| | | | | | |
|---|---|---|---|---|---|
| **Name** | : | MRS URMILA YADAV | **Age** | : | 51 Yr(s) Sex :Female |
| **Registration No** | : | MH005088488 | **Lab No** | : | 31230301137 |
| **Patient Episode** | : | H03000053282 | **Collection Date :** | | 23 Mar 2023 09:36 |
| **Referred By** | : | HEALTH CHECK MHD | **Reporting Date :** | | 23 Mar 2023 15:18 |
| **Receiving Date** | : | 23 Mar 2023 11:35 | | | |

**Department of Transfusion Medicine ( Blood Bank )**

BLOOD GROUPING, RH TYPING & ANTIBODY SCREEN (TYPE & SCREEN)
Specimen-Blood

Blood Group & Rh Typing (Agglutinaton by gel/tube technique)

| | |
|---|---|
| Blood Group & Rh typing | A Rh(D) Positive |

Antibody Screening (Microtyping in gel cards using reagent red cells)

| | |
|---|---|
| Cell Panel I | NEGATIVE |
| Cell Panel II | NEGATIVE |
| Cell Panel III | NEGATIVE |
| Autocontrol | NEGATIVE |

| | |
|---|---|
| Final Antibody Screen Result | Negative |

**Technical Note:**
*ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique. Antibody screening is done using a 3 cell panel of reagent red cells coated with Rh, Kell,Duffy,Kidd, Lewis, P,MNS,Lutheran and Xg antigens using gel technique.*



**----------END OF REPORT----------**

**Dr Himanshu Lamba**

| | | | | | |
|---|---|---|---|---|---|
| **Name** | : | MRS URMILA YADAV | **Age** | : | 51 Yr(s) Sex :Female |
| **Registration No** | : | MH005088488 | **Lab No** | : | 32230308814 |
| **Patient Episode** | : | H03000053282 | **Collection Date :** | | 23 Mar 2023 09:36 |
| **Referred By** | : | HEALTH CHECK MHD | **Reporting Date :** | | 23 Mar 2023 11:56 |
| **Receiving Date** | : | 23 Mar 2023 09:51 | | | |

## BIOCHEMISTRY

Glycosylated Hemoglobin — Specimen: EDTA Whole blood

| | | | |
|---|---|---|---|
| HbA1c (Glycosylated Hemoglobin) | 5.5 | % | As per American Diabetes Association(ADA) [4.0-6.5]HbA1c in %<br>Non diabetic adults >= 18years <5.7<br>Prediabetes (At Risk )5.7-6.4<br>Diagnosing Diabetes >= 6.5 |
| Methodology | (HPLC) | | |
| Estimated Average Glucose (eAG) | 111 | mg/dl | |

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.

Specimen Type : Serum

**THYROID PROFILE, Serum**

| | | | |
|---|---|---|---|
| T3 - Triiodothyronine (ECLIA) | 1.28 | ng/ml | [0.70-2.04] |
| T4 - Thyroxine (ECLIA) | 7.71 | micg/dl | [4.60-12.00] |
| Thyroid Stimulating Hormone (ECLIA) | 2.720 | µIU/mL | [0.340-4.250] |

1st Trimester:0.6 - 3.4 micIU/mL
2nd Trimester:0.37 - 3.6 micIU/mL
3rd Trimester:0.38 - 4.04 micIU/mL

Note : TSH levels are subject to circadian variation, reaching peak levels between 2-4.a.m.and at a minimum between 6-10 pm.Factors such as change of seasons hormonal fluctuations,Ca or Fe supplements,high fibre diet,stress and illness

| | | | | | |
|---|---|---|---|---|---|
| **Name** | : | MRS URMILA YADAV | **Age** | : | 51 Yr(s) Sex :Female |
| **Registration No** | : | MH005088488 | **Lab No** | : | 32230308814 |
| **Patient Episode** | : | H03000053282 | **Collection Date :** | | 23 Mar 2023 09:36 |
| **Referred By** | : | HEALTH CHECK MHD | **Reporting Date :** | | 23 Mar 2023 11:21 |
| **Receiving Date** | : | 23 Mar 2023 09:48 | | | |

**BIOCHEMISTRY**

affect TSH results.
* References ranges recommended by the American Thyroid Association
1) Thyroid. 2011 Oct;21(10):1081-125.PMID .21787128
2) http://www.thyroid-info.com/articles/tsh-fluctuating.html

| Test Name | Result | Unit | Biological Ref. Interval |
|---|---|---|---|
| **Lipid Profile (Serum)** | | | |
| TOTAL CHOLESTEROL (CHOD/POD) | 155 | mg/dl | [<200]<br>Moderate risk:200-239<br>High risk:>240 |
| TRIGLYCERIDES (GPO/POD) | 56 | mg/dl | [<150]<br>Borderline high:151-199<br>High: 200 - 499<br>Very high:>500 |
| HDL - CHOLESTEROL (Direct) | 52 | mg/dl | [30-60] |
| VLDL - Cholesterol (Calculated) | 11 | mg/dl | [10-40] |
| LDL- CHOLESTEROL | 92 | mg/dl | [<100]<br>Near/Above optimal-100-129<br>Borderline High:130-159<br>High Risk:160-189 |
| T.Chol/HDL.Chol ratio | 3.0 | | <4.0 Optimal<br>4.0-5.0 Borderline<br>>6 High Risk |
| LDL.CHOL/HDL.CHOL Ratio | 1.8 | | <3 Optimal<br>3-4 Borderline<br>>6 High Risk |

Note:
*Reference ranges based on ATP III Classifications.*
*Recommended to do fasting Lipid Profile after a minimum of 8 hours of overnight fasting.*

| | | | | | |
|---|---|---|---|---|---|
| **Name** | : | MRS URMILA YADAV | **Age** | : | 51 Yr(s) Sex :Female |
| **Registration No** | : | MH005088488 | **Lab No** | : | 32230308814 |
| **Patient Episode** | : | H03000053282 | **Collection Date :** | | 23 Mar 2023 09:36 |
| **Referred By** | : | HEALTH CHECK MHD | **Reporting Date :** | | 23 Mar 2023 11:18 |
| **Receiving Date** | : | 23 Mar 2023 09:48 | | | |

## BIOCHEMISTRY

| Test Name | Result | Unit | Biological Ref. Interval |
|---|---|---|---|
| **LIVER FUNCTION TEST (Serum)** | | | |
| BILIRUBIN-TOTAL (mod.J Groff)** | 0.43 | mg/dl | [0.10-1.20] |
| BILIRUBIN - DIRECT (mod.J Groff) | 0.17 | mg/dl | [<0.2] |
| BILIRUBIN - INDIRECT (mod.J Groff) | 0.26 | mg/dl | [0.20-1.00] |
| SGOT/ AST (P5P,IFCC) | 29.20 | IU/L | [5.00-37.00] |
| SGPT/ ALT (P5P,IFCC) | 18.50 | IU/L | [10.00-50.00] |
| ALP (p-NPP,kinetic)* | 61 | IU/L | [41-108] |
| TOTAL PROTEIN (mod.Biuret) | 7.5 | g/dl | [6.0-8.2] |
| SERUM ALBUMIN (BCG-dye) | 4.4 | g/dl | [3.5-5.0] |
| SERUM GLOBULIN (Calculated) | 3.1 | g/dl | [1.8-3.4] |
| ALB/GLOB (A/G) Ratio | 1.42 | | [1.10-1.80] |

**Note:**
**NEW BORN:Vary according to age (days), body wt & gestation of baby
*New born: 4 times the adult value

| | | | | | |
|---|---|---|---|---|---|
| **Name** | : | MRS URMILA YADAV | **Age** | : | 51 Yr(s) Sex :Female |
| **Registration No** | : | MH005088488 | **Lab No** | : | 32230308814 |
| **Patient Episode** | : | H03000053282 | **Collection Date :** | | 23 Mar 2023 09:36 |
| **Referred By** | : | HEALTH CHECK MHD | **Reporting Date :** | | 23 Mar 2023 11:19 |
| **Receiving Date** | : | 23 Mar 2023 09:48 | | | |

## BIOCHEMISTRY

| Test Name | Result | Unit | Biological Ref. Interval |
|---|---|---|---|
| **KIDNEY PROFILE (Serum)** | | | |
| BUN (Urease/GLDH) | 8.00 | mg/dl | [8.00-23.00] |
| SERUM CREATININE (mod.Jaffe) | 0.65 | mg/dl | [0.60-1.40] |
| SERUM URIC ACID (mod.Uricase) | 3.7 | mg/dl | [2.6-6.0] |
| SERUM CALCIUM (NM-BAPTA) | 9.4 | mg/dl | [8.6-10.0] |
| SERUM PHOSPHORUS (Molybdate, UV) | 2.9 | mg/dl | [2.3-4.7] |
| SERUM SODIUM (ISE) | 137.0 | mmol/l | [134.0-145.0] |
| SERUM POTASSIUM (ISE) | 4.24 | mmol/l | [3.50-5.20] |
| SERUM CHLORIDE (ISE / IMT) | 103.2 | mmol/l | [95.0-105.0] |
| eGFR | 103.1 | ml/min/1.73sq.m | [>60.0] |

Technical Note

eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to1.73 sq.m BSA and is not applicable to individuals below 18 years. eGFR tends to be less accurate when Serum Creatinine estimation is indeterminate e.g. patients at extremes of muscle mass, on unusual diets etc. and samples with severe Hemolysis / Icterus / Lipemia.



**----------END OF REPORT----------**

**Dr. Neelam Singal**
**CONSULTANT BIOCHEMISTRY**

| | | | | | |
|---|---|---|---|---|---|
| **Name** | : | MRS URMILA YADAV | **Age** | : | 51 Yr(s) Sex :Female |
| **Registration No** | : | MH005088488 | **Lab No** | : | 32230308815 |
| **Patient Episode** | : | H03000053282 | **Collection Date :** | | 23 Mar 2023 13:04 |
| **Referred By** | : | HEALTH CHECK MHD | **Reporting Date :** | | 23 Mar 2023 15:50 |
| **Receiving Date** | : | 23 Mar 2023 14:22 | | | |

## BIOCHEMISTRY

Specimen Type : Plasma

**PLASMA GLUCOSE - PP**

| | | | |
|---|---|---|---|
| Plasma GLUCOSE - PP (Hexokinase) | 99 | mg/dl | [70-140] |

Note : Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying, brisk glucose absorption , post exercise

Specimen Type : Serum/Plasma

| | | | |
|---|---|---|---|
| Plasma GLUCOSE-Fasting (Hexokinase) | 91 | mg/dl | [70-100] |



**----------END OF REPORT----------**

**Dr. Neelam Singal**
**CONSULTANT BIOCHEMISTRY**

| | | | | | |
|---|---|---|---|---|---|
| **Name** | : | MRS URMILA YADAV | **Age** | : | 51 Yr(s) Sex :Female |
| **Registration No** | : | MH005088488 | **Lab No** | : | 33230305246 |
| **Patient Episode** | : | H03000053282 | **Collection Date :** | | 23 Mar 2023 09:36 |
| **Referred By** | : | HEALTH CHECK MHD | **Reporting Date :** | | 23 Mar 2023 12:59 |
| **Receiving Date** | : | 23 Mar 2023 09:50 | | | |

## HAEMATOLOGY

**ERYTHROCYTE SEDIMENTATION RATE (Automated) Specimen-Whole Blood**

| | | | |
|---|---|---|---|
| ESR | 8.0 | /1sthour | [0.0-20.0] |

**Interpretation :**

Erythrocyte sedimentation rate (ESR) is a non-specific phenomena and is clinically useful in the diagnosis and monitoring of disorders associated with an increased production of acute phase reactants (e.g. pyogenic infections, inflammation and malignancies). The ESR is increased in pregnancy from about the 3rd month and returns to normal by the 4th week postpartum.

ESR is influenced by age, sex, menstrual cycle and drugs (eg. corticosteroids, contraceptives).

It is especially low (0 -1mm) in polycythemia, hypofibrinogenemia or congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis or sickle cells.

| Test Name | Result | Unit | Biological Ref. Interval |
|---|---|---|---|
| **COMPLETE BLOOD COUNT (EDTA Blood)** | | | |
| WBC Count (Flow cytometry) | 5350 | /cu.mm | [4000-10000] |
| RBC Count (Impedence) | 4.46 | million/cu.mm | [3.80-4.80] |
| Haemoglobin (SLS Method) | 12.4 | g/dL | [12.0-15.0] |
| Haematocrit (PCV) | 37.4 | % | [36.0-46.0] |
| (RBC Pulse Height Detector Method) | | | |
| MCV (Calculated) | 83.9 | fL | [83.0-101.0] |
| MCH (Calculated) | 27.8 | pg | [25.0-32.0] |
| MCHC (Calculated) | 33.2 | g/dL | [31.5-34.5] |
| Platelet Count (Impedence) | 254000 | /cu.mm | [150000-410000] |
| RDW-CV (Calculated) | 13.9 | % | [11.6-14.0] |
| **DIFFERENTIAL COUNT** | | | |
| Neutrophils (Flowcytometry) | 61.0 | % | [40.0-80.0] |
| Lymphocytes (Flowcytometry) | 25.4 | % | [20.0-40.0] |

| | | | | | |
|---|---|---|---|---|---|
| **Name** | : | MRS URMILA YADAV | **Age** | : | 51 Yr(s) Sex :Female |
| **Registration No** | : | MH005088488 | **Lab No** | : | 33230305246 |
| **Patient Episode** | : | H03000053282 | **Collection Date :** | | 23 Mar 2023 09:36 |
| **Referred By** | : | HEALTH CHECK MHD | **Reporting Date :** | | 23 Mar 2023 13:03 |
| **Receiving Date** | : | 23 Mar 2023 09:50 | | | |

## HAEMATOLOGY

| | | | |
|---|---|---|---|
| Monocytes (Flowcytometry) | 9.2 | % | [2.0-10.0] |
| Eosinophils (Flowcytometry) | 3.7 | % | [1.0-6.0] |
| **Basophils (Flowcytometry)** | **0.7 #** | % | **[1.0-2.0]** |
| IG | 0.20 | % | |
| Neutrophil Absolute(Flouroscence flow cytometry) | 3.3 | /cu mm | [2.0-7.0]x10³ |
| Lymphocyte Absolute(Flouroscence flow cytometry) | 1.4 | /cu mm | [1.0-3.0]x10³ |
| Monocyte Absolute(Flouroscence flow cytometry) | 0.5 | /cu mm | [0.2-1.2]x10³ |
| Eosinophil Absolute(Flouroscence flow cytometry) | 0.2 | /cu mm | [0.0-0.5]x10³ |
| Basophil Absolute(Flouroscence flow cytometry) | 0.0 | /cu mm | [0.0-0.1]x10³ |

Complete Blood Count is used to evaluate wide range of health disorders, including anemia, infection, and leukemia. Abnormal increase or decrease in cell counts as revealed may indicate that an underlying medical condition that calls for further evaluation.



**----------END OF REPORT----------**

Soma Pradhan

**Dr. Soma Pradhan**

| | | | | | |
|---|---|---|---|---|---|
| **Name** | : | MRS URMILA YADAV | **Age** | : | 51 Yr(s) Sex :Female |
| **Registration No** | : | MH005088488 | **Lab No** | : | 38230301780 |
| **Patient Episode** | : | H03000053282 | **Collection Date :** | | 23 Mar 2023 09:36 |
| **Referred By** | : | HEALTH CHECK MHD | **Reporting Date :** | | 23 Mar 2023 15:05 |
| **Receiving Date** | : | 23 Mar 2023 12:16 | | | |

## CLINICAL PATHOLOGY

| Test Name | Result | Biological Ref. Interval |
|---|---|---|
| **ROUTINE URINE ANALYSIS** | | |
| **MACROSCOPIC DESCRIPTION** | | |
| Colour (Visual) | PALE YELLOW | (Pale Yellow - Yellow) |
| Appearance (Visual) | CLEAR | |
| **CHEMICAL EXAMINATION** | | |
| Reaction[pH] (Reflectancephotometry(Indicator Method)) | 7.0 | (5.0-9.0) |
| Specific Gravity (Reflectancephotometry(Indicator Method)) | 1.010 | (1.003-1.035) |
| Bilirubin | Negative | NEGATIVE |
| Protein/Albumin (Reflectance photometry(Indicator Method)/Manual SSA) | Negative | (NEGATIVE-TRACE) |
| Glucose (Reflectance photometry (GOD-POD/Benedict Method)) | NOT DETECTED | (NEGATIVE) |
| Ketone Bodies (Reflectance photometry(Legal's Test)/Manual Rotheras) | NOT DETECTED | (NEGATIVE) |
| Urobilinogen Reflactance photometry/Diazonium salt reaction | NORMAL | (NORMAL) |
| Nitrite Reflactance photometry/Griess test | NEGATIVE | NEGATIVE |
| Leukocytes Reflactance photometry/Action of Esterase | NIL | NEGATIVE |
| BLOOD (Reflectance photometry(peroxidase)) | NIL | NEGATIVE |
| **MICROSCOPIC EXAMINATION (Manual)** | **Method: Light microscopy on centrifuged urine** | |
| WBC/Pus Cells | 0-1 /hpf | (4-6) |
| Red Blood Cells | NIL | (1-2) |
| Epithelial Cells | 1-2 /hpf | (2-4) |
| Casts | NIL | (NIL) |
| Crystals | NIL | (NIL) |
| Bacteria | NIL | |
| Yeast cells | NIL | |

**Interpretation:**

| | | | | | |
|---|---|---|---|---|---|
| **Name** | : | MRS URMILA YADAV | **Age** | : | 51 Yr(s) Sex :Female |
| **Registration No** | : | MH005088488 | **Lab No** | : | 38230301780 |
| **Patient Episode** | : | H03000053282 | **Collection Date :** | | 23 Mar 2023 09:36 |
| **Referred By** | : | HEALTH CHECK MHD | **Reporting Date :** | | 23 Mar 2023 15:05 |
| **Receiving Date** | : | 23 Mar 2023 12:16 | | | |

## CLINICAL PATHOLOGY

URINALYSIS-Routine urine analysis assists in screening and diagnosis of various metabolic , urological, kidney and liver disorders
Protein: Elevated proteins can be an early sign of kidney disease. Urinary protein excretion can also be temporarily elevated by strenuous exercise, orthostatic proteinuria,dehydration, urina tract infections and acute illness with fever
Glucose: Uncontrolled diabetes mellitus can lead to presence of glucose in urine.
Other causes include pregnancy, hormonal disturbances, liver disease and certain medications.
Ketones: Uncontrolled diabetes mellitus can lead to presence of ketones in urine.
Ketones can also be seen in starvation, frequent vomiting, pregnancy and strenuous exercise.
Blood: Occult blood can occur in urine as intact erythrocytes or haemoglobin, which can occur in various urological, nephrological and bleeding disorders.
Leukocytes: An increase in leukocytes is an indication of inflammation in urinary tract or kidneys Most Common cause is bacterial urinary tract infection.
Nitrite: Many bacteria give positive results when their number is high. Nitrite concentration duri infection increases with length of time the urine specimen is retained in bladder prior to collection.
pH: The kidneys play an important role in maintaining acid base balance of the body. Conditions of the body producing acidosis/alkalosis or ingestion of certain type of food can affect the pH of urine.
Specific gravity: Specific gravity gives an indication of how concentrated the urine is. Increased Specific gravity is seen in conditions like dehydration, glycosuria and proteinuria while decrease Specific gravity is seen in excessive fluid intake, renal failure and diabetes insipidus.
Bilirubin: In certain liver diseases such as biliary obstruction or hepatitis, bilirubin gets excreted in urine.
Urobilinogen: Positive results are seen in liver diseases like hepatitis and cirrhosis and in case of hemolytic anemia.



**----------END OF REPORT----------**

Soma Pradhan

**Dr. Soma Pradhan**