SDA DIAGNOSTICS
A Quality Controlled Pathology Lab

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Branch-2: G-9, Hitech Plaza, Garh Road, Opp. Yug Hospital, Hapur Bus Stand, Meerut
Helpline No. : +91 95481 32613

| | | | | | |
|---|---|---|---|---|---|
| Lab Ref. No. | : 234030384 | C. NO: | 26 | Centre Name | : SDA Diagnostics |
| Name | : Mr. SHIVAM | | | Collection Time | : 23-Mar-2024 9:30AM |
| Age/ Gender | : 33Y / Male | | | Receiving Time | : 23-Mar-2024 9:30AM |
| Referred By | : Dr. SELF | | | Reporting Time | : 23-Mar-2024 1:14PM |
| Sample By | : | | | | |

| Test Name | Results | Units | Biological Ref-Interval |
|---|---|---|---|
| | **HAEMATOLOGY** | | |
| **COMPLETE BLOOD COUNT** | | | |
| HAEMOGLOBIN (Colorimetry) | 12.50 | g/dl | 12-16.5 |
| TOTAL LEUCOCYTE COUNT (Electric Impedence) | 4800.00 | /Cum m | 4000-11000 |
| DIFFERENTIAL LEUCOCYTE COUNT (Microscopy) | | | |
| Neutrophils | 60.00 | % | 44-68 |
| Lymphocytes | 36.00 | % | 25- 44 |
| Eosinophils | 2.00 | % | 0.0- 4.0 |
| Monocytes | 2.00 | % | 0.0-7.0 |
| Basophils | 0.00 | % | 0.0-1.0 |
| Immature Cells | 00 | % | |
| **Absolute Count** | | | |
| Neutrophils Count (calculated) | 2880.00 | /cumm | 2000-7000 |
| Lymphocytes Count (calculated) | 1728.00 | /cumm | 1000-3000 |
| Eosinophils Count (calculated) | 96.00 | /cumm | 40-440 |
| Monocytes Count (calculated) | **96.00** | /cumm | 200-1000 |
| Basophils Count (calculated)l | 0.00 | /cumm | 0-30 |
| TOTAL R.B.C. COUNT (Electric Impedence) | 4.57 | 10^6/uL | 3.50-5.50 |
| Haematocrit Value (P.C.V.) (Calculated) | 37.60 | % | 37.0-54.0 |
| MCV (Calculated) | 82.00 | fL | 76-98 |
| MCH | 27.40 | pg | 27-32 |

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| (Calculated) | | | |
| MCHC | 33.40 | g/dl | 31-35 |
| (Calculated) | | | |
| RDW-CV | **16.40** | % | 11.5 - 14.5 |
| (Calculated) | | | |
| Platelet Count | 151 | Thousand/cumm | 150-450 |
| (Electric Impedence) | | | |
| MPV | **10.30** | fL | 11.5-14.5 |
| (Calculated) | | | |
| PDW | **19.80** | fL | 9.0-17.0 |
| (Calculated) | | | |
| E.S.R | 16.00 | mm | 00-20 |
| (Wintrobe methrod) | | | |
| Peripheral Smear | .. | | |
| **BLOOD GROUP** | | | |
| Blood Group | A | | |
| Rh Status | POSITIVE | | |
| | . | | |
| **GLYCATED HAEMOGLOBIN (HbA1c** | 5.10 | % | 4.5-6.0 |
| ESTIMATED AVERAGE GLUCOSE | 99.67 | mg/dl | |

**EXPECTED RESULTS :**

| | | |
|---|---|---|
| Non diabetic patients & Stabilized diabetics | : | 4.5 % to 6.0 % |
| Good Control of diabetes | : | 6.1 % to 7.0 % |
| Fair Control of diabetes | : | 7.1 % to 8.0 % |
| Poor Control od diabetes | : | 8 % and above |

The glycosylated hemoglobin assay has been validated as a reliable indicator of mean blood glucose levels for a period of 8-12 week period prior to HBA1C determination.ADA recommends the testing twice a year in patients with stable blood glucose, and quarterly, if treatment changes, or if blood glucose levels are unstable.

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| | **BIOCHEMISTRY** | | |
| **BLOOD GLUCOSE FASTING**<br>(GOD/POD method) | 98.00 | mg/dl | 70 - 110 |
| **BLOOD GLUCOSE P.P.**<br>(GOD/POD method)<br>After 2.0 hrs of meal | 124.00 | mg/dl | 70-140 |
| **SERUM CREATININE**<br>(Jaffe`s) | 0.80 | mg/dl | 0.6-1.2 |
| **SERUM URIC ACID**<br>(Urecase method) | 6.40 | mg/dl | 3.5-7.2 |
| **BLOOD UREA NITROGEN** | 15.80 | mg/dL | 5-25 |

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|---|---|---|---|
| **LIVER PROFILE** | | | |
| SERUM BILIRUBIN | | | |
| TOTAL<br>(Diazo) | 0.64 | mg/dl | 0.30-1.20 |
| DIRECT<br>(Diazo) | **0.25** | mg/dl | 0.00-0.20 |
| INDIRECT<br>(Calculated) | 0.39 | mg/dl | 0.20-1.00 |
| S.G.P.T.<br>(IFCC method) | **51.00** | U/L | 0-45 |
| S.G.O.T.<br>(IFCC method) | 34.00 | U/L | 0-45 |
| SERUM ALKALINE PHOSPHATASE<br>(4-nitrphenylphosphate to 2-amino-2-methyl-1propan | 102.00 | IU/L. | 35-145 |
| SERUM PROTEINS | | | |
| TOTAL PROTEINS<br>(Biuret) | 6.40 | Gm/dL. | 6.0-8.0 |
| ALBUMIN<br>(Bromocresol green Dye) | 3.90 | Gm/dL. | 3.5-5.2 |
| GLOBULIN<br>(Calculated) | 2.50 | Gm/dL. | 2.5-3.5 |
| A : G RATIO<br>(Calculated) | 1.56 | | 1.5-2.5 |

**LIVER FUNCTION TESTS CHECK THE LEVEL OF CERTAIN ENZYMES AND PROTEINS IN BLOOD**

Levels that are higher or lower than normal can indicate liver problems. Some common liver function tests include :

Alanine transaminase (ALT). ALT is an enzyme found in the liver and When the liver is damaged, ALT is released into the bloodstream and levels increase.

Aspartate transaminase (AST). AST is an enzyme that helps metabolize alanine,an amino acid. AST is normally present in blood at low levels. An increase in AST levels may indicate liver damage or disease or muscle damage.

Alkaline phosphatase (ALP). ALP is an enzyme in the liver, bile ducts and bone.

| | | | |
|---|---|---|---|
| **G.G.T.P.(GAMMA G.T.)**<br>(Glupa C) | 45.00 | U/L | < 55.0 |

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| **LIPID PROFILE** | | | |
| SERUM CHOLESTEROL (CHOD - PAP) | 159.0 | mg/dl | 125-200 |
| SERUM TRIGLYCERIDE (GPO-PAP) | 85.0 | mg/dl | 50-150 |
| HDL CHOLESTEROL (Direct Method) | 47.0 | mg/dl | 30-80 |
| VLDL CHOLESTEROL (Calculated) | 17.0 | mg/dl | 5-35 |
| LDL CHOLESTEROL (Calculated) | 95.0 | mg/dL. | 70-130 |
| LDL/HDL RATIO (Calculated) | 2.0 | | 0.0-4.9 |
| CHOL/HDL CHOLESTROL RATIO (Calculated) | **3.4** | | 1.5-3.0 |

**INTERPRETATION**

TRIGLYCERIDE level > 250mg/dL is associated with an approximately 2-fold greater risk of coronary vascular disease. Elevation of triglycerides can be seen with obesity, medication, fast less than 12 hrs., alcohol intake, diabetes melitus,and pancreatitis.

CHOLESTEROL, its fractions and triglycerides are the important plasma lipids indefining cardiovascular risk factors and in the managment of cardiovascular disease.Highest acceptable and optimum values of cholesterol values of cholesterol vary with age. Values above 220 mgm/dl are associated with increased risk of CHD regardless of HDL & LDL values.

HDL-CHOLESTEROL level <35 mg/dL is associated with an increased risk of coronary vascular disease even in the face of desirable levels of cholesterol and LDL - cholesterol.

LDL - CHOLESTEROL& TOTAL CHOLESTEROL levels can be strikingly altered by thyroid, renal and liver disease as well as hereditary factors.

Based on total cholesterol, LDL- cholesterol, and total cholesterol/HDL - cholesterol ratio, patients may be divided into the three risk categories.

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| **HORMONE** | | | |
| **THYRIOD PROFILE** | | | |
| Triiodothyronine (T3) (FIA) | 0.95 | ng/dl | 0.52-1.85 |
| Thyroxine (T4) (FIA) | 9.57 | ug/dl | 4.8-11.6 |
| THYROID STIMULATING HORMONE (TSH) (FIA) | 2.11 | mIU/L | 0.50-5.50 |

**Interpretation Note:**
Thyroid Stimulating Hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitarythyroid axis, TSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased TSH indicates inadequate thyroid hormone, and suppressed s-TSH indicates excess thyroid hormone.Transient s-TSH abnormalities may be found in seriously ill, hospitalized patients, so this is not the ideal setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening test). when the s-TSH result is abnormal, appropriate follow-up tests T4 & free T3 levels should be performed. If TSH is between 5.0 to 10.0 & free T4 & free T3 level are normal then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & If TSH is > 10 & free T4 & free T3 level are normal then it is considered as overt hypothyroidism.
Serum triiodothyronine (T3) levels often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of hypothyroidism. However, in a small subset of hyperthyroid patients, hyperthyroidism may be caused by overproduction of T3 (T3 toxicosis). To help diagnose and monitor this subgroup, T3 is measured on all specimens with suppressed s-TSH and normal FT4 concentrations.

Normal ranges of TSH & thyroid hormons vary according trimesper in pregnancy.

| **TSH ref range in Pregnacy** | **Reference range (microIU/ml)** |
|---|---|
| First triemester | 0.24 - 2.00 |
| Second triemester | 0.43-2.2 |
| Third triemester | 0.8-2.5 |

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## CLINICAL PATHOLOGY

| Test Name | Results | Units | Biological Ref-Interval |
|---|---|---|---|
| **URINE EXAMINATION REPORT** | | | |
| **PHYSICAL EXAMINATION** | | | |
| VOLUME (visual) | 15 | ml | |
| COLOUR (visual) | PALE YELLOW | | |
| APPEARENCE (visual) | CLEAR | | |
| pH | 6.00 | | 4.6 - 8.0 |
| SPECIFIC GRAVITY (pKa Change) | 1.010 | | 1.010-1.030 |
| **BIOCHEMICAL EXAMINATION** | | | |
| UROBILINOGEN (Erlichs) | NIL | | NIL |
| BILIRUBIN (Azo-coupling reaction) | NEGATIVE | | NEGATIVE |
| NITRITE | NEGATIVE | | NEGATIVE |
| SUGAR (Glucose Oxidase Peroxidase) | NIL | | Nil |
| ALBUMIN (Protein-Error-of-Indicator)) | NIL | | Nil |
| PHOSPHATE | NIL | | Nil |
| **MICROSCOPIC EXAMINATION** (Microscopy) | | | |
| RED BLOOD CELLS | NIL | /H.P.F. | 0-2 |
| PUS CELLS | 1-2 | /H.P.F. | 0-5 |
| EPITHELIAL CELLS | 1-2 | /H.P.F. | 0-5 |
| CRYSTALS | NIL | /H.P.F. | NIL |
| CASTS | NIL | /L.P.F. | |
| OTHER | | | |

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