



## TEST REPORT

**Reg. No** : 2107100225  
**Name** : Amra Ji  
**Age/Sex** : 50 Years / Male  
**Ref. By** :  
**Client** : TRUWORTH WELLNESS

**Reg. Date** : 03-Jul-2021  
**Collected On** : 03-Jul-2021 09:36  
**Approved On** : 03-Jul-2021 10:53  
**Printed On** : 06-Jul-2021 17:19

Parameter

Result

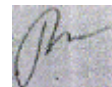
### BLOOD GROUP & RH

Specimen: EDTA and Serum; Method: Haemagglutination

ABO : 'B'

Rh (D) : Positive

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### COMPLETE BLOOD COUNT (CBC)

SPECIMEN: EDTA BLOOD

|                  |      |             |              |
|------------------|------|-------------|--------------|
| Hemoglobin       | 12.7 | g/dL        | 13.0 - 17.0  |
| RBC Count        | 4.91 | million/cmm | 4.5 - 5.5    |
| Hematocrit (PCV) | 37.7 | %           | 40 - 54      |
| MCH              | 25.9 | Pg          | 27 - 32      |
| MCV              | 76.8 | fL          | 83 - 101     |
| MCHC             | 33.7 | %           | 31.5 - 34.5  |
| RDW              | 15.0 | %           | 11.5 - 14.5  |
| WBC Count        | 8240 | /cmm        | 4000 - 11000 |

#### DIFFERENTIAL WBC COUNT (Flow cytometry)

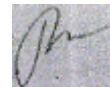
|                                 |        |      |                 |
|---------------------------------|--------|------|-----------------|
| Neutrophils (%)                 | 53     | %    | 38 - 70         |
| Lymphocytes (%)                 | 39     | %    | 20 - 40         |
| Monocytes (%)                   | 04     | %    | 2 - 8           |
| Eosinophils (%)                 | 04     | %    | 0 - 6           |
| Basophils (%)                   | 00     | %    | 0 - 2           |
| Neutrophils                     | 4367   | /cmm |                 |
| Lymphocytes                     | 3214   | /cmm |                 |
| Monocytes                       | 330    | /cmm |                 |
| Eosinophils                     | 330    | /cmm |                 |
| Basophils                       | 0      | /cmm |                 |
| Platelet Count (Flow cytometry) | 330000 | /cmm | 150000 - 450000 |
| MPV                             | 8.7    | fL   | 7.5 - 11.5      |

#### ERYTHROCYTE SEDIMENTATION RATE

|                    |    |       |        |
|--------------------|----|-------|--------|
| ESR (After 1 hour) | 21 | mm/hr | 0 - 14 |
|--------------------|----|-------|--------|

*Modified Westergren Method*

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### PLASMA GLUCOSE

|   |      |       |          |
|---|------|-------|----------|
| Fasting Blood Sugar (FBS)<br><i>Hexokinase Method</i> | 97.1 | mg/dL | 70 - 110 |
|---|------|-------|----------|

**Criteria for the diagnosis of diabetes** 1. HbA1c  $\geq$  6.5 \*

Or

2. Fasting plasma glucose  $>126$  gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.

Or

3. Two hour plasma glucose  $\geq$  200mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water.

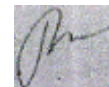
Or

4. In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose  $\geq$  200 mg/dL.

\*In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing.

American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34:S11.

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### HEMOGLOBIN A1 C ESTIMATION

Specimen: Blood EDTA

|   |     |               |  |
|---|-----|---------------|--|
| Hb A1C<br><i>Boronate Affinity with Fluorescent Quenching</i> | 5.4 | % of Total Hb | Poor Control : > 7.0 %<br>Good Control : 6.2-7.0 %<br>Non-diabetic Level : 4.3-6.2 % |
|---|-----|---------------|--|

|   |        |       |  |
|---|--------|-------|--|
| Mean Blood Glucose<br><i>Calculated</i> | 114.94 | mg/dL |  |
|---|--------|-------|--|

**Degree of Glucose Control Normal Range:**

Poor Control >7.0% \*

Good Control 6.0 - 7.0 %\*\*Non-diabetic level < 6.0 %

\* High risk of developing long term complication such as retinopathy, nephropathy, neuropathy, cardiopathy, etc.

\* Some danger of hypoglycemic reaction in Type I diabetics.

\* Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1c levels in this area.

**EXPLANATION :-**

\*Total haemoglobin A1 c is continuously synthesised in the red blood cell through its 120 days life span. The concentration of HbA1c in the cell reflects the average blood glucose concentration it encounters.

\*The level of HbA1c increases proportionately in patients with uncontrolled diabetes. It reflects the average blood glucose concentration over an extended time period and remains unaffected by short-term fluctuations in blood glucose levels.

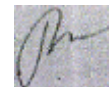
\*The measurement of HbA1c can serve as a convenient test for evaluating the adequacy of diabetic control and in preventing various diabetic complications. Because the average half life of a red blood cell is sixty days, HbA1c has been accepted as a measurement which reflects the mean daily blood glucose concentration, better than fasting blood glucose determination, and the degree of carbohydrate imbalance over the preceding two months.

\*It may also provide a better index of control of the diabetic patient without resorting to glucose loading procedures.

**HbA1c assay Interferences:**

\*Erroneous values might be obtained from samples with abnormally elevated quantities of other Haemoglobins as a result of either their simultaneous elution with HbA1c(HbF) or differences in their glycation from that of HbA(HbS)

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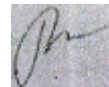
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### LIPID PROFILE

|  |        |       |  |
|--|--------|-------|--|
| Cholesterol<br><i>(Enzymatic colorimetric)</i>               | 280.4  | mg/dL | Desirable : < 200.0<br>Borderline High : 200-239<br>High : > 240.0   |
| Triglyceride<br><i>(Enzymatic colorimetric)</i>              | 174.5  | mg/dL | Normal : < 150.0<br>Borderline : 150-199<br>High : 200-499<br>Very High : > 500.0  |
| VLDL<br><i>Calculated</i>                                    | 34.90  | mg/dL | 15 - 35  |
| LDL CHOLESTEROL  | 207.20 | mg/dL | Optimal : < 100.0<br>Near / above optimal : 100-129<br>Borderline High : 130-159<br>High : 160-189<br>Very High : >190.0 |
| HDL Cholesterol<br><i>Homogeneous enzymatic colorimetric</i> | 38.3   | mg/dL | 30 - 70  |
| Cholesterol /HDL Ratio<br><i>Calculated</i>                  | 7.32   |       | 0 - 5.0  |
| LDL / HDL RATIO<br><i>Calculated</i>                         | 5.41   |       | 0 - 3.5  |





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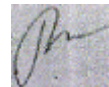
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NEW ATP III GUIDELINES (MAY 2001), MODIFICATION OF NCEP<?xml:namespace prefix = "o" ns = "urn:schemas-microsoft-com:office:office" />

**LDL CHOLESTEROL**  
**CHOLESTEROL**  
**HDL CHOLESTEROL**  
**TRIGLYCERIDES**  
 Optimal<100  
 Desirable<200  
 Low<40  
 Normal<150  
 Near Optimal 100-129  
 Border Line 200-239  
 High >60  
 Border High 150-199  
 Borderline 130-159  
 High >240  
 -  
 High 200-499  
 High 160-189  
 -  
 -  
 -

- LDL Cholesterol level is primary goal for treatment and varies with risk category and assesment
  - For LDL Cholesterol level Please consider direct LDL value
- Risk assessment from HDL and Triglyceride has been revised. Also LDL goals have changed.
- Detail test interpreation available from the lab
  - All tests are done according to NCEP guidelines and with FDA approved kits.
  - LDL Cholesterol level is primary goal for treatment and varies with risk category and assesment
- # For test performed on specimens received or collected from non-KSHIPRA locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender.
- KSHIPRA will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.  
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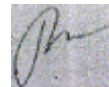
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### LIVER FUNCTION TEST WITH GGT

|  |             |       |            |
|--|-------------|-------|------------|
| Total Bilirubin<br><i>Colorimetric diazo method</i>                | 0.33        | mg/dL | 0.10 - 1.0 |
| Conjugated Bilirubin<br><i>Sulph acid dpl/caff-benz</i>            | 0.15        | mg/dL | 0.0 - 0.3  |
| Unconjugated Bilirubin<br><i>Sulph acid dpl/caff-benz</i>          | 0.18        | mg/dL | 0.0 - 1.1  |
| SGOT<br><i>(Enzymatic)</i>   | 23.9        | U/L   | 0 - 37     |
| SGPT<br><i>(Enzymatic)</i>   | 25.2        | U/L   | 0 - 40     |
| GGT<br><i>(Enzymatic colorimetric)</i>                             | 24.1        | U/L   | 11 - 49    |
| Alakaline Phosphatase<br><i>(Colorimetric standardized method)</i> | 91.9        | U/L   | 53 - 130   |
| <b>Protien with ratio</b>  |             |       |            |
| Total Protein<br><i>(Colorimetric standardized method)</i>         | 8.0         | g/dL  | 6.5 - 8.7  |
| Albumin<br><i>(Colorimetric standardized method)</i>               | 4.4         | mg/dL | 3.5 - 5.3  |
| Globulin<br><i>Calculated</i>                                      | <b>3.60</b> | g/dL  | 2.3 - 3.5  |
| A/G Ratio<br><i>Calculated</i>                                     | 1.22        |       | 0.8 - 2.0  |

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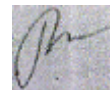
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|   |      |       |           |
|---|------|-------|-----------|
| Urine Glucose -F<br><i>Glucose Oxidase-Peroxidase</i> | Nil  |       |           |
| Creatinine<br><i>(Jaffe method)</i>                   | 1.24 | mg/dL | 0.5 - 1.4 |
| BUN   | 18.9 | mg/dL | 5 - 24    |
| Uric Acid<br><i>(Enzymatic colorimetric)</i>          | 7.7  | mg/dL | 2.5 - 7.0 |

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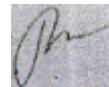
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### THYROID FUNCTION TEST

|   |       |        |             |
|---|-------|--------|-------------|
| T3 (Triiodothyronine)<br><i>Chemiluminescence</i>   | 1.28  | ng/mL  | 0.87 - 1.81 |
| T4 (Thyroxine)<br><i>Chemiluminescence</i>          | 13.72 | µg/dL  | 5.89 - 14.9 |
| TSH ( ultra sensitive )<br><i>Chemiluminescence</i> | 1.859 | µIU/ml | 0.34 - 5.6  |

**SUMMARY** The hypophyseal release of TSH (thyrotropic hormone) is the central regulating mechanism for the biological action of thyroid hormones. TSH is a very sensitive and specific parameter for assessing thyroid function and is particularly suitable for early detection or exclusion of disorders in the central regulating circuit between the hypothalamus, pituitary and thyroid. **LIMITATION** Presence of autoantibodies may cause unexpected high value of TSH

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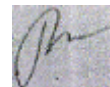
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|                                 |      |       |       |
|---------------------------------|------|-------|-------|
| PSA<br><i>Chemiluminescence</i> | 0.52 | ng/mL | 0 - 4 |
|---------------------------------|------|-------|-------|

### PROSTATE SPECIFIC ANTIGEN

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### STOOL EXAMINATION

**Colour** : Yellow  
**Consistency** : Semi Solid

#### CHEMICAL EXAMINATION

**Occult Blood** : Negative  
*Peroxidase Reaction with o-Dianisidine*  
**Reaction** : Acidic  
*pH Strip Method*  
**Reducing Substance** : Absent  
*Benedict's Method*

#### MICROSCOPIC EXAMINATION

**Mucus** : Nil  
**Pus Cells** : 1 - 2/hpf  
**Red Cells** : Nil  
**Epithelial Cells** : Nil  
**Vegetable Cells** : Nil  
**Trophozoites** : Nil  
**Cysts** : Nil  
**Ova** : Nil  
**Neutral Fat** : Nil  
**Monilia** : Nil

**Note:** Stool occult blood test is highly sensitive to peroxidase like activity of free hemoglobin.

**False negative:** False negative occult blood test may be observed in case of excess (>250mg/day) Vitamin C intake and in case of occasional unruptured RBCs.

**False positive:** False positive occult blood test may be observed in stool samples containing vegetable peroxidase (turnips, horseradish, cauliflower, broccoli, cantaloupe, parsnips) and myoglobin from food (meat diet) intake.

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