

DEPARTMENT OF PATHOLOGY

UHID	CIMS-15873	Visit Type/No	OP/EPD-23101/EPD-23101
Name	Mr Yashwant Singh Arya	Order No	OR-47196
Age/Gender	34 Y/Male	Order Date/Time	27-07-2024
Accession Number	OPAC-4990	Collection Date/Time	27-07-2024 11:19 AM
Treating Doctor	Dr Self	Acknowledge Date/Time	27-07-2024 01:27 PM
Ordering Doctor	Dr Self	Report Date/Time	27-07-2024 01:43 PM
Payer Name	Mediwheel Full Body Health Checkup	Refer By	

Haematology

Service Name	Result	Unit	Reference Range	Method
ESR (Erythrocyte Sedimentation Rate), Blood	17 H	mm 1st Hr.	0-10	Wintrobe
BLOOD GROUP (ABO)				
BLOOD GROUP (ABO)- RH TYPING	"O" POSITIVE			
The upper agglutination test for grouping has some limitations.				
CBC (Complete Blood Count), Blood				
Hemoglobin (Hb)	15.4	gm/dl	13-17	Spectrophotometry
TLC (Total Leukocyte Count)	7900	/cumm	4000-11000	Cell Counter & Microscopy
DIFFERENTIAL LEUCOCYTE COUNT				
Neutrophils	76	%	40-80	Cell Counter & Microscopy
Lymphocytes	17 L	%	20-45	Cell Counter & Microscopy
Monocytes	05	%	4-10	Cell Counter & Microscopy
Eosinophils	02	%	1-6	Cell Counter & Microscopy
Basophils	00	%	0-1	Cell Counter & Microscopy
RBC Count	5.32	millions/cumm	4.5-5.5	Impedance
PCV / Hct (Hematocrit)	45.8 H	%	40-45	Calculated
MCV	86.1	fl	76-96	Impedance
MCH	28.9	pg	27-32	Impedance
MCHC	33.5	g/dL	30-35	Impedance
Platelet Count	1.69	lakh/cumm	1.5-4.5	Cell Counter & Microscopy
RDW	12.4	%	1-15	Impedance

Clinical Biochemistry

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HbA1c
GLYCOSYLATED HAEMOGLOBIN (HbA1c)

Method- Immunofluorescence Assay

Glycosylated Hemoglobin (HbA1c)	5.58	%	<6.5 : Non Diabetic 6.5-7 : Good Control 7-8 : Weak Control > 8 : Poor Control
Estimated average blood glucose (eAG)	133.44	mg/dl	90-120: Excellent Control 121-150: Good Control 151-180: Average Control 181-210: Action Suggested

Note:

1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled.

2. Target goals of 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of 7.0 % may not be appropriate.

Comments:

HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

KFT (Kidney Profile) -I, Serum

Urea, Blood	23.0	mg/dL	15-50	Urease-uv
Creatinine, Serum	0.78	mg/dL	0.6-1.2	Enzymatic
Blood Urea Nitrogen (BUN)	10.73	mg%	7.5-22.0	Calculated
BUN-CREATININE RATIO	13.76		10-20	Calculated
Sodium, Serum	136.8	mmol/L	135-150	ISE
Potassium, Serum	3.97	mmol/L	3.5-5.5	ISE
Calcium, Serum	9.84	mg/dL	8.7-11.0	ISE
Chloride, Serum	99.7	mmol/L	94-110	ISE
Uric acid, Serum	7.00	mg/dL	3.4-7.0	Uricase
Magnesium, Serum	1.88	mg/dL	1.6-2.8	XYLIDYL BLUE
Phosphorus, Serum	3.68	mg/dL	2.4-5.0	MOLYBDATE UV
Alkaline phosphatase, Serum	154.7	U/L	53-165	IFCC
Albumin, Serum	4.37	g/dL	3.5-5.4	BCG
Glucose (Post Prandial), Plasma	114.0	mg/dL	80-150	GOD/POD
Glucose (Fasting), Plasma	102.3	mg/dL	60-110	GOD/POD

Lipid Profile, Serum

 Optimal: < 200 mg/dl
 Border Line High Risk:

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Service Name	Result	Unit	Reference Range	Method
Cholesterol, serum	200.6	mg%	150 -240 mg/dl High Risk: > 250 mg/dl Optimal: < 150 mg/dl Border Line High Risk: 150 - 199 mg/dl	
Triglycerides, serum	209.9 H	mg%	High Risk: 200 - 499 mg/dl Very High Risk: > 500 mg/dl Optimal: 70 mg/dl Border Line High Risk: 80 - 100 mg/dl	
HDL Cholesterol	43.3	mg%	High Risk: > 120 mg/dl Optimal: < 100 mg/dl Border Line High Risk: 100 - 129 mg/dl	
LDL Cholesterol	115.32	mg%	High Risk: > 160 mg/dl Male : 10 - 40 mg/dl Female : 10 - 40 mg/dl Child : 10 - 40 mg/dl	
VLDL Cholesterol	41.98 H	mg%		
LDL / HDL Cholesterol ratio	2.66		0.0-3.5	

Interpretation :

1. Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol.
2. ATP III recommends a complete lipoprotein profile as the initial test for evaluating cholesterol.
3. Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL.

LFT (Liver Function Test) Profile, Serum

Bilirubin Total, Serum	1.03 H	mg/dL	0.1-1.0	DMSO
Conjugated (Direct), Serum	0.36 H	mg%	0.0-0.3	DMSO
Unconjugated (Indirect)	0.67	mg%	0.0-0.75	Calculated
SGOT/AST	27.1	U/L	0-40	IFCC
SGPT/ALT	44.0	U/L	0-48	IFCC
AST/ALT Ratio	0.62		0-1	Calculated
Gamma GT,Serum	31.1	U/L	10-45	IFCC
Alkaline phosphatase, Serum	154.7	U/L	53-165	IFCC
Total Protein, serum	7.46	gm/dl	6.0-8.4	Biuret
Albumin, Serum	4.37	g/dL	3.5-5.4	BCG
Globulin	3.09	g/dL	2.3-3.6	Calculated
A/G Ratio	1.41		1.0-2.3	Calculated

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Service Name	Result	Unit	Reference Range	Method
Thyroid Profile -T3, T4, TSH, Blood				
Triiodothyronine (T3)	1.79	ng/mL	0.69-2.15	CLIA
Thyroxine (T4)	94.6	ng/mL	52-127	CLIA
Thyroid Stimulating Hormone (TSH)	4.37	uIU/mL	0.3-4.5	CLIA

Interpretation
: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

URINE ANALYSIS/ URINE ROUTINE EXAMINATION, Urine
Physical Examination

COLOUR	Pale Yellow		Manual method
TRANSPARENCY	Clear		Manual
SPECIFIC GRAVITY	1.010	1.001-1.03	Strip
PH URINE	7.0	5-8	Strip
DEPOSIT	Absent		Manual

BIOCHEMICAL EXAMINATION

ALBUMIN	Absent		Strip
SUGAR	Absent		Strip
BILE SALTS (BS)	Absent		Manual
BILE PIGMENT (BP)	Absent		Manual

MICROSCOPIC EXAMINATION



PUS CELLS	0-1	/ hpf	Microscopy
EPITHELIAL CELLS	0-1	/ hpf	Microscopy
RBC'S	Absent	/hpf	Microscopy
CASTS	Absent		Microscopy
CRYSTALS	Absent		Macroscopy
BACTERIA	Absent		Macroscopy
FUNGUS	Absent		Microscopy
SPERMATOZOA	Absent		Microscopy
OTHERS	Absent		Microscopy



-----End of the Report-----

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Dr Amrish Kumar
Pathology
MD (Pathology)

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