



TIME DIAGNOSTICS
(A Unit of Time Health Care)

Patient Name : MR. M. KISHORE KUMAR SINGH

Age / Gender : 59 years / Male

Patient ID : 30405

Source : MEDI WHEEL

Referral : SELF

Collection Time : Nov 25, 2023, 09:49 a.m.

Reporting Time : Nov 25, 2023, 02:46 p.m.

Sample ID :



667958442

Test Description	Value(s)	Reference Range	Unit
<u>CBC; Complete Blood Count</u>			
Hemoglobin (Hb)* Method : Cynmeth Photometric Measurement	11.6	13.5 - 18.0	gm/dL
Erythrocyte (RBC) Count* Method : Electrical Impedence	4.04	4.7 - 6.0	mil/cu.mm
Packed Cell Volume (PCV)* Method : Calculated	33.4	42 - 52	%
Mean Cell Volume (MCV)* Method : Electrical Impedence	82.67	78 - 100	fL
Mean Cell Haemoglobin (MCH)* Method : Calculated	28.71	27 - 31	pg
Mean Corpuscular Hb Concn. (MCHC)* Method : Calculated	34.73	32 - 36	gm/dL
Red Cell Distribution Width (RDW)* Method : Electrical Impedence	14.5	11.5 - 14.0	%
Total Leucocytes (WBC) Count* Method : Electrical Impedence	5900	4000-10000	cell/cu.mm
Neutrophils* Method : VCSn Technology	56	40 - 80	%
Lymphocytes* Method : VCSn Technology	34	20 - 40	%
Monocytes* Method : VCSn Technology	9	2 - 10	%
Eosinophils* Method : VCSn Technology	1	1 - 6	%
Basophils	0	0 - 1	
Platelet Count* Method : Electrical Impedence	2.55	1.5 - 4.5	Lakhs/cu.mm
Mean Platelet Volume (MPV)* Method : Electrical Impedence	8.2	7.2 - 11.7	fL

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M.D. Pathology
Reg.No.APCM/FMR/77174

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Test Description	Value(s)	Reference Range	Unit
PCT* Method : Calculated	0.21	0.2 - 0.5	%
PDW* Method : Calculated	14.3	9.0 - 17.0	%

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)	10	0-10	mm/hr
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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	
Transparency (Appearance)*	Clear	Clear
Reaction (pH)*	5.0	4.5 - 8
Specific Gravity*	1.020	1.010 - 1.030

Chemical Examination (Automated Dipstick Method) Urine

Urine Glucose*	Negative	Negative
Urine Protein*	Negative	Negative
Urine Ketone*	Negative	Negative
Blood*	Negative	Negative

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Test Description	Value(s)	Reference Range	Unit
Bilirubin*	Negative	Negative	
Nitrite*	Negative	Negative	
Leucocytes*	Negative	Negative	
Urobilinogen*	Normal	Normal	
Microscopic Examination <small>Urine</small>			
Pus Cells (WBCs)*	2-3	0 - 5	/hpf
Epithelial Cells*	1-2	0 - 4	/hpf
Red blood Cells*	Absent	Absent	/hpf
Crystals*	Absent	Absent	
Cast*	Absent	Absent	
Bacteria*	Absent	Absent	

Stool Complete Exam

Blood Group & Rh Type

Blood Grouping & Rh Typing

Method : Forward and Reverse By Tube Method

"O" POSITIVE (+VE)

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 indicated when 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	104	Normal: 70-100 Impaired Fasting Glucose (IFG): 101-125 Diabetes Mellitus: >125	mg/dL

Post Prandial Blood Sugar

Blood Glucose-Post Prandial* Method : Plasma - P, Hexokinase	153	80-140	mg/dL
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Fasting Urine Sugar

Fasting Urine Glucose	-	Negative	
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Post Prandial Urine Sugar

HBA1C (Glycosylated Haemoglobin)

Glyco Hb (HbA1C) Method : EDTA Whole blood,HPLC	5.6	Non-Diabetic: <=5.9 Pre Diabetic:6.0-6.4 Diabetic: >=6.5	%
Estimated Average Glucose :	114.02		mg/dL

Interpretations

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

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Test Description	Value(s)	Reference Range	Unit
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Unsatisfactory control – 8 to 10 %

Poor Control – More than 10 %

Thyroid Function Test (TFT)

TRI-IODO THYRONINE (T3) Method : CLIA	1.248	0.60 - 1.81	ng/mL
TOTAL THYROXINE (T4) Method : CLIA	8.075	4.2 - 12.0	ug/dL
THYROID STIMULATING HORMONE (TSH) Method : CLIA	9.814	0.46 – 8.10 : 1 Yrs – 5 Yrs 0.36 – 5.80 : 6 Yrs – 18 Yrs 0.35 – 5.50 : >18 Yrs Pregnancy Ranges 1st Trimester :0.1 - 2.5 2nd Trimester :0.2 - 3.0 3rd Trimester:0.3 - 3.0	uIU/mL

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

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Test Description	Value(s)	Reference Range	Unit
Cholesterol-Total Method : Serum, Cholesterol oxidase esterase, peroxidase	185	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	271	Normal: < 150 Borderline High: 150-199 High: 200-499 Very High: >= 500	mg/dL
Cholesterol-HDL Direct Method : Serum, Direct measure-PEG	42	<40: Low 40 - 60: Optimal > 60: Desirable	mg/dL
LDL Cholesterol Method : Serum	88.80	Optimal: < 100 Near optimal/above optimal: 100-129 Borderline high: 130-159 High: 160-189 Very High: >= 190	mg/dL
Non - HDL Cholesterol, Serum Method : calculated	143	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	54.20	6 - 38	mg/dL
CHOL/HDL RATIO Method : calculated	4.40	3.5 - 5.0	ratio
LDL/HDL RATIO Method : calculated	2.11	Desirable / low risk - 0.5 -3.0 Low/ Moderate risk - 3.0- 6.0 Elevated / High risk - > 6.0	ratio

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Note: 8-10 hours fasting sample is required.

KIDNEY FUNCTION TEST

Urea *	28.7	15- 50	mg/dL
Method : Serum			
Blood Urea Nitrogen-BUN*	13.41	7 - 24	mg/dL
Method : Serum, Urease			
Uric Acid*	4.6	3.5 - 7.2	mg/dL
Method : Serum, Uricase/POD			
Creatinine*	1.0	0.7 - 1.3	mg/dL
Method : Serum, Jaffe IDMS			

Liver Funtion Test (LFT) with GGT

Bilirubin - Total	0.7	0.3 - 1.2	mg/dL
Method : Serum, Jendrassik Grof			
Bilirubin - Direct	0.2	Adults and Children: < 0.2	mg/dL
Method : Serum, Diazotization			
Bilirubin - Indirect	0.50	0.1 - 1.0	mg/dL
Method : Serum, Calculated			
SGOT	26	< 50	U/L
Method : Serum, UV with P5P, IFCC 37 degree			
SGPT	20	< 50	U/L
Method : Serum, UV with P5P, IFCC 37 degree			
Alkaline Phosphatase-ALP	85	30-120	U/L
Method : Serum, PNPP, AMP Buffer, IFCC 37 degree			
Total Protein	7.0	6.6 - 8.3	g/dL
Method : Serum, Biuret, reagent blank end point			
Albumin	4.8	Adults: 3.5 - 5.2	g/dL
Method : Serum, Bromocresol purple			

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Test Description	Value(s)	Reference Range	Unit
Globulin Method : Calculated	2.20	1.8 - 3.6	g/dL
A/G Ratio Method : Calculated	2.18	1.2 - 2.2	ratio

****END OF REPORT****

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