# ARTHI SCANS

Obli Towers, 594, D.B. Road, R. S. Puram, Coimbatore-641 002. Mobile : 99430 99994 email: info@arthiscans.com

**Patient Name :** MR. JANARTHANAM R
**Age / Gender :** 52 years / Male
**Patient ID :** 74748

**Referral :** MediWheel
**Collection Time :** Dec 26, 2021, 08:24 a.m.
**Reporting Time :** Dec 26, 2021, 04:06 p.m.
**Sample ID :** 001136021

| Test Description | Value(s) | Reference Range | |
|---|---|---|---|
| **COMPLETE BLOOD COUNT ( CBC )** | | | |
| ESR | **70** | 13.5 - 18.0 | mm/hr |
| Hemoglobin (Hb) | **13.3** | 13.5 - 18.0 | gm/dL |
| Erythrocyte (RBC) Count | **4.43** | 4.7 - 6.0 | mil/cu.mm |
| Packed Cell Volume (PCV) | **38.0** | 42 - 52 | % |
| Mean Cell Volume (MCV) | 85.78 | 78 - 100 | fL |
| Mean Cell Haemoglobin (MCH) | 30.02 | 27 - 31 | pg |
| Mean Corpuscular Hb Concn. (MCHC) | 35 | 32 - 36 | g/dL |
| Red Cell Distribution Width (RDW) | 11.5 | 11.5 - 14.0 | % |
| Total Leucocytes (WBC) Count | 5800 | 4000-10000 | cell/cu.mm |
| Neutrophils | 63 | 40 - 80 | % |
| Lymphocytes | 27 | 20 - 40 | % |
| Monocytes | 9 | 2 - 10 | % |
| Eosinophils | 1 | 1 - 6 | % |
| Basophils | **0** | 1-2 | % |
| Absolute Neutrophil Count | 3654 | 2000 - 7000 | /c.mm |
| Absolute Lymphocyte Count | 1566 | 1000 - 3000 | /c.mm |
| Absolute Monocyte Count | 522 | 200 - 1000 | /c.mm |
| Absolute Eosinophil Count | 58 | 20 - 500 | /c.mm |
| Absolute Basophils Count | **0** | 20 - 100 | /c.mm |
| Platelet Count | 253 | 150 - 450 | 10^3/ul |
| Mean Platelet Volume (MPV) | 9.3 | 7.2 - 11.7 | fL |
| PCT | 0.24 | 0.2 - 0.5 | % |
| PDW | 9.2 | 9.0 - 17.0 | % |

**END OF REPORT**

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| **URINE COMPLETE ANALYSIS,** | | | |
| | **Physical Examination** | | |
| **Quantity** | 32 | - | ml |
| **Colour** | Pale Yellow | Pale yellow/Yellow | |
| **Appearance** | Clear | Clear | |
| **Specific Gravity** | 1.015 | 1.005-1.025 | |
| **pH** | 6.0 | 5.0 - 8.0 | |
| **Deposit** | **Present** | Absent | |
| | **Chemical Examination** | | |
| **Protein** | Absent | Absent | |
| **Sugar** | **Present (+++)** | Absent | |
| **Ketones** | Absent | Absent | |
| **Bile Salt** | Absent | Absent | |
| **Bile Pigment** | Absent | Absent | |
| **Urobilinogen** | Normal | Normal | |
| | **Microscopic Examination (/hpf)** | | |
| **Pus Cell** | 2-4 | Upto 5 | |
| **Epithelial Cells** | 1-2 | Upto 5 | |
| **Red Blood Cells** | Absent | Absent | |
| **Casts** | Absent | Absent | |
| **Crystals** | Absent | Absent | |
| **Amorphous Deposit** | Absent | Absent | |
| **Yeast Cells** | Absent | Absent | |
| **Bacteria** | Absent | Absent | |
| **Other findings** | Not seen | Not seen | |

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| **STOOL ROUTINE ANALYSIS** | | | |
| Color | Brownish | Brown | |
| Consistency | Semisolid | Solid - Semi solid | |
| Reaction (pH) | Acidic | Acidic - Alkaline | |
| Method : Methyl Red & Bromothymol Blue | | | |
| Mucous | Absent | Absent | |
| Blood | Absent | Absent | |
| Pus cells | 2-3/hpf | Few | /hpf |
| Epithelial cells | 1-2/hpf | -- | /hpf |
| RBC | Absent | Absent | /hpf |
| Ova | Not found | Absent | /hpf |
| Cyst | Not found | Absent | /hpf |
| Starch granules | Absent | None to small amount | /hpf |
| Vegetable cells | Absent | -- | /hpf |
| Fat globules | Absent | Absent | /hpf |
| Others | Nil | | /hpf |
| Method : Microscopy (Concentration technique) | | | |

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| **BLOOD GROUP & RH TYPING** | | |
| Blood Group (ABO typing)<br>Method : Manual-Hemagglutination | **"B"** | |
| RhD Factor (Rh Typing)<br>Method : Manual hemagglutination | **Positive** | |

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|---|---|---|---|
| **Glycosylated HbA1c** | | | |
| **HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD** | **12.7** | | % |
| **Method : (HPLC, NGSP certified)** | | | |
| Estimated Average Glucose : | 317.79 | - | mg/dL |

**Interpretation**

| As per American Diabetes Association (ADA) | |
|---|---|
| Reference Group | HbA1c in % |
| Non diabetic adults >=18 years | <5.7 |
| At risk (Prediabetes) | 5.7 - 6.4 |
| Diagnosing Diabetes | >= 6.5 |
| Therapeutic goals for glycemic control | Age > 19 years<br>Goal of therapy: < 7.0<br>Action suggested: > 8.0<br>Age < 19 years<br>Goal of therapy: <7.5 |

**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.

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**ADA criteria for correlation between HbA1c & Mean plasma glucose levels.**

| HbA1c(%) | Mean Plasma Glucose (mg/dL) |
|---|---|
| 6 | 126 |
| 7 | 154 |
| 8 | 183 |
| 9 | 212 |
| 10 | 240 |
| 11 | 269 |
| 12 | 298 |

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| Test Description | Value(s) | Reference Range | |
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| **THYROID PROFILE TEST - TOTAL** | | | |
| T3-Total | 88.97 | 60 - 200 | ng/dL |
| T4-Total | 9.80 | 4.52 - 12 | ug/dL |
| TSH-Ultrasensitive | 3.02 | 0.32 - 5.5 | uIU/mL |

Method : CLIA

**Interpretation**

| TSH | T3 | T4 | Suggested Interpretation for the Thyroid Function Tests Pattern |
|---|---|---|---|
| Raised | Within range | Within range | Raised Within Range Within Range .Isolated High TSHespecially in the range of 4.7 to 15 m1U/m1 is commonly associated with Physiological & Biological TSH Variability. Subclinical Autoimmune Hypothyroidism.Intermittent 14 therapy for hypothyroidism .Recovery phase after Non-Thyroidal illness" |
| Raised | Decreased | Decreased | Chronic Autoimmune Thyroiditis Post thyroidectomy,Post radioiodine Hypothyroid phase of transient thyroiditis" |
| Raised or within range | Raised | Raised or within range | Interfering antibodies to thyroid hormones (anti-TPO antibodies)Intermittent 14 therapy or T4 overdose •Drug interference- Amiodarone, Heparin,Beta blockers,steroids, anti-epileptics. |
| Decreased | Raised or within range | Raised or within range | Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & Range Range associated with Non-Thyroidal illness .Subclinical Hyperthyroidism .Thyroxine ingestion' |
| Decreased | Decreased | Decreased | Central Hypothyroidism .Non-Thyroidal illness .Recent treatment for Hyperthyroidism (TSH remains suppressed)" |
| Decreased | Raised | Raised | Primary Hyperthyroidism (Graves' disease).Multinodular goitre, Toxic nodule •Transient thyroiditis:Postpartum, Silent (lymphocytic), Postviral (granulomatous,subacute, DeQuervain's),Gestational thyrotoxicosis with hyperemesis gravidarum" |
| Decreased Within Rang | Raised | Within range | T3 toxicosis •Non-Thyroidal illness |
| Within range | Decreased | Within range | Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness In elderly the drop in 13 level can be upto 25%. |

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| **LIPID PROFILE** | | | |
| Cholesterol-Total<br>Method : Spectrophotometry | **204** | Desirable level \| < 200<br>Borderline High \| 200-239<br>High \| >or = 240 | mg/dL |
| Triglycerides<br>Method : Serum, Enzymatic, endpoint | 85 | Normal: < 150<br>Borderline High: 150-199<br>High: 200-499<br>Very High: >= 500 | mg/dL |
| HDL Cholesterol<br>Method : Serum, Direct measure-PEG | 55 | Normal: > 40<br>Major Risk for Heart: < 40 | mg/dL |
| LDL Cholesterol<br>Method : Enzymatic selective protection | 132 | Optimal < 100<br>Near / Above Optimal 100-129<br>Borderline High 130-159<br>High 160-189<br>Very High >or = 190 | mg/dL |
| VLDL Cholesterol<br>Method : Serum, Enzymatic | 17 | 6 - 38 | mg/dL |
| CHOL/HDL Ratio<br>Method : Serum, Enzymatic | 3.71 | 3.5 - 5.0 | |
| LDL/HDL Ratio<br>Method : Serum, Enzymatic | **2.40** | 2.5 - 3.5 | |

**Note:**
8-10 hours fasting sample is required.

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| **RENAL PROFILE** | | | |
| Urea | 31 | 19-42 | mg/dL |
| Method : Uricase | | | |
| Blood Urea Nitrogen-BUN | 14.47 | 9-20 | mg/dL |
| Method : Serum, Urease | | | |
| Creatinine | 0.8 | 0.66-1.25 | mg/dL |
| Method : Serum, Jaffe | | | |
| Uric Acid | 5.7 | 3.5-8.5 | mg/dL |
| Method : Serum, Uricase | | | |

**Remark:**

In blood, Urea is usually reported as BUN and expressed in mg/dl. BUN mass units can be converted to urea mass units by multiplying by 2.14.

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| **LIVER FUNCTION TEST** | | | |
| Total Protein | 7.1 | 6.3-8.2 | g/dL |
| Method : Serum, Biuret, reagent blank end point | | | |
| Albumin | 4.1 | 3.5-5.0 | g/dL |
| Method : Serum, Bromocresol green | | | |
| Globulin | 3 | 1.8 - 3.6 | g/dL |
| Method : Serum, EIA | | | |
| A/G Ratio | 1.37 | 1.2 - 2.2 | |
| Method : Serum, EIA | | | |
| Bilirubin - Total | 0.5 | 0.3-1.2 | mg/dL |
| Method : Serum, Jendrassik Grof | | | |
| Bilirubin - Direct | 0.2 | < 0.2 | mg/dL |
| Method : Serum, Diazotization | | | |
| Bilirubin - Indirect | 0.3 | 0.1 - 1.0 | mg/dL |
| Method : Serum, Calculated | | | |
| SGOT | 21 | 17-59 | U/L |
| Method : Serum, UV with P5P, IFCC 37 degree | | | |
| SGPT | 23 | 21-72 | U/L |
| Method : Serum, UV with P5P, IFCC 37 degree | | | |
| Alkaline Phosphatase | 116 | 30 - 120 | U/L |
| Method : PNPP-AMP Buffer/Kinetic | | | |
| GGT-Gamma Glutamyl Transpeptidae | 40 | < 55 | U/L |
| Method : Serum, G-glutamyl-carboxy-nitoanilide | | | |

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| **PSA-Total (Prostate-specific antigen-Total)** | | | |
| **PSA Profile *** | | | |
| PSA (Prostate Specific Antigen)-Total | 0.66 | 0 - 4.0 | ng/mL |
| Method : Serum, CLIA | | | |

**Interpretation:**

1. Increased levels are noted in Prostate cancer, Bengin prostatic hypertrophy, Prostatitis

| | | | |
|---|---|---|---|
| PSA (Prostate-Specificantigen)-Free * | - | 0.0 - 0.5 | ng/mL |
| Method : Serum, CLIA | | | |

**Interpretation & Remarks:**

- Normal results do not eliminate the possibility of prostate cancer.
- Values obtained with different assay methods or kits may be different and cannot be used interchangeably.
- Tumor markers are not specific for malignancy. Test results cannot be interpreted as absolute evidence for the presence or absence of malignant disease
- Specimens drawn from patients undergoing prostate manipulation, especially needle biopsy and transurethral resection, may show erroneously high prostatic-specific antigen (PSA) results. Care should be taken that specimens are drawn before these procedures are performed.
- The percentage of free PSA can be used to estimate how likely it is that a biopsy will show cancer.
- If the percentage of free PSA is higher than 25%, the likelihood of prostate cancer is about 8%.
- If the percentage of free PSA is less than 10%, then the likelihood of prostate cancer rises to 56%.

| | | | |
|---|---|---|---|
| Free PSA / Total PSA % | - | - | |
| Method : Serum | | | |

**Interpretation**

- When total prostate-specific antigen (PSA) concentration is <2.0 ng/mL, the probability of prostate cancer in asymptomatic men is low, further testing and free PSA may provide little additional information. When total PSA concentration is >10.0 ng/mL, the probability of cancer is high and prostate biopsy is generally recommended.
- The total PSA range of 4.0 to 10.0 ng/mL has been described as a diagnostic "gray zone," in which the free:total PSA ratio helps to determine the relative risk of prostate cancer (see table below). Therefore, some urologists recommend using the free:total ratio to help select which men should undergo biopsy. However even a negative result of prostate biopsy does not

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rule-out prostate cancer. Up to 20% of men with negative biopsy results have subsequently been found to have cancer.

Based on free:total PSA ratio: the percent probability of finding prostate cancer on a needle biopsy by age in years:

| Free:total PSA ratio | 50-59 years | 60-69 years | > or =70 years |
|---|---|---|---|
| < or =0.10 | 49.2% | 57.5% | 64.5% |
| 0.11-0.18 | 26.9% | 33.9% | 40.8% |
| 0.19-0.25 | 18.3% | 23.9% | 29.7% |
| >0.25 | 9.1% | 12.2% | 15.8% |

**Cautions**

- Normal results do not eliminate the possibility of prostate cancer.
- Values obtained with different assay methods or kits may be different and cannot be used interchangeably
- Tumor markers are not specific for malignancy. Test results cannot be interpreted as absolute evidence for the presence or absence of malignant disease.

**Interfering factors :**

- Prostatic massage
- Proctoscopy
- Prostatic biopsy
- Prostate cancer patients receiving treatment with antiandrogens and luteinizing hormone-releasing factor agonists may exhibit markedly decreased levels of PSA. Also, men treated for benign prostatic hyperplasia with inhibitors of 5-alpha-reductase (finasteride) may demonstrate a significant reduction in PSA levels compared to values before treatment. Care should be taken in interpreting values for these individuals.
- In patients receiving therapy with high biotin doses (ie, >5 mg/day), no sample should be taken until at least 8 hours after the last biotin administration.

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| **GLUCOSE (F)** | | | |
| Glucose fasting<br>Method : GOD-POD | **338** | Normal: 70 - 120 | mg/dL |

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| **GLUCOSE (PP)** | | | |
| Blood Glucose-Post Prandial<br>Method : GOD-POD | **415** | 80 - 140 | mg/dL |

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