

Patient Name : **MRS. VIDYA MANOHAR YELAMKAR**
Patient ID : 35399
Age / Sex : 36 years / Female
Referred by : MEDIWHEEL
Bill ID : 60725

Collected : Mar 26, 2022, 12:29 p.m.
Reported : Mar 27, 2022, 01:12 p.m.
Sample ID :



170986

Test Description	Results	Units	Biological Reference Range
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TOTAL TRIIODOTHYRONINE (T3)

Sample Type : Serum

TotalTriiodothyronine (T3) [CLIA]	1.76	ng/dL	0.69 - 2.15
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****END OF REPORT****

Dr. Sudhamani S. MD
Consultant Pathologist
Reg. No. : 90461

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TOTAL THYROXINE (T4)

Sample Type : Serum

Total Thyroxine (T4) [CLIA]	63.50	ng/ml	52 - 127
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****END OF REPORT****

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Test Description	Results	Units	Biological Reference Range
	<u>ESR</u>		
Sample Type : EDTA / Whole Blood			
ESR	15	Mm/hr	0 - 20
Method	Westergren		

END OF REPORT



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COMPLETE BLOOD COUNT

Sample Type : EDTA / Whole Blood

Hemoglobin	12.2	g/dl	11.5 - 15.0
RBC COUNT	4.47	Millions/c	3.8 - 4.8
PCV(Hematocrit)	38.2	%	40.0 - 50.0
Mean Cell Volume(MCV)	85.46	fl	80.0 - 100.0
Mean Cell Hemoglobin(MCH)	27.29	pg	27.0 - 32.0
Mean Cell Hb Conc(MCHC)	31.94	g/dl	32 - 36
RDW	13.6	%	11.50 - 14.50
Total Leucocytes (WBC) Count	7190	/cumm	4000-11000

DIFFERENTIAL COUNT

Neutrophils	55.5	%	40 - 70
Lymphocytes	30.3	%	20 - 50
Eosionphils	7.3	%	01 - 06
Monocytes	5.7	%	00 - 08
Basophils	1.20	%	00-01

SMEAR STUDY

RBC Morphology	Normocytic Normocromic.		
WBC Morphology	Eosinophilia.		
Platelets On Smear	Adequate on Smear		
Platelet Count	283000	/cumm	150000 - 450000
MPV	10.6	fL	6.5 - 10.0

Comments :-

Method:-

HB:-Colorimetric, Total WBC:-Impedance/Flow Cytometry, HCT, MCV, MCH, MCHC, RDW-CV:-Calculate, Diff. Count: Flow Cytometry / Manual Stained Smear Microscopy, RBC: Impedance, Platelets : Impedance Method.

Technique :-

Fully Automated 5 part Diff. Cell Counter .

All Test Results are subjected to stringent international External and Internal Quality Control Protocols

****END OF REPORT****



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BLOOD UREA LEVEL (BUL)

Sample Type : Serum

Urea	16.30	mg/dl	10 - 40
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[Urease - GLDH]

Bun	7.61	mg/dl	6 - 21
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[Calculated]

Technique :- Done On Fully Automated Biochemistry Analyser ERBA EM-200

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CREATININE

Sample Type : Serum

Creatinine	0.76	mg/dl	0.40 - 1.40
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[Enzymatic]

Formula

Technique :- Done On Fully Automated Biochemistry Analyser ERBA EM-200

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SR. URIC ACID

Sample Type : Serum

Uric Acid [Uricase - POD]	3.50	mg/dl	2.5 - 6.8
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Technique :- Done On Fully Automated Biochemistry Analyser ERBA EM-200.

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LIVER FUNCTION TEST

Sample Type : Serum

TOTAL BILIRUBIN [DIAZO]	0.29	mg/dl	0.3-1.3 mg/dl
BILIRUBIN-DIRECT [DIAZO]	0.15	mg/dl	0.1-0.4 mg/dl
BILLIRUBIN-INDIRECT [CALCULATED]	0.14	mg/dl	0.1-0.9 mg/dl
S.G.O.T. (AST) [IFCC without Pyridoxal Phosphate]	17.60	IU/L	5-40 IU/L
S.G.P.T.(ALT) [IFCC without Pyridoxal Phosphate]	9.90	IU/L	5-40 IU/L
ALKALINE PHOSPHATASE [Amino Methyl Propanol (AMP)]	70.00	IU/L	44-147 IU/L
TOTAL PROTEINS [BIURET]	6.52	IU/L	6.0 - 8.5 g/dL
ALBUMIN [BROMO CRESOL GREEN (BCG)]	3.84	g/dl	3.5-5.0 g/dl
GLOBULIN [CALCULATED]	2.68	gm%	2.3-3.5 gm%
ALBUMIN/GLOBULIN RATIO [CALCULATED]	1.43		
GAMMA GT	14.00	U/L	0 - 45

Technique : Fully Automated Biochemistry Analyser ERBA EM-200

END OF REPORT

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URINE ANALYSE REPORT

Sample Type : Urine

PHYSICAL EXAMINATION

COLOUR	Pale Yellow		
APPEARANCE	Hazy		
REACTION (PH)	6.0		5.0-7.5
SPECIFIC GRAVITY	1.030		1.010 - 1.030
ALBUMIN	Present (+)		
GLUCOSE	Absent		
BLOOD (U)	Present (+)		
BILE PIGMENTS	Negative		
BILE SALTS	Absent		
KETONE	Negative		
LEUKOCYTES	Present (++)		
NITRITE	Absent		
UROBILINOGEN	Negative		

MICROSCOPY

PUS CELLS/hpf	10-15
RBCs/hpf	2-4
EPI.CELLS/hpf	4-6
CASTS	Absent
CRYSTALS	Absent
BACTERIA	Absent
Other	Absent

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<u>GLYCOCYLATED HAEMOGLOBIN</u>			
Sample Type : EDTA / Whole Blood			
Glycocyated Haemoglobin (HbA1c) [Tosoh HPLC]	5.8	%	<5.7%NON DIABETIC 5.7-6.4% PRE-DIABETIC >6.5% DIABETIC <7.0% GOAL FOR DIABETIC ON TREATMENT
MEAN BLOOD GLUCOSE	119.76	mg/dL	116.89 - 154.2

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LIPID PROFILE

Sample Type : Serum

TOTAL CHOLESTEROL [CHOD-PAP]	164.60	mg/dL	Desirable : <200 mg/dl Borderline : 200 - 239mg/dl High : >240 mg/dl
TRIGLYCERIDES [Glycerol Phosphate Oxidase]	123.50	mg/dL	Desirable : <150 mg/dl Borderline : 150 - 199mg/dl High : >200mg/dl
HDL CHOLESTEROL [Direct]	41.00	mg/dL	Desirable : >40 mg/dl Borderline Risk : 35 mg/dl High Risk : <30 mg/dl
LDL CHOLESTEROL [Calculated]	98.90	mg/dL	Desirable : <100 mg/dl Borderline : 130 - 160mg/dl High : >160mg/dl
VLDL Cholesterol [Calculated]	24.70	mg/dL	Desirable : <26 mg/dl Borderline : >30 mg/dl
Total Chol / HDL Chol Ratio [Calculated]	4.01	mg/dL	Desirable : <5 %
LDL / HDL Ratio [Calculated]	2.41		1.00 - 3.55
NON-HDL CHOLESTEROL [Calculated]	123.60	mg/dL	Desirable : <130 mg/dl Borderline : 160 - 189 mg/dl High : >220 mg/dl

Technique: Fully Automated Biochemistry Analyser ERBA EM-200.

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BLOOD GROUP

Sample Type : EDTA / Whole Blood

ABO Grouping

"O"

Rh Grouping

POSITIVE

Note:

These report is for information purpose only. Blood group needs to be reconfirmed at the time of cross matching for blood transfusion.

END OF REPORT



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POST PRANDIAL BLOOD SUGAR

Sample Type : Flouride PP

Post Prandial Blood Sugar [GOD - POD]	110.00	mg/dl	110-180
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Technique :- Done On Fully Automated Biochemistry Analyser ERBA EM-200

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Test Description	Results	Units	Biological Reference Range
<u>FASTING BLOOD SUGAR</u>			
Sample Type : Flouride R			
Fasting Blood Sugar [GOD - POD]	89.20	mg/dl	Normal : 70 - 99 mg/dl impaired Tolerance : 100 - 125mg/dl Diabetes Mellitus : >126 mg/dl
Technique :-	Fully Automated Biochemistry Analyser ERBA EM-200		

END OF REPORT



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ULTRASENSITIVE THYROID STIMULATING HORMONE (TSH)

Sample Type : Serum

Ultrasensitive Thyroid Stimulative Hormone (TSH) [CLIA]	2.90	μ IU/mL	0.3- 4.5 1st trimester - 0.1 - 2.5 μ IU/mL 2nd trimester - 0.2 - 3 μ IU/mL 3rd trimester - 0.3 - 3 μ IU/mL
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Clinical Significance :-

1. Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night.
2. Useful for: Screening for thyroid dysfunction and detecting mild (subclinical), as well as overt, primary hypo- or hyperthyroidism in ambulatory patients.
3. Monitoring patients on thyroid replacement therapy.
4. Confirmation of thyroid-stimulating hormone (TSH) suppression in thyroid cancer patients on thyroxine suppression therapy.
5. Prediction of thyrotropin-releasing hormone-stimulated TSH response.

END OF REPORT

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