Patient Name : MR. V. BABU JAGADESH
Age / Gender : 35 years / Male
Patient ID : 8362
Source : MEDI WHEEL

Referral : SELF
Collection Time : Aug 19, 2022, 09:45 a.m.
Reporting Time : Aug 19, 2022, 11:16 a.m.
Sample ID : 669327321

Test Description	Value(s)	Reference Range	Unit
CBC; Complete Blood Count			
Hemoglobin (Hb)*	14.2	13.5 - 18.0	gm/dL
Method : Cynmeth Photometric Measurement			
Erythrocyte (RBC) Count*	5.0	4.7 - 6.0	mil/cu.mm
Method : Electrical Impedence			
Packed Cell Volume (PCV)*	44	42 - 52	%
Method : Calculated			
Mean Cell Volume (MCV)*	88	78 - 100	fL
Method : Electrical Impedence			
Mean Cell Haemoglobin (MCH)*	28	27 - 31	pg
Method : Calculated			
Mean Corpuscular Hb Concn. (MCHC)*	32	32 - 36	gm/dL
Method : Calculated			
Red Cell Distribution Width (RDW)*	**14.8**	11.5 - 14.0	%
Method : Electrical Impedence			
Total Leucocytes (WBC) Count*	6600	4000-10000	cell/cu.mm
Method : Electrical Impedence			
Neutrophils*	53	40 - 80	%
Method : VCSn Technology			
Lymphocytes*	40	20 - 40	%
Method : VCSn Technology			
Monocytes*	5	2 - 10	%
Method : VCSn Technology			
Eosinophils*	2	1 - 6	%
Method : VCSn Technology			
Basophils	0	0 - 1	
Platelet Count*	3.12	1.5 - 4.5	10^3/ul
Method : Electrical Impedence			
Mean Platelet Volume (MPV)*	7.3	7.2 - 11.7	fL
Method : Electrical Impedence			

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Test Description	Value(s)	Reference Range	Unit
PCT*	0.23	0.2 - 0.5	%
Method : Calculated			
PDW*	15.4	9.0 - 17.0	%
Method : Calculated			

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)	**21**	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.

Urine Routine

Colour*	Pale Yellow	Pale Yellow
Transparency (Appearance)*	Clear	Clear
Deposit*	Absent	Absent
Reaction (pH)*	5.0	4.5 - 8
Specific Gravity*	1.025	1.010 - 1.030

Chemical Examination (Automated Dipstick Method) Urine

Urine Glucose (sugar)*	Absent	Absent
Urine Protein (Albumin)*	Absent	Absent
Urine Ketones (Acetone)*	Absent	Absent

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Test Description	Value(s)	Reference Range	Unit
Blood*	Absent	Absent	
Bile pigments*	Absent	Absent	
Nitrite*	Absent	Absent	
Urobilinogen*	Normal	Normal	
Microscopic Examination Urine			
Pus Cells (WBCs)*	4-5	0 - 5	/hpf
Epithelial Cells*	1-2	0 - 4	/hpf
Red blood Cells*	Absent	Absent	/hpf
Crystals*	Absent	Absent	
Cast*	Absent	Absent	
Trichomonas Vaginalis*	Absent	Absent	
Yeast Cells*	Absent	Absent	
Amorphous deposits*	Absent	Absent	
Bacteria*	Absent	Absent	

Blood Group & Rh Type

Blood Grouping & Rh Typing — **"O" + (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 indicatedwhen the A and B antigen expression and the isoagglutinins are fully developed (2–4 years).

Fasting - Glucose

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Test Description	Value(s)	Reference Range	Unit
Glucose Fasting* **Method : Plasma, Hexokinase**	70	Normal: 70-100 Impaired Fasting Glucose (IFG): 100-125 Diabetes Mellitus: >= 126 (On more than one occasion) (American Diabetes Association guidelines 2017)	mg/dL
Post Prandial Blood Sugar			
Blood Glucose-Post Prandial* **Method : Plasma - P, Hexokinase**	120	80-140	mg/dL
Fasting Urine Sugar			
Fasting Urine Sugar	NEGATIVE	NEGATIVE -	
Post Prandial Urine Sugar			
Post Prandial Urine Sugar	NEGATIVE		
HBA1C (Glycosylated Haemoglobin)			
Glyco Hb (HbA1C) Method : EDTA Whole blood,HPLC	5.3	Non-Diabetic: <=5.9 Pre Diabetic:6.0-6.4 Diabetic: >=6.5	%
Estimated Average Glucose :	105		mg/dL

Interpretations

1. HbA1C has been endorsed by clinical groups and American Diabetes Association guidelines 2017 for diagnosing diabetes using a cut off point of 6.5%
2. 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.

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Test Description	Value(s)	Reference Range	Unit

3. 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 %
   Unsatisfactory control – 8 to 10 %
   Poor Control – More than 10 %

Thyroid Function Test (TFT)

THYROID STIMULATING HORMONE (TSH) Method : CLIA	1.6	**0.46 – 8.10 : 1 Yrs – 5 Yrs** **0.36 – 5.80 : 6 Yrs – 18 Yrs** **0.35 – 5.50 : 18 Yrs – 55 Yrs** **0.50 – 8.90 : >55 Yrs** **Pregnancy Ranges::::** **Ist Tri :0.1 - 2.5** **IInd Tri :0.2 - 3.0** **IIIrd Tri:0.3 - 3.0**	uIU/mL
TOTAL TRIIODOTHYRONINE (T3) Method : CLIA	158	**126 – 258 : 1 Yr – 5 Yr** **96 – 227 : 6 Yr – 15 Yr** **91 – 164 : 16 Yr – 18 Yr** **60 – 181 : > 18 Years** **Pregnancy :** **1st Trimester : 81 - 190** **2nd & 3rd Trimester:100 - 260**	ng/dl
TOTAL THYROXINE (T4) Method : CLIA	9.0	**4.6 - 10.9** **Pregnancy:** **4.6 – 16.5 : 1st Trimester** **4.6 – 18.5 : 2nd & 3rd Tri**	µg/dL

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Test Description	Value(s)	Reference Range	Unit
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.		
Lipid Profile			
Cholesterol-Total Method : Serum, Cholesterol oxidase esterase, peroxidase	138	Desirable: <= 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	**206**	Normal: < 150 Borderline High: 150-199 High: 200-499 Very High: >= 500	mg/dL
Cholesterol-HDL Direct Method : Serum, Direct measure-PEG	43	Normal: > 40 Major Heart Risk: < 40	mg/dL
LDL Cholesterol Method : Serum	53.8	Optimal: < 100 Near optimal/above optimal: 100-129 Borderline high: 130-159 High: 160-189 Very High: >= 190	mg/dL

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Test Description	Value(s)	Reference Range	Unit
Non - HDL Cholesterol, Serum Method : calculated	95	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	**41.2**	6 - 38	mg/dL
CHOL/HDL RATIO Method : calculated	**3.2**	3.5 - 5.0	ratio
LDL/HDL RATIO Method : calculated	1.25	Desirable / low risk - 0.5 -3.0 Low/ Moderate risk - 3.0- 6.0 Elevated / High risk - > 6.0	ratio
HDL/LDL RATIO Method : calculated	0.8	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.

KIDNEY FUNCTION TEST

Urea * Method : Serum	19	15- 50	mg/dL
Blood Urea Nitrogen-BUN* Method : Serum, Urease	8.8	7 - 24	mg/dL
Uric Acid* Method : Serum, Uricase/POD	4.9	3.5 - 7.2	mg/dL
Creatinine* Method : Serum, Jaffe IDMS	0.7	0.6 - 1.1	mg/dL

Liver Funtion Test (LFT) with GGT

Bilirubin - Total Method : Serum, Jendrassik Grof	1.0	0.3 - 1.2	mg/dL

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Test Description	Value(s)	Reference Range	Unit
Bilirubin - Direct Method : Serum, Diazotization	0.4	Adults and Children: < 0.2	mg/dL
Bilirubin - Indirect Method : Serum, Calculated	0.6	0.1 - 1.0	mg/dL
SGOT Method : Serum, UV with P5P, IFCC 37 degree	40	< 50	U/L
SGPT Method : Serum, UV with P5P, IFCC 37 degree	35	< 50	U/L
SGOT/SGPT Method : calculated	1.14	0.7 - 1.4	ratio
GGT-Gamma Glutamyl Transpeptidae Method : Serum, G-glutamyl-carboxy-nitoanilide	26	< 55	U/L
Alkaline Phosphatase-ALPI Method : Serum, PNPP, AMP Buffer, IFCC 37 degree	105	30-120	U/L
Total Protein Method : Serum, Biuret, reagent blank end point	7.0	6.6 - 8.3	g/dL
Albumin Method : Serum, Bromcresol purple	4.0	Adults: 3.5 - 5.2	g/dL
Globulin Method : Calculated	3.0	1.8 - 3.6	g/dL
A/G Ratio Method : Calculated	1.33	1.2 - 2.2	ratio

END OF REPORT

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