SARDAR PATEL HOSPITAL & HEART INSTITUTE

Fide Diagnos Maharashtra | Goa

Patient Name : MR. TEJA THALLURU
Age / Gender : 33 years / Male
Patient ID : 21699
Source : Sardar Patel Hospital (OPD)

Referral : Dr Mediwheel Full body Health Checku
Collection Time : 04/04/2023, 08:05 AM
Reporting Time : 04/04/2023, 12:03 PM
Sample ID : 001009423

Test Description	Value(s)	Unit(s)	Reference Range
CBC			
Complete Blood Count (CBC)			
Hemoglobin (Hb)* Method : Cynmeth Photometric Measurement	15.6	gm/dL	13.5 - 18.0
Erythrocyte (RBC) Count* Method : Electrical Impedance	5.12	mili/cu.mm	4.7 - 6.0
Packed Cell Volume(Hematocrit) Method : Calculated	46.1	%	42 - 52
Red cell Indices			
Method - Calculated/Electrical Impedance			
MCV	90.04	fL	78 - 100
MCH	30.47	pg	27 - 31
MCHC	33.84	gm/dL	32 - 36
RDW - CV	12.9	%	11.5 - 14.0
Total and Differential count			
Method – Electrical Impedance and VCSN Technology			
Total Leucocytes (WBC) Count*	5960	cell/cu.mm	4000-10000
Neutrophils	50	%	40 - 80
Lymphocytes	41	%	20 - 40
Monocytes	07	%	2 - 10
Eosinophils*	02	%	1 - 6
Basophils	00	%	0 - 2
Platelet Count Method : Electrical Impedance	275	10^3/ul	150 - 450
Sample Type : EDTA Whole Blood.			
E.S.R			
Erythrocyte Sedimentation Rate Method : EDTA Whole blood, modified westerngren	04	mm/hr	<15

Interpretation:

It indicates presence and intensity of an inflammatory process. It is a prognostic test and used to monitor the course or response to treatme diseases like tuberculosis, acute rheumatic fever,. It is also increased in multiple myeloma, hypothyroidism.

END OF REPORT

Dr. Bhavika Dholiya
M. D. Pathology
Registration No: G-32571

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Test Description	Value(s)	Unit(s)	Reference Range
BLOOD GLUCOSE FASTING (FBS)			
Glucose fasting Method : GOD-POD	108.6	mg/dL	Normal: 70 - 99 Impaired Tolerance: 100-125 Diabetes mellitus: >= 126 (on more than one occassion) (American diabetes association guidelines 2018)
Urine Fasting	Absent		
BLOOD GLUCOSE POST PRANDIAL (PP2BS)			
Blood Glucose-Post Prandial Method : GOD-POD	112.6	mg/dL	70 - 140
Urine Post Prandial	Absent		
GLYCOSYLATED HB (HBA1C)			
Glyco Hb (HbA1C)	5.1	%	Non-Diabetic: <=5.6 Pre Diabetic:5.7-6.4 Diabetic: >=6.5
Estimated Average Glucose :	99.67		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.
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 %

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Test Description	Value(s)	Unit(s)	Reference Range
RENAL PROFILE			
Urea *	30.0	mg/dL	17- 55 mg/dL
Method : Serum, Urease			
Creatinine*	0.9	mg/dL	0.6 - 1.4 mg/dl
Method : Serum, Enzymatic			
Uric Acid*	4.6	mg/dL	3.5 - 7.2
Method : Serum, Uricase/POD			
Blood Urea Nitrogen-BUN*	14.02	mg/dL	7 - 25 mg/dL
Method : Calculated			
Calcium*	8.94	mg/dL	8.8 - 10.6
Method : Arsenazo III			
Sodium*	143.0	mmol/L	136 - 146
Method : Serum, Indirect ISE			
Potassium*	3.99	mmol/L	3.5 - 5.1
Method : Serum, Indirect ISE			
Chloride*	103.0	mmol/L	97.0 - 108.0
Method : Serum, Indirect ISE			
LIVER FUNCTION TEST-1			
Bilirubin - Total	0.95	mg/dL	0.3 - 1.2
Method : Diazotization			
Bilirubin - Direct	0.29	mg/dL	Adults and Children: 0.0 - 0.4
Method : Serum, Diazotization			
Bilirubin - Indirect	0.66		
Method : Calculated			
SGOT	33.6	U/L	< 50
Method : Serum, UV without P5P			
SGPT	24.4	U/L	< 50
Method : Serum, UV without P5P			
Alkaline Phosphatase-ALPI	60.0	U/L	30-120
Method : Serum, PNPP, AMP Buffer, IFCC 37 degree			
Total Protein	6.65	g/dL	6.6 - 8.3
Method : Serum, Biuret, reagent blank end point			
Albumin	4.09	g/dL	Adults: 3.5 - 5.2
Method : Serum, Bromocresol green			
Globulin	2.56	g/dL	1.8 - 3.6
Method : Calculated			
A/G Ratio	1.60	ratio	1.2 - 2.2
Method : Calculated			

END OF REPORT

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Fidelity Diagnostics
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Sample ID : 001009423

Test Description	Value(s)	Unit(s)	Reference Range
BLOOD GROUP & RH (D) FACTOR, EDTA WHOLE BLOOD			
Blood Group	"O"		
Method : Forward and Reverse By Tube Method			
RH Factor	Positive		

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).

THYROID FUNCTION TEST 1			
T3-Total	1.47	ng/mL	0.69 - 2.15 ng/mL
Method : Serum, CLIA			
T4-Total	9.72	ug/dL	5.2 - 12.7 ug/dL
Method : Serum, CLIA			
TSH	3.81	uIU/mL	0.3 - 4.5 uIU/mL
Method : Serum, CLIA			

Interpretation

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Sample ID : 001000423

Test Description	Value(s)	Unit(s)	Reference Range
URINE ROUTINE			
Volume*	20	ml	ml -
Colour*	Pale Yellow		Pale Yellow
Transparency (Appearance)*	Clear		Clear
Deposit*	Absent		Absent
Reaction (pH)*	6.0		4.5 - 8
Specific Gravity*	1.005		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
Blood*	Absent		Absent
Bile pigments*	Absent		Absent
Nitrite*	Absent		Absent
Microscopic Examination Urine			
Pus Cells (WBCs)*	Absent	/hpf	0 - 5
Epithelial Cells*	1.3	/hpf	0 - 4
Red blood Cells*	Absent	/hpf	Absent
Crystals*	Absent		Absent
Cast*	Absent		Absent
Trichomonas Vaginalis*	Absent		Absent
Yeast Cells*	Absent		Absent
Amorphous deposits*	Absent		Absent
Bacteria*	Absent		Absent

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Test Description	Value(s)	Unit(s)	Reference Range
LIPID PROFILE (D)			
Cholesterol-Total Method : Serum, Cholesterol oxidase esterase, peroxidase	148.0	mg/dL	Desirable: <= 200 Borderline High: 201-239 High: > 239
Triglycerides Method : Serum, Enzymatic, endpoint	51.7	mg/dL	Normal: < 150 Borderline High: 150-199 High: 200-499 Very High: >= 500
Cholesterol-HDL Direct Method : Serum, Direct measure-PEG	47.1	mg/dL	Normal: > 40 Major Heart Risk: < 40
LDL Cholesterol Method : Calculated	90.56	mg/dL	Optimal: < 100 Near optimal/above optimal: 100-129 Borderline high: 130-159 High: 160-189 Very High: >= 190
Non - HDL Cholesterol, Serum Method : calculated	100.90	mg/dL	Desirable: < 130 mg/dL Borderline High: 130-159mg/dL High: 160-189 mg/dL Very High: > or = 190 mg/dL
VLDL Cholesterol Method : calculated	10.34	mg/dL	6 - 38
CHOL/HDL RATIO Method : calculated	**3.14**	ratio	3.5 - 5.0
LDL/HDL RATIO Method : calculated	1.92	ratio	Desirable / low risk - 0.5 -3.0 Low/ Moderate risk - 3.0- 6.0 Elevated / High risk - > 6.0
HDL/LDL RATIO Method : calculated	0.52	ratio	Desirable / low risk - 0.5 -3.0 Low/ Moderate risk - 3.0- 6.0 Elevated / High risk - > 6.0

Note: 8-10 hours fasting sample is required. Test results may show interferences due to pregnancy, certain drugs such as estrogens and other drugs(such as androgenic and related steroids), and insulin therapy etc. 12 hours fast is recommended prior to the test as non fasting status may result in falsely elevated test values. Alcohol should not be consumed for atleast 24 hours before the test. Values may be increased in acute illness, colds or flu. Obesity, stress, physical inactivity, cigarette smoking may lead to increase test values. If possible all medications should be withheld for atleast 24 hours before testing(On Doctors Advice). Intraindividual variations, seasonal as well as positional variations(levels lower when sitting compared to standing etc.)have been observed. Cholesterol and HDL-C should not be measured immediately after MI, and 3 months wait is suggested.

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