

INDRA DIAGNOSTIC CENTRE

Add: 24/22, Vrindawan Bhawan, Karachi Khana, Kanpur

Ph: 9235432757,

CIN : U85110DL2003LC308206



| | | | |
|--------------|-------------------------------|---------------|------------------------|
| Patient Name | : Mrs. MONIKA SINGH -BOBE5181 | Registered On | : 02/Dec/2021 11:03:28 |
| Age/Gender | : 34 Y 4 M 8 D /F | Collected | : 02/Dec/2021 11:23:37 |
| UHID/MR NO | : IKNP.0000015704 | Received | : 02/Dec/2021 11:23:53 |
| Visit ID | : IKNP0059772122 | Reported | : 02/Dec/2021 18:17:58 |
| Ref Doctor | : Dr.MediWheel Knp | Status | : Final Report |

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|-----------|--------|------|--------------------|--------|
|-----------|--------|------|--------------------|--------|

Blood Group (ABO & Rh typing) * , Blood

| | |
|--------------|----------|
| Blood Group | O |
| Rh (Anti-D) | POSITIVE |

COMPLETE BLOOD COUNT (CBC) * , Blood

| | | | | |
|---------------------------------------|----------|----------------|---|----------------------------------|
| Haemoglobin | 12.80 | g/dl | Male- 13.5-17.5 g/dl Female-12.0-15.5 g/dl | |
| TLC (WBC) | 7,700.00 | /Cu mm | 4000-10000 | ELECTRONIC IMPEDANCE |
| DLC | | | | |
| Polymorphs (Neutrophils) | 63.00 | % | 55-70 | ELECTRONIC IMPEDANCE |
| Lymphocytes | 32.00 | % | 25-40 | ELECTRONIC IMPEDANCE |
| Monocytes | 4.00 | % | 3-5 | ELECTRONIC IMPEDANCE |
| Eosinophils | 1.00 | % | 1-6 | ELECTRONIC IMPEDANCE |
| Basophils | 0.00 | % | < 1 | ELECTRONIC IMPEDANCE |
| ESR | | | | |
| Observed | 20.00 | Mm for 1st hr. | | |
| Corrected | 16.00 | Mm for 1st hr. | < 20 | |
| PCV (HCT) | 39.00 | cc % | 40-54 | |
| Platelet count | | | | |
| Platelet Count | 3.18 | LACS/cu mm | 1.5-4.0 | ELECTRONIC IMPEDANCE/MICROSCOPIC |
| PDW (Platelet Distribution width) | 15.80 | fL | 9-17 | ELECTRONIC IMPEDANCE |
| P-LCR (Platelet Large Cell Ratio) | 40.10 | % | 35-60 | ELECTRONIC IMPEDANCE |
| PCT (Platelet Hematocrit) | 0.38 | % | 0.108-0.282 | ELECTRONIC IMPEDANCE |
| MPV (Mean Platelet Volume) | 11.90 | fL | 6.5-12.0 | ELECTRONIC IMPEDANCE |
| RBC Count | | | | |
| RBC Count | 4.44 | Mill./cu mm | 3.7-5.0 | ELECTRONIC IMPEDANCE |
| Blood Indices (MCV, MCH, MCHC) | | | | |
| MCV | 88.40 | fl | 80-100 | CALCULATED PARAMETER |
| MCH | 28.80 | pg | 28-35 | CALCULATED PARAMETER |
| MCHC | 32.60 | % | 30-38 | CALCULATED PARAMETER |
| Neutrophils Count | 4,851.00 | /cu mm | 3000-7000 | ELEC |
| Eosinophils Count (AEC) | 77.00 | /cu mm | 40-440 | ELEC |



Dr. Seema Nagar(MD Path)



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| Visit ID | : IKNP0059772122 | Reported | : 02/Dec/2021 12:50:25 |
| Ref Doctor | : Dr.MediWheel Knp | Status | : Final Report |

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
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GLUCOSE FASTING , Plasma

| | | | | |
|-----------------|-------|-------|--|---------|
| Glucose Fasting | 86.90 | mg/dl | < 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes | GOD POD |
|-----------------|-------|-------|--|---------|

Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetics in future, which is why an Annual Health Check up is essential.
- I.G.T = Impared Glucose Tolerance.

GLYCOSYLATED HAEMOGLOBIN (HBA1C) * , EDTA BLOOD

| | | | |
|-----------------------------------|-------|---------------|-------------|
| Glycosylated Haemoglobin (HbA1c) | 5.00 | % NGSP | HPLC (NGSP) |
| Glycosylated Haemoglobin (Hb-A1c) | 31.00 | mmol/mol/IFCC | |
| Estimated Average Glucose (eAG) | 97 | mg/dl | |

Interpretation:

NOTE:-

- eAG is directly related to A1c.
- An A1c of 7% -the goal for most people with diabetes-is the equivalent of an eAG of 154 mg/dl.
- eAG may help facilitate a better understanding of actual daily control helping you and your health care provider to make necessary changes to your diet and physical activity to improve overall diabetes mnagement.

The following ranges may be used for interpretation of results. However, factors such as duration of diabetes, adherence to therapy and the age of the patient should also be considered in assessing the degree of blood glucose control.

| Haemoglobin A1C (%)NGSP | mmol/mol / IFCC Unit | eAG (mg/dl) | Degree of Glucose Control Unit |
|-------------------------|----------------------|-------------|--------------------------------|
| > 8 | >63.9 | >183 | Action Suggested* |
| 7-8 | 53.0 -63.9 | 154-183 | Fair Control |
| < 7 | <63.9 | <154 | Goal** |
| 6-7 | 42.1 -63.9 | 126-154 | Near-normal glycemia |
| < 6% | <42.1 | <126 | Non-diabetic level |



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*High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc.

**Some danger of hypoglycemic reaction in Type 1 diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.

N.B. : Test carried out on Automated G8 90 SL TOSOH HPLC Analyser.

Clinical Implications:

*Values are frequently increased in persons with poorly controlled or newly diagnosed diabetes.

*With optimal control, the HbA 1c moves toward normal levels.

*A diabetic patient who recently comes under good control may still show higher concentrations of glycosylated hemoglobin. This level declines gradually over several months as nearly normal glycosylated *Increases in glycosylated hemoglobin occur in the following non-diabetic conditions: a. Iron-deficiency anemia b. Splenectomy

c. Alcohol toxicity d. Lead toxicity

*Decreases in A 1c occur in the following non-diabetic conditions: a. Hemolytic anemia b. chronic blood loss

*Pregnancy d. chronic renal failure. Interfering Factors:

*Presence of Hb F and H causes falsely elevated values. 2. Presence of Hb S, C, E, D, G, and Lepore (autosomal recessive mutation resulting in a hemoglobinopathy) causes falsely decreased values.

| | | | | |
|---|--------|---------------------------|--------------------------------------|-----------------|
| BUN (Blood Urea Nitrogen) * Sample:Serum | 8.20 | mg/dL | 7.0-23.0 | CALCULATED |
| Creatinine Sample:Serum | 0.64 | mg/dl | 0.5-1.2 | MODIFIED JAFFES |
| e-GFR (Estimated Glomerular Filtration Rate) Sample:Serum | 106.20 | ml/min/1.73m ² | 90-120 Normal - 60-89 Near Normal | CALCULATED |
| Uric Acid Sample:Serum | 4.94 | mg/dl | 2.5-6.0 | URICASE |

L.F.T.(WITH GAMMA GT) * , Serum



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| SGOT / Aspartate Aminotransferase (AST) | 27.20 | U/L | < 35 | IFCC WITHOUT P5P |
| SGPT / Alanine Aminotransferase (ALT) | 13.40 | U/L | < 40 | IFCC WITHOUT P5P |
| Gamma GT (GGT) | 24.50 | IU/L | 11-50 | OPTIMIZED SZAZING |
| Protein | 6.99 | gm/dl | 6.2-8.0 | BIRUET |
| Albumin | 4.11 | gm/dl | 3.8-5.4 | B.C.G. |
| Globulin | 2.88 | gm/dl | 1.8-3.6 | CALCULATED |
| A:G Ratio | 1.43 | | 1.1-2.0 | CALCULATED |
| Alkaline Phosphatase (Total) | 127.80 | U/L | 42.0-165.0 | IFCC METHOD |
| Bilirubin (Total) | 0.40 | mg/dl | 0.3-1.2 | JENDRASSIK & GROF |
| Bilirubin (Direct) | 0.15 | mg/dl | < 0.30 | JENDRASSIK & GROF |
| Bilirubin (Indirect) | 0.25 | mg/dl | < 0.8 | JENDRASSIK & GROF |

LIPID PROFILE (MINI) * , Serum

| | | | | |
|------------------------------------|--------|-------|---|------------------|
| Cholesterol (Total) | 196.00 | mg/dl | <200 Desirable 200-239 Borderline High > 240 High | CHOD-PAP |
| HDL Cholesterol (Good Cholesterol) | 49.30 | mg/dl | 30-70 | DIRECT ENZYMATIC |
| LDL Cholesterol (Bad Cholesterol) | 117 | mg/dl | < 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High | CALCULATED |
| VLDL | 29.52 | mg/dl | 10-33 | CALCULATED |
| Triglycerides | 147.60 | mg/dl | < 150 Normal 150-199 Borderline High 200-499 High >500 Very High | GPO-PAP |



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DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
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URINE EXAMINATION, ROUTINE * , Urine

| | | | | |
|---------------------------------|----------------|-------|--|-------------------------|
| Color | LIGHT YELLOW | | | |
| Specific Gravity | 1.000 | | | |
| Reaction PH | Acidic (6.5) | | | DIPSTICK |
| Protein | ABSENT | mg % | < 10 Absent 10-40 (+) 40-200 (++) 200-500 (+++) > 500 (++++) | DIPSTICK |
| Sugar | ABSENT | gms% | < 0.5 (+) 0.5-1.0 (++) 1-2 (+++) > 2 (++++) | DIPSTICK |
| Ketone | ABSENT | mg/dl | 0.2-2.81 | BIOCHEMISTRY |
| Bile Salts | ABSENT | | | |
| Bile Pigments | ABSENT | | | |
| Urobilinogen(1:20 dilution) | ABSENT | | | |
| Microscopic Examination: | | | | |
| Epithelial cells | 1-2/h.p.f | | | MICROSCOPIC EXAMINATION |
| Pus cells | 1-2/h.p.f | | | MICROSCOPIC EXAMINATION |
| RBCs | ABSENT | | | MICROSCOPIC EXAMINATION |
| Cast | ABSENT | | | |
| Crystals | ABSENT | | | MICROSCOPIC EXAMINATION |
| Others | ABSENT | | | |

SUGAR, FASTING STAGE * , Urine

| | | |
|----------------------|--------|------|
| Sugar, Fasting stage | ABSENT | gms% |
|----------------------|--------|------|

Interpretation:

| | |
|--------|---------|
| (+) | < 0.5 |
| (++) | 0.5-1.0 |
| (+++) | 1-2 |
| (++++) | > 2 |



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