



**TIME DIAGNOSTICS**  
(A Unit of Time Health Care)

**Patient Name :** MR. CH.B.N. SRINIVAS RAO

**Age / Gender :** 48 years / Male

**Patient ID :** 19008

**Source :** BANK OF BARODA

**Referral :** SELF

**Collection Time :** Mar 25, 2023, 12:04 p.m.

**Reporting Time :** Mar 25, 2023, 07:15 p.m.

**Sample ID :**



668427999

Test Description	Value(s)	Reference Range	Unit
<b><u>CBC; Complete Blood Count</u></b>			
Hemoglobin (Hb)* Method : Cynmeth Photometric Measurement	9.6	13.5 - 18.0	gm/dL
Erythrocyte (RBC) Count* Method : Electrical Impedence	4.47	4.7 - 6.0	mil/cu.mm
Packed Cell Volume (PCV)* Method : Calculated	34.4	42 - 52	%
Mean Cell Volume (MCV)* Method : Electrical Impedence	76.96	78 - 100	fL
Mean Cell Haemoglobin (MCH)* Method : Calculated	21.48	27 - 31	pg
Mean Corpuscular Hb Concn. (MCHC)* Method : Calculated	27.91	32 - 36	gm/dL
Red Cell Distribution Width (RDW)* Method : Electrical Impedence	16.7	11.5 - 14.0	%
Total Leucocytes (WBC) Count* Method : Electrical Impedence	6700	4000-10000	cell/cu.mm
Neutrophils* Method : VCSn Technology	60	40 - 80	%
Lymphocytes* Method : VCSn Technology	31	20 - 40	%
Monocytes* Method : VCSn Technology	8	2 - 10	%
Eosinophils* Method : VCSn Technology	1	1 - 6	%
Basophils	0	0 - 1	
Platelet Count* Method : Electrical Impedence	2.86	1.5 - 4.5	Lakhs/cu.mm
Mean Platelet Volume (MPV)* Method : Electrical Impedence	8.5	7.2 - 11.7	fL

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

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PCT* Method : Calculated	0.244	0.2 - 0.5	%
PDW* Method : Calculated	16.0	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)**      **18**      0-10      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**      "A" + ( POSITIVE )

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
<b><u>Fasting - Glucose</u></b>			
<b>Glucose Fasting*</b> Method : Plasma, Hexokinase	98	Normal: 70-100 Impaired Fasting Glucose (IFG): 101-125 Diabetes Mellitus: >125	mg/dL
<b><u>Post Prandial Blood Sugar</u></b>			
<b>Blood Glucose-Post Prandial*</b> Method : Plasma - P, Hexokinase	126	80-140	mg/dL
<b><u>Urine Routine</u></b>			
Colour*	Pale Yellow		
Volume*	15	-	ml
Transparency (Appearance)*	Clear	Clear	
Reaction (pH)*	5.0	4.5 - 8	
Specific Gravity*	1.020	1.010 - 1.030	
<b><u>Chemical Examination (Automated Dipstick Method) Urine</u></b>			
Urine Glucose*	<b>Negative</b>	Negative	
Urine Protein*	<b>Negative</b>	Negative	
Urine Ketone*	<b>Negative</b>	Negative	
Blood*	<b>Negative</b>	Negative	
Bilirubin*	<b>Negative</b>	Negative	
Nitrite*	<b>Negative</b>	Negative	
Leucocytes*	<b>Negative</b>	Negative	
Urobilinogen*	Normal	Normal	
<b><u>Microscopic Examination Urine</u></b>			

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Test Description	Value(s)	Reference Range	Unit
Pus Cells (WBCs)*	2-3	0 - 5	/hpf
Epithelial Cells*	1-2	0 - 4	/hpf
Red blood Cells*	Absent	Absent	/hpf
Crystals*	Absent	Absent	
Cast*	Absent	Absent	
Bacteria*	Absent	Absent	

### Lipid Profile

Cholesterol-Total Method : Serum, Cholesterol oxidase esterase, peroxidase	170.39	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	95.66	Normal: $< 150$ Borderline High: 150-199 High: 200-499 Very High: $\geq 500$	mg/dL
Cholesterol-HDL Direct Method : Serum, Direct measure-PEG	35.21	$< 40$ : Low 40 - 60: Optimal $> 60$ : Desirable	mg/dL
LDL Cholesterol Method : Serum	116.05	Optimal: $< 100$ Near optimal/above optimal: 100-129 Borderline high: 130-159 High: 160-189 Very High: $\geq 190$	mg/dL

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Test Description	Value(s)	Reference Range	Unit
Non - HDL Cholesterol, Serum Method : calculated	135.18	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	19.13	6 - 38	mg/dL
CHOL/HDL RATIO Method : calculated	4.84	3.5 - 5.0	ratio
LDL/HDL RATIO Method : calculated	3.30	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	0.77	Adults and Children: < 1.2	mg/dL
Bilirubin - Direct Method : Serum, Diazotization	0.29	Adults and Children: < 0.5	mg/dL
Bilirubin - Indirect Method : Serum, Calculated	0.48	0.1 - 1.0	mg/dL
SGOT Method : Serum, UV with P5P, IFCC 37 degree	11.16	< 50	U/L
SGPT Method : Serum, UV with P5P, IFCC 37 degree	7.87	< 50	U/L
Alkaline Phosphatase-ALPI Method : Serum, PNPP, AMP Buffer, IFCC 37 degree	68	30-120	U/L
Total Protein Method : Serum, Biuret, reagent blank end point	7.07	6.6 - 8.3	g/dL
Albumin Method : Serum, Bromcresol purple	3.9	Adults: 3.5 - 5.2	g/dL

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Test Description	Value(s)	Reference Range	Unit
Globulin Method : Calculated	3.17	1.8 - 3.6	g/dL
A/G Ratio Method : Calculated	1.23	1.2 - 2.2	ratio

### **KIDNEY FUNCTION TEST**

Urea * Method : Serum	20	15- 50	mg/dL
Blood Urea Nitrogen-BUN* Method : Serum, Urease	9.35	7 - 24	mg/dL
Uric Acid* Method : Serum, Uricase/POD	6.16	3.5 - 7.2	mg/dL
Creatinine* Method : Serum, Jaffe IDMS	0.99	0.7 - 1.3	mg/dL

### **HBA1C (Glycosylated Haemoglobin)**

Glyco Hb (HbA1C) Method : EDTA Whole blood,HPLC	5.85	Non-Diabetic: <=5.9 Pre Diabetic:6.0-6.4 Diabetic: >=6.5	%
Estimated Average Glucose :	121.19		mg/dL

#### **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 glycemic control.  
Excellent control-6-7 %  
Fair to Good control – 7-8 %

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Test Description	Value(s)	Reference Range	Unit
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Unsatisfactory control – 8 to 10 %  
Poor Control – More than 10 %

### **Thyroid Function Test ( TFT)**

TRI-IODO THYRONINE (T3) Method : CLIA	1.215	0.60 - 1.81	ng/mL
TOTAL THYROXINE (T4) Method : CLIA	8.873	4.2 - 12.0	ug/dL
THYROID STIMULATING HORMONE (TSH) Method : CLIA	2.327	0.46 – 8.10 : 1 Yrs – 5 Yrs 0.36 – 5.80 : 6 Yrs – 18 Yrs 0.35 – 5.50 : >18 Yrs Pregnancy Ranges 1st Trimester :0.1 - 2.5 2nd Trimester :0.2 - 3.0 3rd Trimester:0.3 - 3.0	uIU/mL

### **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.

### **Total PSA**

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PSA Method : CLIA	0.79	0-4	ng/ml

**Interpretation:**

Increased levels are noted in prostate cancer, benign prostatic hypertrophy, prostatitis

**IRON**

Iron*	81	33 - 193	µg/dL
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**Interpretation:**

Disease	Iron	TIBC	UIBC	%Transferrin Saturation	Ferritin
Iron Deficiency	Low	High	High	Low	Low
Hemochromatosis	High	Low	Low	High	High
Chronic Illness	Low	Low	Low/Normal	Low	Normal/High
Hemolytic Anemia	High	Normal/Low	Low/Normal	High	High
Sideroblastic Anemia	Normal/High	Normal/Low	Low/Normal	High	High
Iron Poisoning	High	Normal	Low	High	Normal

**\*\*END OF REPORT\*\***

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