





# **Diagnostics & Speciality Centre**

NAME Mrs. ANKITA SAHA MR NO. : 19081111 AGE/SEX : 31 Yrs / Female VISIT NO. : 151592

REFERRED BY: DATE OF COLLECTION: 12-03-2022 at 09:56 AM

> DATE OF REPORT : 12-03-2022 at 01:14 PM

**TEST PARAMETER RESULT** REFERENCE RANGE **SPECIMEN** 

#### MEDIWHEEL HEALTH CHECKUP FEMALE

#### **HAEMATOLOGY**

### **COMPLETE BLOOD COUNT (CBC) WITH ESR**

: MEDIWHEEL

HAEMOGLOBIN Colorimetric Method	<b>11.5</b> gm/dL	12 - 16 gm/dL
HEMATOCRIT (PCV) Calculated	36.4 %	36 - 47 %

RED BLOOD CELL (RBC) COUNT 4.5 million/cu.mm 4 - 5.2 million/cu.mm

PLATELET COUNT 1.5 Lakhs/cumm 1.5 - 4.5 Lakhs/cumm Electrical Impedance

80 - 100 fl MEAN CELL VOLUME (MCV) 81.4 fl Calculated

MEAN CORPUSCULAR HEMOGLOBIN (MCH) 26 - 34 pg **25.7** pg Calculated MEAN CORPUSCULAR HEMOGLOBIN 31 - 35 % 31.6 %

CONCENTRATION (MCHC)

REF CENTER

4000 - 11000 cells/cumm TOTAL WBC COUNT (TC) 5970 cells/cumm

Electrical Impedance **NEUTROPHILS** 65 % 40 - 75 % VCS Technology/Microscopic 32 % 25 - 40 % LYMPHOCYTES

DIFFERENTIAL COUNT

VCS Technology/Microscopic

Electrical Impedance

0 - 7 % **EOSINOPHILS** 01 % VCS Technology/Microscopic MONOCYTES 02 % 1 - 8 % VCS Technology/Microscopic

00 % **BASOPHILS** 

08 mm/hr 0 - 20 mm/hrESR Westergren Method

**BLOOD GROUP & Rh TYPING** "A" Positive

Tube Agglutination (Forward and Reverse)



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GLYCATED HAEMOGLOBIN (HbA1C) 5.4 % American Diabetic Association (ADA)

recommendations:

Non diabetic adults : <5.7 %

At risk (Pre diabetic): 5.7 – 6.4%

Diabetic: >/= 6.5%

Therapeutic goal for glycemic control:

Goal for therapy: < 7.0% Action suggested: > 8.0%

ESTIMATED AVERAGE GLUCOSE (eAG) 108.28 mg/dL

: MEDIWHEEL

Comments:

**REF CENTER** 

This assay is useful for diagnosing Diabetes and evaluating long term control of blood glucose concentrations in diabetic patients. It reflects the mean glucose concentration over the previous period of 8 to 12 weeks and is a better indicator of long term glycemic control as compared with blood and urine glucose measurements. This provides a additional criterion for assessing glucose control because glycated hemoglobin values are free of day-to-day glucose fluctuation and are unaffected by exercise or food ingestion.

After a sudden alteration in blood glucose concentration, the rate of change of HbA1c is rapid during initial 2 months, followed by more gradual change approaching steady state 3 months later.

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**CLINICAL BIOCHEMISTRY** 

**LIPID PROFILE TEST** 

: MEDIWHEEL

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TOTAL CHOLESTEROL 150 mg/dL up to 200 mg/dL

Cholesterol Oxidase-Peroxidase (CHOD-POD)

Border Line: 200 – 240 mg/dL

High: > 240 mg/dL

TRIGLYCERIDES 45.1 mg/dL up to 150 mg/dL

Glycerol Peroxidase-Peroxidase (GPO-POD)

Desirable: <150 mg/dL
Border Line: 150 – 200 mg/dL
High: >200 – 500 mg/dL
Very High: > 500 mg/dL

HDL CHOLESTEROL - DIRECT 45.0 mg/dl 40 - 60 mg/dl

PEG-Cholesterol Esterase

>/= 60mg/dL - Excellent (protects against heart disease) 40-59 mg/dL - Higher the better <40 mg/dL - Lower than desired (major

risk for heart disease)

LDL CHOLESTEROL - DIRECT 96.0 mg/dL up to 100 mg/dL

Cholesterol Esterase-Cholesterol Oxidase

100-129 mg/dL- Near optimal/above

optimal

130-159 mg/dL- Borderline High 160-189 mg/dL- High 190->190 mg/dL - Very High

VLDL CHOLESTEROL 9.0 mg/dL 2 - 30 mg/dL

Calculation

TOTAL CHOLESTROL/HDL RATIO 3.3 up to 3

Calculation

3.0-4.4 - Moderate >4.4 - High

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TEST PARAMETER	RESULT	REFERENCE RANGE	SPECIMEN
LDL/HDL RATIO Calculation	2.1	up to 2.5 2.5-3.3 - Moderate >3.3 - High	
POST PRANDIAL BLOOD SUGAR Hexokinase	110.4 mg/dl	80 - 150 mg/dl	
BLOOD UREA UREASE-GLUTAMATE DEHYDROGENASE (GLDH)	23.9 mg/dL	15 - 50 mg/dL	
CREATININE Jaffe Kinetic	0.53 mg/dL	0.4 - 1.4 mg/dL	
URIC ACID Uricase-Peroxidase	3.7 mg/dL	2.5 - 6 mg/dL	

**SERUM ELECTROLYTES** 

REF CENTER : MEDIWHEEL

SODIUM 137 mmol/L 136 - 145 mmol/L lon Selective Electrode (ISE)

POTASSIUM 3.6 mmol/L 3.5 - 5.2 mmol/L lon Selective Electrode (ISE)

CHLORIDE 102 mmol/L 97 - 111 mmol/L lon Selective Electrode (ISE)

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**LIVER FUNCTION TEST (LFT)** 

TOTAL BILIRUBIN
Colorimetric Diazo Method

DIRECT BILIRUBIN
Colorimetric Diazo Method

0.2 - 1.2 mg/dL
0.2 - 1.2 mg/dL
0 - 0.4 mg/dL

INDIRECT BILIRUBIN 0.45 mg/dl

S G O T (AST) 12.3 U/L up to 31 U/L

IFCC Without Pyridoxal Phosphates

S G P T (ALT) up to 46 U/L

IFCC Without Pyridoxal Phosphates

ALKALINE PHOSPHATASE 65 U/L 36 - 113 U/L p-Nitrophenyl Phosphate

SERUM GAMMA GLUTAMYLTRANSFERASE (GGT) 13.3 U/L 5 - 55 U/L

GCNA-IFCC

TOTAL PROTEIN

6.9 g/dl

6.2 - 8 g/dl

 S.ALBUMIN
 3.87 g/dl
 3.5 - 5.2 g/dl

 Bromocresol Green (BCG)
 3 g/dl
 2.5 - 3.8 g/dl

 S.GLOBULIN
 3 g/dl
 2.5 - 3.8 g/dl

Calculation

A/G RATIO
Calculation

1.3
1 - 1.5

FASTING BLOOD SUGAR 92.7 mg/dl 70 - 110 mg/dl

Hexokinase

**CLINICAL PATHOLOGY** 

### **URINE ROUTINE & MICROSCOPIC**

### PHYSICAL EXAMINATION

Colour<br/>Visual MethodPale YellowPale yellow- yellowAppearance<br/>Visual MethodClearClear/TransparentSpecific Gravity<br/>Strips Method1.0151.005-1.035pH6.04.6-8.5

CHEMICAL EXAMINATION (DIPSTICK)

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Protein Nil Nil -Trace Strips Method

Glucose Nil Nil Strips Method

Blood Negative Negative Strips Method

Ketone Bodies Absent Negative

Strips Method
Urobilinogen Normal Normal

Strips Method Normal Normal

Bile Salt Negative Negative Strips Method

Bilirubin Negative Negative Strips Method

Bile Pigments Negative NIL

**MICROSCOPY** 

Pus Cells (WBC) 3 - 4 /hpf 0-5/hpf

Epithelial Cells 1 - 2 /hpf 0-4/hpf

RBC Not Seen /hpf 0-2/hpf

Light Microscopic

Cast NIL NIL
Light Microscopic

Crystal NIL Nil Light Microscopic

FASTING URINE SUGAR (FUS) NIL NIL

POSTPRANDIAL URINE SUGAR NIL NIL

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#### **IMMUNOASSAY**

#### THYROID PROFILE

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: MEDIWHEEL

TOTAL TRIIODOTHYRONINE (T3)

1.22 ng/mL

0.87 - 1.78 ng/mL

TOTAL THYROXINE (T4) 8.82 μg/dL 6.09 - 12.23 μg/dL

THYROID STIMULATING HORMONE (TSH) 4.396 µIU/mL 0.38 - 5.33 µIU/mL

1st Trimester: 0.05 - 3.70 2nd Trimester: 0.31 – 4.35

3rd Trimester: 0.41 – 5.18

#### Note:

- TSH levels are subject to circadian variation, reaching peak levels between 2 4.a.m. and at a minimum between 6-10 pm. The variation is of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations.
- Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
- Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

#### Clinical Use:

- Primary Hypothyroidism
- Hyperthyroidism
- Hypothalamic Pituitary hypothyroidism
- Inappropriate TSH secretion
- Nonthyroidal illness
- Autoimmune thyroid disease
- Pregnancy associated thyroid disorders
- Thyroid dysfunction in infancy and early childhood

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Dispatched by: Sumalatha \*\*\*\* End of Report \*\*\*\*



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