

Name : Ms. Bhuvaneshwari G

PID No. : MED130038156

SID No. : 422012396

Age / Sex : 48 Year(s) / Female

Type : OP

Ref. Dr : MediWheel

Register On : 26/02/2022 10:14 AM

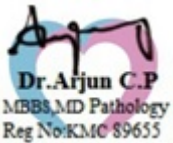
Collection On : 26/02/2022 10:41 AM

Report On : 01/03/2022 5:59 AM

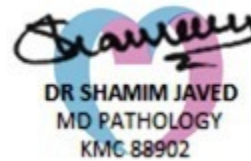
Printed On : 23/04/2022 12:13 PM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	5.5	%	01 - 06
Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	4.6	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	0.4	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	4.88	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	3.09	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.49	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.41	10 ³ / μ l	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.04	10 ³ / μ l	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	253	10 ³ / μ l	150 - 450
MPV (EDTA Blood/Derived from Impedance)	9.3	fL	8.0 - 13.3
PCT (EDTA Blood/Automated Blood cell Counter)	0.24	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citratd Blood/Modified Westergren)	18	mm/hr	< 20



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<u>BIOCHEMISTRY</u>			
<u>Liver Function Test</u>			
Bilirubin(Total) (Serum/Diazotized Sulfanilic Acid)	0.2	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.1	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.1	mg/dL	0.1 - 1.0
Total Protein (Serum/Biuret)	8.0	gm/dL	6.0 - 8.0
Albumin (Serum/Bromocresol green)	5.1	gm/dL	3.5 - 5.2
Globulin (Serum/Derived)	2.9	gm/dL	2.3 - 3.6
A : G Ratio (Serum/Derived)	1.8		1.1 - 2.2
SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC Kinetic)	30	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC / Kinetic)	23	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/IFCC Kinetic)	143	U/L	42 - 98
GGT(Gamma Glutamyl Transpeptidase) (Serum/SZASZ standardised IFCC)	53	U/L	< 38


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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>Lipid Profile</u>			
Cholesterol Total (Serum/Cholesterol oxidase/Peroxidase)	247	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	228	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

INTERPRETATION: The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence recommending triglycerides estimation in non-fasting condition for evaluating the risk of heart disease and screening for metabolic syndrome, as non-fasting sample is more representative of the usual circulating level of triglycerides during most part of the day.

HDL Cholesterol (Serum/Immunoinhibition)	50	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	151.4	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	45.6	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	197.0	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220

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INTERPRETATION: 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol.
2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.

Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	4.9		Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
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Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	4.6		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
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LDL/HDL Cholesterol Ratio (Serum/Calculated)	3		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
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A handwritten signature in black ink, appearing to read "Shamim Javed", written over a faint background of the MEDALL logo.

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/HPLC)	10.9	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: \geq 6.5

INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control \geq 8.1 %

Estimated Average Glucose 266.13 mg/dL
(Whole Blood)

INTERPRETATION: 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.

Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency, hypertriglyceridemia, hyperbilirubinemia, Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values.

Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly, Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c.


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Investigation Observed Value Unit Biological Reference Interval

IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total 1.31 ng/mL 0.7 - 2.04
(Serum/CMIA)

INTERPRETATION:

Comment :

Total T3 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T3 is recommended as it is Metabolically active.

T4 (Thyroxine) - Total 10.49 µg/dL 4.2 - 12.0
(Serum/CMIA)

INTERPRETATION:

Comment :

Total T4 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T4 is recommended as it is Metabolically active.

TSH (Thyroid Stimulating Hormone) 1.79 µIU/mL 0.35 - 5.50
(Serum/Chemiluminescent Microparticle Immunoassay(CMIA))

INTERPRETATION:

Reference range for cord blood - upto 20

1 st trimester: 0.1-2.5

2 nd trimester 0.2-3.0

3 rd trimester : 0.3-3.0

(Indian Thyroid Society Guidelines)

Comment :

1.TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.

2.TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM.The variation can be of the order of 50%,hence time of the day has influence on the measured serum TSH concentrations.

3.Values$\leq 0.03 \mu\text{IU/mL}$ need to be clinically correlated due to presence of rare TSH variant in some individuals.

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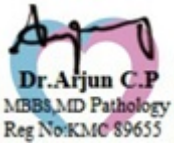
CLINICAL PATHOLOGY

PHYSICAL EXAMINATION

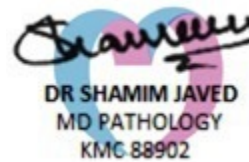
Colour (Urine)	Pale Yellow		
Appearance (Urine)	Clear		Clear
Volume (Urine)	10	mL	

CHEMICAL EXAMINATION(Automated-Urineanalyser)

pH (Urine/AUTOMATED URINANALYSER)	6.5		4.5 - 8.0
Specific Gravity (Urine)	1.025		1.002 - 1.035
Ketones (Urine)	Negative		Negative
Urobilinogen (Urine/AUTOMATED URINANALYSER)	0.2		0.2 - 1.0
Blood (Urine/AUTOMATED URINANALYSER)	Negative		Negative
Nitrite (Urine/AUTOMATED URINANALYSER)	Negative		Negative
Bilirubin (Urine/AUTOMATED URINANALYSER)	Negative		Negative
Protein (Urine)	Negative		Negative



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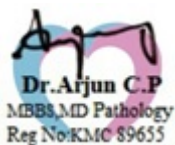
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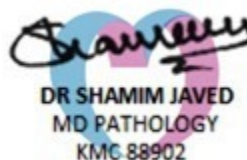
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Glucose (Urine)	Negative		Negative
Leukocytes (Urine)	Negative	leuco/uL	Negative
<u>MICROSCOPY(URINE DEPOSITS)</u>			
Pus Cells (Urine/Flow cytometry)	2-3	/hpf	3-5
Epithelial Cells (Urine)	2-4	/hpf	1-2
RBCs (Urine/Flow cytometry)	Nil	/hpf	2-3
Others (Urine)	Nil		Nil



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Investigation

Observed
Value


Unit

Biological
Reference Interval


IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING
(EDTA Blood/Agglutination)

'B' Positive'


DR MANJUNATHA T.M
Consultant Pathologist
KMC Reg No: 112205

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<u>BIOCHEMISTRY</u>			
BUN / Creatinine Ratio	13		6 - 22
Glucose Fasting (FBS) (Plasma - F/GOD - POD)	202	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

INTERPRETATION: Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

Glucose Postprandial (PPBS) (Plasma - PP/GOD - POD)	300	mg/dL	70 - 140
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INTERPRETATION: Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti-diabetic medication during treatment for Diabetes.

Blood Urea Nitrogen (BUN) (Serum/Urease-GLDH)	13	mg/dL	7.0 - 21
Creatinine (Serum/Jaffe Kinetic)	1.0	mg/dL	0.6 - 1.1

INTERPRETATION: Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin ,cefazolin, ACE inhibitors ,angiotensin II receptor antagonists,N-acetylcysteine , chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/Uricase/Peroxidase)	4.3	mg/dL	2.6 - 6.0
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Pap Smear

Nature of Specimen: Cervical smear.

Lab NO : GC-226/22

Specimen type : Conventional.

Specimen adequacy : Satisfactory for evaluation.

Endocervical / Transformation zone cells : Absent.

General categorization : Within normal limits.


DESCRIPTION : Smear shows superficial squamous cells and intermediate cells in a background of sparse inflammatory cells.

INTERPRETATION : Negative for intraepithelial lesion or malignancy

Non neoplastic cellular changes : Squamous metaplasia.

Advised : Follow up smears.


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