than the abnormal results of a single test.
- It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis and polymyalgia rheumatica.
- It is also increased in pregnancy, multiple myeloma, menstruation, and hypothyroidism.

Blood Group & Rh Type

Blood Grouping & Rh Typing "O" POSITIVE (+VE)

Method : Forward and Reverse By Tube Method

Methodology

This is done by forward and reverse grouping by tube Agglutination method.

Interpretation

Newborn baby does not produce ABO antibodies until 3 to 6 months of age. So the blood group of the Newborn baby is done by ABO antigen grouping (forward grouping) only, antibody grouping (reverse grouping) is not required. Confirmation of the New-born's blood group is indicated when the A and B antigen expression and the isoagglutinins are fully developed (2-4 years).

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Test Description	Value(s)	Reference Range	Unit
<u>Fasting - Glucose</u>			
Glucose Fasting* Method : Plasma, Hexokinase	96	Normal: 70-110 Impaired Fasting Glucose (IFG): 110-125 Diabetes Mellitus: >= 126 (On more than one occasion) (American Diabetes Association guidelines 2017)	mg/dL
<u>Fasting Urine Sugar</u>			
Fasting Urine Sugar	NEGATIVE	NEGATIVE -	
<u>Lipid Profile</u>			
Cholesterol-Total Method : Serum, Cholesterol oxidase esterase, peroxidase	123	Desirable: <= 200 Borderline High: 201-239 High: > 239 Ref: The National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.	mg/dL
Triglycerides Method : Serum, Enzymatic, endpoint	148	Normal: < 150 Borderline High: 150-199 High: 200-499 Very High: >= 500	mg/dL
Cholesterol-HDL Direct Method : Serum, Direct measure-PEG	40	Normal: > 40 Major Heart Risk: < 40	mg/dL

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Test Description	Value(s)	Reference Range	Unit
LDL Cholesterol Method : Serum	53.4	Optimal: < 100 Near optimal/above optimal: 100-129 Borderline high: 130-159 High: 160-189 Very High: >= 190	mg/dL
Non - HDL Cholesterol, Serum Method : calculated	83	Desirable: < 130 mg/dL Borderline High: 130-159mg/dL High: 160-189 mg/dL Very High: > or = 190 mg/dL	mg/dL
VLDL Cholesterol Method : calculated	29.6	6 - 38	mg/dL
CHOL/HDL RATIO Method : calculated	3.0	3.5 - 5.0	ratio
LDL/HDL RATIO Method : calculated	1.3	Desirable / low risk - 0.5 -3.0 Low/ Moderate risk - 3.0- 6.0 Elevated / High risk - > 6.0	ratio
HDL/LDL RATIO Method : calculated	0.7	Desirable / low risk - 0.5 -3.0 Low/ Moderate risk - 3.0- 6.0 Elevated / High risk - > 6.0	ratio

Note: 8-10 hours fasting sample is required.

Liver Function Test

Bilirubin - Total Method : Serum, Diazotization	0.5	Adults and Children: < 1.2	mg/dL
Bilirubin - Direct Method : Serum, Diazotization	0.2	Adults and Children: < 0.5	mg/dL
Bilirubin - Indirect Method : Serum, Calculated	0.3	0.1 - 1.0	mg/dL

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Test Description	Value(s)	Reference Range	Unit
SGOT Method : Serum, UV with P5P, IFCC 37 degree	95	< 50	U/L
SGPT Method : Serum, UV with P5P, IFCC 37 degree	73	< 50	U/L
Alkaline Phosphatase-ALPI Method : Serum, PNPP, AMP Buffer, IFCC 37 degree	118	30-120	U/L
Total Protein Method : Serum, Biuret, reagent blank end point	6.7	6.6 - 8.3	g/dL
Globulin Method : Calculated	3.0	1.8 - 3.6	g/dL
Albumin Method : Serum, Bromocresol purple	3.6	Adults: 3.5 - 5.2	g/dL
A/G Ratio Method : Calculated	1.1	1.2 - 2.2	ratio
GGT-Gamma Glutamyl Transpeptidase Method : Serum, G-glutamyl-carboxy-nitroanilide	-	< 55	U/L

KIDNEY FUNCTION TEST

Urea * Method : Serum	17	17- 43	mg/dL
Blood Urea Nitrogen-BUN* Method : Serum, Urease	7.9	7 - 18	mg/dL
Uric Acid* Method : Serum, Uricase/POD	6.2	3.5 - 7.2	mg/dL
Creatinine* Method : Serum, Jaffe IDMS	0.6	0.51 - 0.95	mg/dL

Urine Routine

Colour*	Yellow	Pale Yellow
Transparency (Appearance)*	Clear	Clear

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Test Description	Value(s)	Reference Range	Unit
Deposit*	Absent	Absent	
Reaction (pH)*	5.0	4.5 - 8	
Specific Gravity*	1.020	1.010 - 1.030	
<u>Chemical Examination (Automated Dipstick Method) Urine</u>			
Urine Glucose (sugar)*	Absent	Absent	
Urine Protein (Albumin)*	Absent	Absent	
Urine Ketones (Acetone)*	Absent	Absent	
Blood*	Absent	Absent	
Bile pigments*	Absent	Absent	
Nitrite*	Absent	Absent	
Urobilinogen*	Normal	Normal	
<u>Microscopic Examination Urine</u>			
Pus Cells (WBCs)*	1-2	0 - 5	/hpf
Epithelial Cells*	0-1	0 - 4	/hpf
Red blood Cells*	Absent	Absent	/hpf
Crystals*	Absent	Absent	
Cast*	Absent	Absent	
Trichomonas Vaginalis*	Absent	Absent	
Yeast Cells*	Absent	Absent	
Amorphous deposits*	Absent	Absent	
Bacteria*	Absent	Absent	

HBA1C (Glycosylated Haemoglobin)

Glyco Hb (HbA1C)	5.3	Non-Diabetic: <=5.9 Pre Diabetic:6.0-6.4 Diabetic: >=6.5	%
Method : EDTA Whole blood,HPLC			

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Estimated Average Glucose :	105		mg/dL
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Interpretations

- HbA1C has been endorsed by clinical groups and American Diabetes Association guidelines 2017 for diagnosing diabetes using a cut off point of 6.5%
- Low glycated haemoglobin in a non diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency and haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
- In known diabetic patients, following values can be considered as a tool for monitoring the glycemc control.
 - Excellent control-6-7 %
 - Fair to Good control – 7-8 %
 - Unsatisfactory control – 8 to 10 %
 - Poor Control – More than 10 %

Thyroid Function Test (TFT)

THYROID STIMULATING HORMONE (TSH) Method : CLIA	19.5	0.46 – 8.10 : 1 Yrs – 5 Yrs 0.36 – 5.80 : 6 Yrs – 18 Yrs 0.35 – 5.50 : 18 Yrs – 55 Yrs 0.50 – 8.90 : >55 Yrs Pregnancy Ranges:::: Ist Tri :0.1 - 2.5 IIInd Tri :0.2 - 3.0 IIIrd Tri:0.3 - 3.0	uIU/mL
TOTAL TRIIODOTHYRONINE (T3) Method : CLIA	92	126 – 258 : 1 Yr – 5 Yr 96 – 227 : 6 Yr – 15 Yr 91 – 164 : 16 Yr – 18 Yr 60 – 181 : > 18 Years Pregnancy : 1st Trimester : 81 - 190 2nd & 3rd Trimester:100 - 260	ng/dl

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TOTAL THYROXINE (T4)

6.3

µg/dL

Method : CLIA

4.6 - 10.9

Pregnancy:

4.6 – 16.5 : 1st Trimester

4.6 – 18.5 : 2nd & 3rd Tri

Comments:

IF NOT ON DRUGS SUGGESTED FT3 & FT4 ESTIMATION

Please correlate with clinical conditions.

Note : Serum T3, T4 and TSH form the three components of thyroid screening panel, useful in diagnosing various disorders of the thyroid gland. Primary Hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels. Although elevated TSH levels are nearly always indicative of Primary Hypothyroidism, rarely they can from TSH secreting pituitary tumors (Secondary hyperthyroidism)To confirm diagnosis - evaluate FT3 and FT4.

****END OF REPORT****

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Total Leucocytes (WBC) Count* Method : Electrical Impedence	7600	4000-10000	cell/cu.mm
Neutrophils* Method : VCSn Technology	56	40 - 80	%
Lymphocytes* Method : VCSn Technology	35	20 - 40	%
Monocytes* Method : VCSn Technology	6	2 - 10	%
Eosinophils* Method : VCSn Technology	3	1 - 6	%
Basophils	0	0 - 1	
Platelet Count* Method : Electrical Impedence	2.67	1.5 - 4.5	10 ³ /ul
Mean Platelet Volume (MPV)* Method : Electrical Impedence	8.7	7.2 - 11.7	fL

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Esr, Erythrocyte Sedimentation Rate

Esr, Erythrocyte Sedimentation Rate (Westergren) 25 0-30 mm/hr

Interpretation:

- It indicates presence and intensity of an inflammatory process. It does not diagnose a specific disease. Changes in the ESR are more significant than the abnormal results of a single test.
- It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis and polymyalgia rheumatica.
- It is also increased in pregnancy, multiple myeloma, menstruation, and hypothyroidism.

Blood Group & Rh Type

Blood Grouping & Rh Typing "O" POSITIVE (+VE)

Method : Forward and Reverse By Tube Method

Methodology

This is done by forward and reverse grouping by tube Agglutination method.

Interpretation

Newborn baby does not produce ABO antibodies until 3 to 6 months of age. So the blood group of the Newborn baby is done by ABO antigen grouping (forward grouping) only, antibody grouping (reverse grouping) is not required. Confirmation of the New-born's blood group is indicated when the A and B antigen expression and the isoagglutinins are fully developed (2-4 years).

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Glucose Fasting* Method : Plasma, Hexokinase	96	Normal: 70-110 Impaired Fasting Glucose (IFG): 110-125 Diabetes Mellitus: \geq 126 (On more than one occasion) (American Diabetes Association guidelines 2017)	mg/dL
<u>Fasting Urine Sugar</u>			
Fasting Urine Sugar	NEGATIVE	NEGATIVE -	
<u>Lipid Profile</u>			
Cholesterol-Total Method : Serum, Cholesterol oxidase esterase, peroxidase	123	Desirable: \leq 200 Borderline High: 201-239 High: $>$ 239 Ref: The National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.	mg/dL
Triglycerides Method : Serum, Enzymatic, endpoint	148	Normal: $<$ 150 Borderline High: 150-199 High: 200-499 Very High: \geq 500	mg/dL
Cholesterol-HDL Direct Method : Serum, Direct measure-PEG	40	Normal: $>$ 40 Major Heart Risk: $<$ 40	mg/dL

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Non - HDL Cholesterol, Serum Method : calculated	83	Desirable: < 130 mg/dL Borderline High: 130-159mg/dL High: 160-189 mg/dL Very High: > or = 190 mg/dL	mg/dL
VLDL Cholesterol Method : calculated	29.6	6 - 38	mg/dL
CHOL/HDL RATIO Method : calculated	3.0	3.5 - 5.0	ratio
LDL/HDL RATIO Method : calculated	1.3	Desirable / low risk - 0.5 -3.0 Low/ Moderate risk - 3.0- 6.0 Elevated / High risk - > 6.0	ratio
HDL/LDL RATIO Method : calculated	0.7	Desirable / low risk - 0.5 -3.0 Low/ Moderate risk - 3.0- 6.0 Elevated / High risk - > 6.0	ratio

Note: 8-10 hours fasting sample is required.

Liver Function Test

Bilirubin - Total Method : Serum, Diazotization	0.5	Adults and Children: < 1.2	mg/dL
Bilirubin - Direct Method : Serum, Diazotization	0.2	Adults and Children: < 0.5	mg/dL
Bilirubin - Indirect Method : Serum, Calculated	0.3	0.1 - 1.0	mg/dL

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SGPT Method : Serum, UV with P5P, IFCC 37 degree	73	< 50	U/L
Alkaline Phosphatase-ALPI Method : Serum, PNPP, AMP Buffer, IFCC 37 degree	118	30-120	U/L
Total Protein Method : Serum, Biuret, reagent blank end point	6.7	6.6 - 8.3	g/dL
Globulin Method : Calculated	3.0	1.8 - 3.6	g/dL
Albumin Method : Serum, Bromocresol purple	3.6	Adults: 3.5 - 5.2	g/dL
A/G Ratio Method : Calculated	1.1	1.2 - 2.2	ratio
GGT-Gamma Glutamyl Transpeptidase Method : Serum, G-glutamyl-carboxy-nitroanilide	-	< 55	U/L

KIDNEY FUNCTION TEST

Urea * Method : Serum	17	17- 43	mg/dL
Blood Urea Nitrogen-BUN* Method : Serum, Urease	7.9	7 - 18	mg/dL
Uric Acid* Method : Serum, Uricase/POD	6.2	3.5 - 7.2	mg/dL
Creatinine* Method : Serum, Jaffe IDMS	0.6	0.51 - 0.95	mg/dL

Urine Routine

Colour*	Yellow	Pale Yellow
Transparency (Appearance)*	Clear	Clear

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Deposit*	Absent	Absent	
Reaction (pH)*	5.0	4.5 - 8	
Specific Gravity*	1.020	1.010 - 1.030	
Chemical Examination (Automated Dipstick Method) Urine			
Urine Glucose (sugar)*	Absent	Absent	
Urine Protein (Albumin)*	Absent	Absent	
Urine Ketones (Acetone)*	Absent	Absent	
Blood*	Absent	Absent	
Bile pigments*	Absent	Absent	
Nitrite*	Absent	Absent	
Urobilinogen*	Normal	Normal	
Microscopic Examination Urine			
Pus Cells (WBCs)*	1-2	0 - 5	/hpf
Epithelial Cells*	0-1	0 - 4	/hpf
Red blood Cells*	Absent	Absent	/hpf
Crystals*	Absent	Absent	
Cast*	Absent	Absent	
Trichomonas Vaginalis*	Absent	Absent	
Yeast Cells*	Absent	Absent	
Amorphous deposits*	Absent	Absent	
Bacteria*	Absent	Absent	

HBA1C (Glycosylated Haemoglobin)

Glyco Hb (HbA1C)	5.3	Non-Diabetic: <=5.9 Pre Diabetic:6.0-6.4 Diabetic: >=6.5	%
Method : EDTA Whole blood,HPLC			

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TIME DIAGNOSTICS
(A Unit of Time Health Care)

Patient Name : MRS. KEDARISSETTY VIJAYA LAKSHMI

Age / Gender : 56 years / Female

Patient ID : 7388

Source : MEDI WHEEL

Referral : SELF

Collection Time : Jul 30, 2022, 11:21 a.m.

Reporting Time : Jul 30, 2022, 06:33 p.m.

Sample ID :



668420756

Test Description	Value(s)	Reference Range	Unit
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Estimated Average Glucose :	105		mg/dL
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Interpretations

- HbA1C has been endorsed by clinical groups and American Diabetes Association guidelines 2017 for diagnosing diabetes using a cut off point of 6.5%
- Low glycated haemoglobin in a non diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency and haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
- In known diabetic patients, following values can be considered as a tool for monitoring the glycemc control.
 - Excellent control-6-7 %
 - Fair to Good control – 7-8 %
 - Unsatisfactory control – 8 to 10 %
 - Poor Control – More than 10 %

Thyroid Function Test (TFT)

THYROID STIMULATING HORMONE (TSH) Method : CLIA	19.5	0.46 – 8.10 : 1 Yrs – 5 Yrs 0.36 – 5.80 : 6 Yrs – 18 Yrs 0.35 – 5.50 : 18 Yrs – 55 Yrs 0.50 – 8.90 : >55 Yrs Pregnancy Ranges:::: Ist Tri :0.1 - 2.5 IIInd Tri :0.2 - 3.0 IIIrd Tri:0.3 - 3.0	uIU/mL
TOTAL TRIIODOTHYRONINE (T3) Method : CLIA	92	126 – 258 : 1 Yr – 5 Yr 96 – 227 : 6 Yr – 15 Yr 91 – 164 : 16 Yr – 18 Yr 60 – 181 : > 18 Years Pregnancy : 1st Trimester : 81 - 190 2nd & 3rd Trimester:100 - 260	ng/dl

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TOTAL THYROXINE (T4)

6.3

µg/dL

Method : CLIA

4.6 - 10.9

Pregnancy:

4.6 – 16.5 : 1st Trimester

4.6 – 18.5 : 2nd & 3rd Tri

Comments:

IF NOT ON DRUGS SUGGESTED FT3 & FT4 ESTIMATION

Please correlate with clinical conditions.

Note : Serum T3, T4 and TSH form the three components of thyroid screening panel, useful in diagnosing various disorders of the thyroid gland. Primary Hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels. Although elevated TSH levels are nearly always indicative of Primary Hypothyroidism, rarely they can from TSH secreting pituitary tumors (Secondary hyperthyroidism)To confirm diagnosis - evaluate FT3 and FT4.

****END OF REPORT****

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